

112 North Main Street
Montesano, Washington 98563



TEL (360) 249-3021
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Memorandum

To: Dave Dougherty, Ecology SWRO Water Quality Program

From: Mike Olden, PE 
Director of Public Works/Community Development

Date: April 11, 2019

Re: NPDES Permit – Re-submittal

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APR 17 2019

WA State Department
of Ecology (SWRO)

Attached please find the revised NPDES Permit submittal with the correct signatures. Please email (molden@montesano.us) or call me at (360) 249-3939 if you have any questions.

Use F11 to navigate through fields.

This form is equivalent to EPA NPDES Form 3510-2A

FACILITY NAME AND PERMIT NUMBER:

Montesano STP WA0024660

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 ≥ 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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WA State Department
of Ecology (SWRO)

FACILITY NAME AND PERMIT NUMBER:

Montesano STP WA0024660

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 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.670 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.360</u>	<u>0.280</u>	<u>0.293</u>
c. Maximum daily flow rate	<u>0.831</u>	<u>0.592</u>	<u>0.524</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 _____
- iii. Combined sewer overflow points _____
- iv. Constructed emergency overflows (prior to the headworks) _____
- v. Other _____

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 : NA
(Latitude/Longitude as decimal degrees (NAD83/WGS84))

Annual average daily volume discharge to surface impoundment(s) NA 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 : NA
(Latitude/Longitude as decimal degrees (NAD83/WGS84))

Number of acres: NA

Annual average daily volume applied to site: NA 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).

NA

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

Transporter Name _____

Mailing Address _____

Contact Person _____

Telephone Number (____) _____

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

Name _____

Mailing Address _____

Contact Person _____

Title _____

Telephone Number (____) _____

If known, provide the NPDES permit number of the treatment works that receives this discharge _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ 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):

NA

Annual daily volume disposed by this method: _____

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 1
- b. Location Montesano 98563
(City or town, if applicable) (Zip Code)
Grays Harbor WA
(County) (State)
46.964 -123.602
(Latitude) Provide these as decimal degrees (NAD83/WGS84) (Longitude)
- c. Distance from shore (if applicable) 30 ft.
- d. Depth below surface (if applicable) 27.7 ft.
- e. Average daily flow rate 0.300 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: Continuous
 Average duration of each discharge: Continuous
 Average flow per discharge: 0.300 mgd
 Months in which discharge occurs: Continuous
- g. Is outfall equipped with a diffuser? Yes No

A.10. Description of Receiving Waters.

- a. Name of receiving water Chehalis River at RM 13.41
- b. Name of watershed (if known) Lower Chehalis
 United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): Lower Chehalis
 United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable) , acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

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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 85 %

Design SS removal 85 %

Design P removal NA %

Design N removal NA %

Other _____ %

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: 1

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.1	s.u.			
pH (Maximum)	7.1	s.u.			
Flow Rate	0.524	MGD	0.293	MGD	365
Temperature (Winter)	20.3	C	13.0	C	365
Temperature (Summer)	23.3	C	19.3	C	365

* 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	9.0	mg/l	4.2	mg/l	96	SM5210-B	2 mg/l
	CBOD5							
FECAL COLIFORM		24.0	#/100ml	2.0	#/100	96	SM9222D....	
TOTAL SUSPENDED SOLIDS (TSS)		5.0	mg/l	2.3	mg/l	96	SM2540-D	5 mg/l

END OF PART A.

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

FACILITY NAME AND PERMIT NUMBER:

Montesano STP WA0024660

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 ≥ 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.

NA gpd

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

Pressure collection system

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: _____

Mailing Address: _____

Telephone Number: () _____

Responsibilities of Contractor: _____

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.

1

- 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).

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	____/____/____	____/____/____
- End Construction	____/____/____	____/____/____
- Begin Discharge	____/____/____	____/____/____
- Attain Operational Level	____/____/____	____/____/____

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

Describe briefly: _____

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: 1

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	0.424	mg/l	0.151	mg/l	12	SM4500-NH3-B	20
CHLORINE (TOTAL RESIDUAL, TRC)	0.14	mg/l	0.03	mg/l	104	SM4500 Cl G	50.0
DISSOLVED OXYGEN	5.21	mg/l	5.07	mg/l	3	SM4500-OC/OG	0.2 mg/l
TOTAL KJELDAHL NITROGEN (TKN)	5.93	mg/l	1.25	mg/l	12	SM4500-NorgB/C	300
NITRATE PLUS NITRITE NITROGEN	42.0	mg/l	26.4	mg/l	12	SM4500-NO3	100
OIL and GREASE	6.1	mg/l	4.3	mg/l	3	1664 A or B	5,000
PHOSPHORUS (Total)	6.74	mg/l	5.37	mg/l	12	SM 4500PB	10
TOTAL DISSOLVED SOLIDS (TDS)	310	mg/l	270	mg/l	3	SM2540C	20 mg/l
OTHER Total Hardness	110	mg/l	96	mg/l	3	SM2340B	200

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

FACILITY NAME AND PERMIT NUMBER:

Montesano STP WA0024660

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

Mayor Yini Samuel

Signature



Telephone number

(360) 249-3021

E-mail address

vsamuel@montesano.us

Date signed

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 TO¹:

¹If unknown, contact an Ecology regional wastewater permit coordinator at: http://www.ecy.wa.gov/programs/wq/permits/permit_coord.html

FACILITY NAME AND PERMIT NUMBER:

Montesano STP WA0024660

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 Mike Olden, P.E.

Signature 

Telephone number (360) 249-3939

E-mail address molden@montesano.us

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 TO¹:

¹If unknown, contact an Ecology regional wastewater permit coordinator at: http://www.ecy.wa.gov/programs/wq/permits/permit_coord.html

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information 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 analyses conducted using 40 CFR Part 136 methods. In addition, these 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. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. 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. The applicant should also review Attachment A.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

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

METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.

ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO3)											

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

FACILITY NAME AND PERMIT NUMBER:

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CHLOROBENZENE											
CHLOROBIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHOLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
1,2-DICHLOROETHYLENE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLOROPROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											

FACILITY NAME AND PERMIT NUMBER:

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
TETRACHLORO-ETHYLENE												
TOLUENE												
1,1,1-TRICHLOROETHANE												
1,1,2-TRICHLOROETHANE												
TRICHLORETHYLENE												
VINYL CHLORIDE												

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

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ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL												
2-CHLOROPHENOL												
2,4-DICHLOROPHENOL												
2,4-DIMETHYLPHENOL												
4,6-DINITRO-O-CRESOL												
2,4-DINITROPHENOL												
2-NITROPHENOL												
4-NITROPHENOL												
PENTA CHLOROPHENOL												
PHENOL												
2,4,6-TRICHLORO PHENOL												

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

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BASE-NEUTRAL COMPOUNDS

ACENAPHTHENE												
ACENAPHTYLENE												
ANTHRACENE												
BENZIDINE												

FACILITY NAME AND PERMIT NUMBER:

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
BENZO(A) ANTHRACENE											
BENZO(J)FLUORANTHENE											
BENZO(r,s,t)PENTAPHENE											
BENZO(A)PYRENE											
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISOPROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORO NAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DIBENZO(a,j)ACRIDINE											
DIBENZO(a,h)ACRIDINE											
DIBENZO(a,e)PYRENE											
DIBENZO(a,h)PYRENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLORO BENZENE											

FACILITY NAME AND PERMIT NUMBER:

Montesano STP WA0024660

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,3-DICHLORO BENZENE											
1,4-DICHLORO BENZENE											
3,3-DICHLORO BENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											
FLUORANTHENE											
FLUORENE											
HEXACHLORO BENZENE											
HEXACHLOROBUT ADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXA CHLOROETHANE											
INDENO(1,2,3-CD) PYRENE											
ISOPHORONE											
3-METHYL CHOLANTHRENE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI-METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PERYLENE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLORO BENZENE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

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

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

--	--	--	--	--	--	--	--	--	--	--	--

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

FACILITY NAME AND PERMIT NUMBER:

Montesano STP WA0024660

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. 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.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

chronic acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: _____ Test number: _____ Test number: _____

a. Test information.

Test Species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.)

Before disinfection			
After disinfection			
After dechlorination			

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Test number: _____

Test number: _____

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100% effluent

%

%

%

LC₅₀

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

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Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?	/ /	/ /	/ /
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

Yes No

If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: ____ / ____ / ____ (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.

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

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete part F.

GENERAL INFORMATION:

- F.1. **Pretreatment Program.** Does the treatment works have, or is subject to, an approved pretreatment program?
 Yes No
- F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.
 - a. Number of non-categorical SIUs. _____
 - b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

- F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.
Name: _____
Mailing Address: _____
- F.4. **Industrial Processes.** Describe all the industrial processes that affect or contribute to the SIU's discharge.

- F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
Principal product(s): _____
Raw material(s): _____
- F.6. **Flow Rate.**
 - a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
_____ gpd (_____ continuous or _____ intermittent)
 - b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
_____ gpd (_____ continuous or _____ intermittent)
- F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:
 - a. Local limits Yes No
 - b. Categorical pretreatment standards Yes NoIf subject to categorical pretreatment standards, which category and subcategory?

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F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?

Yes No (go to F.12)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

Truck Rail Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

Yes (complete F.13 through F.15.) No

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/ or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)

F.15. Waste Treatment.

a. Is this waste treated (or will be treated) prior to entering the treatment works?

Yes No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

Continuous Intermittent If intermittent, describe discharge schedule.

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

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1 or on a separate drawing, of the combined sewer collection system that includes the following information.

- a. Location of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- a. Outfall number _____
- b. Location _____
(city or town, if applicable) (Zip Code) _____

(County) (State) _____

(Latitude) (Longitude) _____
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Which of the following were monitored during the last year for this CSO?
 Rainfall CSO pollutant concentrations CSO frequency
 CSO flow volume Receiving water quality
- f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
_____ events (actual or approx.)
- b. Give the average duration per CSO event.
_____ hours (actual or approx.)

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- c. Give the average volume per CSO event.
_____ million gallons (actual or approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
_____ Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: _____
- b. Name of watershed/river/stream system: _____
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: _____
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

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

Additional information, if provided, will appear on the following pages.

ATTACHMENT A

EFFLUENT CHARACTERIZATION FOR PERMIT APPLICATION

This attachment is used in conjunction with Section V, Parts A, B, and C of EPA Application Form 2C, and Parts A.12, B.6, and D of EPA application Form 2A. It specifies effluent characterization requirements of the Department of Ecology and analytical procedure and detection and quantitation levels for some parameters. For new permit applications, analyze your wastewater for all parameters required by the application and any additional pollutants or groups of pollutants with an X in the left column. Existing Permittees should compile the data from the last year's data for parameters routinely measured. If you are a primary industry category with effluent guidelines you may have some mandatory testing requirements (see Table 2C-2 Form 2C). If you are a municipal POTW, EPA has identified mandatory testing requirements, which depend upon the design flow (see EPA Form 2A).

Ecology added this attachment to the application in order to reduce the number of analytical "non-detects" in required monitoring and to measure effluent concentrations near or below criteria values where possible at a reasonable cost. The applicant must use the specified analytical methods, detection limits (DLs) and quantitation levels (QLs) in the following table for application required monitoring unless:

- Another permit condition specifies other methods, detection levels, or quantitation levels.
- 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 applicant uses an alternative method, as allowed above, it must report the test method, DL, and QL in the application. If the applicant is unable to obtain the required DL and QL in its effluent due to matrix effects, the applicant must submit a matrix-specific detection limit (MDL) and a quantitation limit (QL) to Ecology with appropriate laboratory documentation.

Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL) ¹ µg/L unless specified	Quantitation Level (QL) ² µg/L unless specified
10	Conventional (Part A)			
a.	Biochemical Oxygen Demand	SM5210-B		2 mg/L
	Soluble Biochemical Oxygen Demand	SM5210-B ³		2 mg/L
b.	Chemical Oxygen Demand	SM5220-D		10 mg/L
c.	Total Organic Carbon	SM5310-B/C/D		1 mg/L
d.	Total Suspended Solids	SM2540-D		5 mg/L
e.	Total Ammonia (as N)	SM4500-NH3-B and C/D/E/G/H		20
f.	Flow	Calibrated device		
	Dissolved oxygen	SM4500-OC/OG		0.2 mg/L
	Temperature (max. 7-day avg.)	Analog recorder or Use micro-recording devices known as thermistors		0.2° C
i.	pH	SM4500-H ⁺ B	N/A	N/A
10	Nonconventional (Part B)			
	Total Alkalinity	SM2320-B		5 mg/L as CaCO ₃
b.	Chlorine, Total Residual	SM4500 Cl G		50.0
c.	Color	SM2120 B/C/E		10 color units
d.	Fecal Coliform	SM 9221E,9222	N/A	Specified in method - sample aliquot

Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL) ¹ µg/L unless specified	Quantitation Level (QL) ² µg/L unless specified
				dependent
e.	Fluoride (16984-48-8)	SM4500-F E	25	100
f.	Nitrate + Nitrite Nitrogen (as N)	SM4500-NO3-E/F/H		100
g.	Nitrogen, Total Kjeldahl (as N)	SM4500-N _{org} B/C and SM4500NH ₃ -B/C/D/EF/G/H		300
	Soluble Reactive Phosphorus (as P)	SM4500-P E/F/G	3	10
i.	Phosphorus, Total (as P)	SM 4500 PB followed by SM4500-PE/PF	3	10
h.	Oil and Grease (HEM) (Hexane Extractable Material)	1664 A or B	1,400	5,000
	Salinity	SM2520-B		3 practical salinity units or scale (PSU or PSS)
	Settleable Solids	SM2540 -F		500 (or 1.0 mL/L)
k.	Sulfate (as mg/L SO ₄)	SM4110-B		0.2 mg/L
l.	Sulfide (as mg/L S)	SM4500-S ² F/D/E/G		0.2 mg/L
m.	Sulfite (as mg/L SO ₃)	SM4500-SO3B		2 mg/L
	Total Coliform	SM 9221B, 9222B, 9223B	N/A	Specified in method - sample aliquot dependent
	Total dissolved solids	SM2540 C		20 mg/L
	Total Hardness	SM2340B		200 as CaCO ₃
o.	Aluminum, Total (7429-90-5)	200.8	2.0	10
p.	Barium Total (7440-39-3)	200.8	0.5	2.0
	BTEX (benzene +toluene + ethylbenzene + m,o,p xylenes)	EPA SW 846 8021/8260	1	2
q.	Boron Total (7440-42-8)	200.8	2.0	10.0
r.	Cobalt, Total (7440-48-4)	200.8	0.05	0.25
s.	Iron, Total (7439-89-6)	200.7	12.5	50
t.	Magnesium, Total (7439-95-4)	200.7	10	50
u.	Molybdenum, Total (7439-98-7)	200.8	0.1	0.5
v.	Manganese, Total (7439-96-5)	200.8	0.1	0.5
	NWTPH Dx ⁴	Ecology NWTPH Dx	250	250
	NWTPH Gx ⁵	Ecology NWTPH Gx	250	250
w.	Tin, Total (7440-31-5)	200.8	0.3	1.5
x.	Titanium, Total (7440-32-6)	200.8	0.5	2.5
10	Metals, Cyanide and Total Phenols (Part C)			
1M.	Antimony, Total (7440-36-0)	200.8	0.3	1.0

Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL) ¹ µg/L unless specified	Quantitation Level (QL) ² µg/L unless specified
2M.	Arsenic, Total (7440-38-2)	200.8	0.1	0.5
3M.	Beryllium, Total (7440-41-7)	200.8	0.1	0.5
4M.	Cadmium, Total (7440-43-9)	200.8	0.05	0.25
	Chromium (hex) dissolved (18540-29-9)	SM3500-Cr EC	0.3	1.2
5M.	Chromium, Total (7440-47-3)	200.8	0.2	1.0
6M.	Copper, Total (7440-50-8)	200.8	0.4	2.0
7M.	Lead, Total (7439-92-1)	200.8	0.1	0.5
8M.	Mercury, Total (7439-97-6)	1631E	0.0002	0.0005
9M.	Nickel, Total (7440-02-0)	200.8	0.1	0.5
10M.	Selenium, Total (7782-49-2)	200.8	1.0	1.0
11M.	Silver, Total (7440-22-4)	200.8	0.04	0.2
12M.	Thallium, Total (7440-28-0)	200.8	0.09	0.36
13M.	Zinc, Total (7440-66-6)	200.8	0.5	2.5
14M.	Cyanide, Total (57-12-5)	335.4	5	10
	Cyanide, Weak Acid Dissociable	SM4500-CN I	5	10
	Cyanide, Free Amenable to Chlorination (Available Cyanide)	SM4500-CN G	5	10
15M.	Phenols, Total	EPA 420.1		50
10	Acid Compounds			
1A.	2-Chlorophenol (95-57-8)	625	1.0	2.0
2A.	2,4-Dichlorophenol (120-83-2)	625	0.5	1.0
3A.	2,4-Dimethylphenol (105-67-9)	625	0.5	1.0
4A.	4,6-dinitro-o-cresol (534-52-1) (2-methyl-4,6,-dinitrophenol)	625/1625B	1.0	2.0
5A.	2,4 dinitrophenol (51-28-5)	625	1.0	2.0
6A.	2-Nitrophenol (88-75-5)	625	0.5	1.0
7A.	4-nitrophenol (100-02-7)	625	0.5	1.0
8A.	Parachlorometa cresol (59-50-7) (4-chloro-3-methylphenol)	625	1.0	2.0
9A.	Pentachlorophenol (87-86-5)	625	0.5	1.0
10A.	Phenol (108-95-2)	625	2.0	4.0
11A.	2,4,6-Trichlorophenol (88-06-2)	625	2.0	4.0
10	Volatile Compounds			
1V.	Acrolein (107-02-8)	624	5	10
2V.	Acrylonitrile (107-13-1)	624	1.0	2.0
3V.	Benzene (71-43-2)	624	1.0	2.0
5V.	Bromoform (75-25-2)	624	1.0	2.0
6V.	Carbon tetrachloride (56-23-5)	624/601 or SM6230B	1.0	2.0
7V.	Chlorobenzene (108-90-7)	624	1.0	2.0
9V.	Chloroethane (75-00-3)	624/601	1.0	2.0

Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL) ¹ µg/L unless specified	Quantitation Level (QL) ² µg/L unless specified
10V.	2-Chloroethylvinyl Ether (110-75-8)	624	1.0	2.0
11V.	Chloroform (67-66-3)	624 or SM6210B	1.0	2.0
8V.	Dibromochloromethane (124-48-1)	624	1.0	2.0
20B.	1,2-Dichlorobenzene (95-50-1)	624	1.9	7.6
21B.	1,3-Dichlorobenzene (541-73-1)	624	1.9	7.6
22B.	1,4-Dichlorobenzene (106-46-7)	624	4.4	17.6
12V.	Dichlorobromomethane (75-27-4)	624	1.0	2.0
14V.	1,1-Dichloroethane (75-34-3)	624	1.0	2.0
15V.	1,2-Dichloroethane (107-06-2)	624	1.0	2.0
16V.	1,1-Dichloroethylene (75-35-4)	624	1.0	2.0
17V.	1,2-Dichloropropane (78-87-5)	624	1.0	2.0
18V.	1,3-dichloropropene (mixed isomers) (1,2-dichloropropylene) (542-75-6) ⁶	624	1.0	2.0
19V.	Ethylbenzene (100-41-4)	624	1.0	2.0
20V.	Methyl bromide (74-83-9) (Bromomethane)	624/601	5.0	10.0
21V.	Methyl chloride (74-87-3) (Chloromethane)	624	1.0	2.0
22V.	Methylene chloride (75-09-2)	624	5.0	10.0
23V.	1,1,2,2-Tetrachloroethane (79-34-5)	624	1.9	2.0
24V.	Tetrachloroethylene (127-18-4)	624	1.0	2.0
25V.	Toluene (108-88-3)	624	1.0	2.0
26V.	1,2-Trans-Dichloroethylene (156-60-5) (Ethylene dichloride)	624	1.0	2.0
27V.	1,1,1-Trichloroethane (71-55-6)	624	1.0	2.0
28V.	1,1,2-Trichloroethane (79-00-5)	624	1.0	2.0
29V.	Trichloroethylene (79-01-6)	624	1.0	2.0
31V.	Vinyl chloride (75-01-4)	624/SM6200B	1.0	2.0
10	Base/Neutral Compounds (compounds in bold are Ecology PBTs)			
	1B. Acenaphthene (83-32-9)	625	0.2	0.4
	2B. Acenaphthylene (208-96-8)	625	0.3	0.6
	3B. Anthracene (120-12-7)	625	0.3	0.6
	4B. Benzidine (92-87-5)	625	12	24
	15B. Benzyl butyl phthalate (85-68-7)	625	0.3	0.6
	5B. Benzo(a)anthracene (56-55-3)	625	0.3	0.6
	7B. Benzo(b)fluoranthene (3,4-benzofluoranthene) (205-99-2) ⁷	610/625	0.8	1.6
	Benzo(j)fluoranthene (205-82-3) ⁷	625	0.5	1.0
	9B. Benzo(k)fluoranthene (11,12-benzofluoranthene) (207-08-9) ⁷	610/625	0.8	1.6

Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL) ¹ µg/L unless specified	Quantitation Level (QL) ² µg/L unless specified
	Benzo(r,s,t)pentaphene (189-55-9)	625	0.5	1.0
6B.	Benzo(a)pyrene (50-32-8)	610/625	0.5	1.0
8B.	Benzo(ghi)Perylene (191-24-2)	610/625	0.5	1.0
10B.	Bis(2-chloroethoxy)methane (111-91-1)	625	5.3	21.2
11B.	Bis(2-chloroethyl)ether (111-44-4)	611/625	0.3	1.0
12B.	Bis(2-chloroisopropyl)ether (39638-32-9)	625	0.3	0.6
13B.	Bis(2-ethylhexyl)phthalate (117-81-7)	625	0.1	0.5
14B.	4-Bromophenyl phenyl ether (101-55-3)	625	0.2	0.4
16B.	2-Chloronaphthalene (91-58-7)	625	0.3	0.6
17B.	4-Chlorophenyl phenyl ether (7005-72-3)	625	0.3	0.5
18B.	Chrysene (218-01-9)	610/625	0.3	0.6
	Dibenzo (a,h)acridine (226-36-8)	610M/625M	2.5	10.0
	Dibenzo (a,j)acridine (224-42-0)	610M/625M	2.5	10.0
19B.	Dibenzo(a-h)anthracene (53-70-3)(1,2,5,6-dibenzanthracene)	625	0.8	1.6
	Dibenzo(a,e)pyrene (192-65-4)	610M/625M	2.5	10.0
	Dibenzo(a,h)pyrene (189-64-0)	625M	2.5	10.0
23B.	3,3-Dichlorobenzidine (91-94-1)	605/625	0.5	1.0
24B.	Diethyl phthalate (84-66-2)	625	1.9	7.6
25B.	Dimethyl phthalate (131-11-3)	625	1.6	6.4
26B.	Di-n-butyl phthalate (84-74-2)	625	0.5	1.0
27B.	2,4-dinitrotoluene (121-14-2)	609/625	0.2	0.4
28B.	2,6-dinitrotoluene (606-20-2)	609/625	0.2	0.4
29B.	Di-n-octyl phthalate (117-84-0)	625	0.3	0.6
30B.	1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	1625B	5.0	20
31B.	Fluoranthene (206-44-0)	625	0.3	0.6
32B.	Fluorene (86-73-7)	625	0.3	0.6
33B.	Hexachlorobenzene (118-74-1)	612/625	0.3	0.6
34B.	Hexachlorobutadiene (87-68-3)	625	0.5	1.0
35B.	Hexachlorocyclopentadiene (77-47-4)	1625B/625	0.5	1.0
36B.	Hexachloroethane (67-72-1)	625	0.5	1.0
37B.	Indeno(1,2,3-cd)Pyrene (193-39-5)	610/625	0.5	1.0
38B.	Isophorone (78-59-1)	625	0.5	1.0
	3-Methyl cholanthrene (56-49-5)	625	2.0	8.0
39B.	Naphthalene (91-20-3)	625	0.3	0.6
40B.	Nitrobenzene (98-95-3)	625	0.5	1.0

Form 2C Ref. #	Pollutant & CAS No. (if available)	Recommended Analytical Protocol	Detection (DL) ¹ µg/L unless specified	Quantitation Level (QL) ² µg/L unless specified
41B.	N-Nitrosodimethylamine (62-75-9)	607/625	2.0	4.0
42B.	N-Nitrosodi-n-propylamine (621-64-7)	607/625	0.5	1.0
43B.	N-Nitrosodiphenylamine (86-30-6)	625	0.5	1.0
	Perylene (198-55-0)	625	1.9	7.6
44B.	Phenanthrene (85-01-8)	625	0.3	0.6
45B.	Pyrene (129-00-0)	625	0.3	0.6
46B.	1,2,4-Trichlorobenzene (120-82-1)	625	0.3	0.6
10	Dioxin			
	2,3,7,8-Tetra-Chlorodibenzo-P-Dioxin (176-40-16) (2,3,7,8 TCDD)	1613B	1.3 pg/L	5 pg/L
10	Pesticides/PCBs			
1P.	Aldrin (309-00-2)	608	0.025	0.05
2P.	alpha-BHC (319-84-6)	608	0.025	0.05
3P.	beta-BHC (319-85-7)	608	0.025	0.05
4P.	gamma-BHC (58-89-9)	608	0.025	0.05
5P.	delta-BHC (319-86-8)	608	0.025	0.05
6P.	Chlordane (57-74-9) ⁸	608	0.025	0.05
7P.	4,4'-DDT (50-29-3)	608	0.025	0.05
8P.	4,4'-DDE (72-55-9)	608	0.025	0.0510
9P.	4,4' DDD (72-54-8)	608	0.025	0.05
10P.	Dieldrin (60-57-1)	608	0.025	0.05
11P.	alpha-Endosulfan (959-98-8)	608	0.025	0.05
12P.	beta-Endosulfan (33213-65-9)	608	0.025	0.05
13P.	Endosulfan Sulfate (1031-07-8)	608	0.025	0.05
14P.	Endrin (72-20-8)	608	0.025	0.05
15P.	Endrin Aldehyde (7421-93-4)	608	0.025	0.05
16P.	Heptachlor (76-44-8)	608	0.025	0.05
17P.	Heptachlor Epoxide (1024-57-3)	608	0.025	0.05
18P.	PCB-1242 (53469-21-9) ⁹	608	0.25	0.5
19P.	PCB-1254 (11097-69-1)	608	0.25	0.5
20P.	PCB-1221 (11104-28-2)	608	0.25	0.5
21P.	PCB-1232 (11141-16-5)	608	0.25	0.5
22P.	PCB-1248 (12672-29-6)	608	0.25	0.5
23P.	PCB-1260 (11096-82-5)	608	0.13	0.5
24P.	PCB-1016 (12674-11-2) ⁹	608	0.13	0.5
25P.	Toxaphene (8001-35-2)	608	0.24	0.5

1. 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.

2. 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 $(1, 2, \text{ or } 5) \times 10^n$, 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).
3. Soluble Biochemical Oxygen Demand method note: First, filter the sample through a Millipore Nylon filter (or equivalent) - pore size of 0.45-0.50 um (prep all filters by filtering 250 ml of laboratory grade deionized water through the filter and discard). Then, analyze sample as per method 5210-B.
4. NWTPH Dx - Northwest Total Petroleum Hydrocarbons Diesel Extended Range – see <http://www.ecy.wa.gov/biblio/97602.html>
5. NWTPH Gx - Northwest Total Petroleum Hydrocarbons Gasoline Extended Range – see <http://www.ecy.wa.gov/biblio/97602.html>
6. 1, 3-dichloroproylene (mixed isomers) You may report this parameter as two separate parameters: cis-1, 3-dichloropropene (10061-01-5) and trans-1, 3-dichloropropene (10061-02-6).
7. Total Benzofluoranthenes - Because Benzo(b)fluoranthene, Benzo(j)fluoranthene and Benzo(k)fluoranthene co-elute you may report these three isomers as total benzofluoranthenes.
8. Chlordane – You may report alpha-chlordane (5103-71-9) and gamma-chlordane (5103-74-2) in place of chlordane (57-74-9). If you report alpha and gamma-chlordane, the DL/PQLs that apply are 0.025/0.050.
9. PCB 1016 & PCB 1242 – You may report these two PCB compounds as one parameter called PCB 1016/1242.
10. An X placed in this box means you must analyze for all pollutants in the group. This may be in addition to NPDES application requirements.

To request ADA accommodation including materials in a format for the visually impaired, call the Water Quality Program at Ecology, 360-407-6600. Persons with impaired hearing may use the Washington Relay Service at 711. Persons with a speech disability may call TTY at 877-833-6341.



2017 Annual Biosolids Report

When is this Report Due? March 1, 2018*

Who Must Complete this Report?

Facilities in Washington that treat, store, use, or dispose of biosolids, sewage sludge, or septage. This includes: wastewater treatment plants, composters, septage management facilities, and biosolids beneficial use facilities (BUFs).

How Do I Complete this Report?

Do not leave sections blank unless directed. If an answer is zero enter "0". For an estimate enter "EST". For Word file check boxes, double-click to select checked or unchecked options. Report all amounts in dry tons unless another unit is requested. To convert from wet tons or gallons to dry tons use the following conversion factors:

$\text{Dry tons} = \text{Wet tons} \times \% \text{ Solids}$ <p>Note: For Septage assume 2% solids</p>	$\text{Dry tons} = \left(\frac{\text{gal} \times 8.34}{2000} \right) \times \% \text{ Solids}$
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Who Signs the Report?

The certification statement must be signed by the Responsible Official listed in Section A or by an authorized representative who attaches a copy of signature delegation with report. The person signing this report must verify information provided by others before signing.

Where Do I Submit the Report?

Send a copy (electronic preferred) to Ecology Headquarters and your Local Health Jurisdiction**. Include copies of all relevant analytical results and monitoring data with report. Do not submit this instruction page.

<p>All facilities must send report to: Ecology Headquarters (email preferred): BiosolidsReport@ecy.wa.gov</p> <p>OR send hard copy to: Michelle Andrews Dept of Ecology HQ W2R Program PO Box 47600, Olympia WA 98504-7600 (360) 407-6113</p>	<p>Majors & Class 1 Facilities: must also submit an electronic report to US EPA by: February 19, 2018. www.epa.gov/compliance/NPDES-ereporting EPA Help Desk: (877) 227-8965 EPA Help Desk email: NPDESereporting@epa.gov</p>
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Do not send this report to Ecology Regional Coordinators. Ecology HQ staff will share your report with them. Contact your regional Biosolids Coordinator if you have any questions regarding your report.

<p>Central Region Biosolids Facilities: Peter Severtson (509) 379-4737 Peter.Severtson@ecy.wa.gov</p>	<p>Central Region Septage Facilities: <i>Benton/Kittitas/Klickitat/Yakima</i> Canming Xiao (509) 575-2842 Canming.Xiao@ecy.wa.gov</p>	<p>Central & Eastern Region Facilities: Biosolids & Septage: <i>Asotin/Columbia/Garfield/Franklin/Walla Walla</i> Septage only: <i>Chelan/Douglas/Okanogan</i> Terri Costello, (509) 329-3579 Terri.Costello@ecy.wa.gov</p>
<p>Eastern Region Biosolids and Septage Facilities: <i>Adams/Grant/Ferry/Lincoln/Pend Oreille/Spokane/Stevens/Whitman</i> Betty Ann Bickner, (509) 329-3505 BettyAnn.Bickner@ecy.wa.gov</p>	<p>Northwest Region Facilities: Amber Corfman (360) 255-4406 Amber.Corfman@ecy.wa.gov</p>	<p>Southwest Region Facilities: Kelsey Dunne (360) 407-6055 Kelsey.Dunne@ecy.wa.gov</p>

This form is also available at: <https://fortress.wa.gov/ecy/publications/SummaryPages/ecy070125.html>

*Failure to submit your report by this date is a violation of the state biosolids rule ([Chapter 173-308 WAC](#)) and may result in enforcement actions. **If required by local health jurisdiction.

2017 Annual Biosolids Report

Name of Facility	City of Montesano WWTP
Owner	City of Montesano
Physical Address	128 State Route 107 Montesano WA 98563
Mailing Address	112 North Main Street Montesano WA 98563
Permit Number	BA0024660

	Primary Contact	Responsible Official
Name	Kevin Hegel SR	Mike Olden
Title	WWTP Supervisor/Lead	Public Works Director /PE
Phone	360-249-3532	360-589-0333
Email	montewwtp@yahoo.com	molden@montesano.us

Facility type (<i>check all that apply</i>)
<input type="checkbox"/> Major sewage treatment facility (design flow of ≥ 1 mgd <i>or</i> serving a population of $\geq 10,000$)
<input checked="" type="checkbox"/> Minor sewage treatment facility (design flow of < 1 mgd <i>and</i> serving a population of $< 10,000$)
<input type="checkbox"/> Class I sewage treatment facility (<i>have a pretreatment program or designated as Class I</i>)
<input type="checkbox"/> Composting facility (<i>receive biosolids or sewage sludge for composting</i>)
<input type="checkbox"/> Septage management facility (<i>land apply or prepare septage for land application</i>)
<input type="checkbox"/> Beneficial use facility (<i>receive biosolids from others for direct land application</i>)
<input type="checkbox"/> Lagoon facility (<i>all solids are stored in lagoons</i>)
<input type="checkbox"/> Out-of-State (<i>importing material to a facility within Washington State</i>)
<input type="checkbox"/> Other—describe:

1. DRY TONS of biosolids produced in 2017?	61.7 EST.
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2. Stored (<i>Not including materials currently in treatment such as a lagoon or drying bed.</i>)	How Much (dry tons)
More than 2 years: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Lagoon Treatment:	<input checked="" type="checkbox"/> Yes (<i>Complete table</i>) <input type="checkbox"/> No (<i>Skip to next table</i>)
The last time solids accumulation was surveyed (<i>Month, Year</i>)	2/8/18
When do you plan to remove solids (<i>Year</i>)	2019 EST

2017 Annual Biosolids Report

4. Land Applied or Sold/Given Away: <input type="checkbox"/> Yes (Complete table) <input checked="" type="checkbox"/> No (Skip to next table) (not for biosolids sent to a BUF)	
Applied to:	Amount (dry tons)
Total	
Agricultural Site	
Forest Site	
Reclamation Site	
Public Contact Site	
Lawn or Home Garden	
Sold/Given away <i>(In Bulk, Bag/Other container, Compost, or Blended Product)</i>	
Land Application Site Information (do not complete for biosolids you sent to a BUF)	
Location <i>(unit, field name, address, or latitude/longitude)</i>	
Amount Applied <i>(dry tons)</i>	
Acres Applied To <i>(acres)</i>	
Vegetation Grown	

5. Did you compost biosolids: <input type="checkbox"/> Yes (Complete table) <input checked="" type="checkbox"/> No (Skip to next table)		
Feedstocks	Amount in tons <i>(or specify what units used)</i>	County of Origin <i>(if out-of-state, list county and state)</i>
<input type="checkbox"/> Agricultural organics (crop residues)		
<input type="checkbox"/> Biosolids, sewage sludge, septage <i>(specify): WET or DRY:</i>		
<input type="checkbox"/> Food processing		
<input type="checkbox"/> Food waste, post-consumer		
<input type="checkbox"/> Food waste, pre-consumer		
<input type="checkbox"/> Food waste <i>(other)</i>		
<input type="checkbox"/> Industrial organics <i>(specify):</i>		
<input type="checkbox"/> Landclearing debris		
<input type="checkbox"/> Manure <i>(type):</i> <i>may include bedding</i>		
<input type="checkbox"/> Mortalities & other animal parts		
<input type="checkbox"/> Sawdust/shavings		
<input type="checkbox"/> Other wood debris <i>(specify):</i>		
<input type="checkbox"/> Yard debris		
<input type="checkbox"/> Yard debris/food scraps (mixed)		
<input type="checkbox"/> Other <i>(specify):</i>		
How many cubic yards of biosolids compost did you produce in 2017?		

2017 Annual Biosolids Report

6. Biosolids Sent To and From:		Amount (dry tons)	Facility, Permit Number, and Subtotal:
Sent to:	Facility for further treatment	0	
	Beneficial Use Facility (BUF)	0	
	Landfill for disposal	0	
	Incinerator (including on-site)	0	
Received:	Facility for further treatment	0	
	Beneficial Use Facility (BUF)	0	
	Septage (gallons)	0	

7. Pollutants (not applicable to septage unless required by permit; see WAC 173-308-160)	
Number of pollutant monitoring events in the past year:	0
Pollutants Exceeding Table 1 Values:	<input type="checkbox"/> As <input type="checkbox"/> Cd <input type="checkbox"/> Cu <input type="checkbox"/> Hg <input type="checkbox"/> Mo <input type="checkbox"/> Ni <input type="checkbox"/> Pb <input type="checkbox"/> Se <input type="checkbox"/> Zn
Pollutants Exceeding Table 3 Values:	<input type="checkbox"/> As <input type="checkbox"/> Cd <input type="checkbox"/> Cu <input type="checkbox"/> Hg <input type="checkbox"/> Mo <input type="checkbox"/> Ni <input type="checkbox"/> Pb <input type="checkbox"/> Se <input type="checkbox"/> Zn

8. Give a brief description of your biosolids handling and any comments
All Biosolids are stored in the Solids Holding Lagoon at the WWTP

9. Pathogen Reduction (check all that apply; see WAC 173-308-170 or WAC 173-308-270[3])		
Class A	Class B	
<input type="checkbox"/> Alternative 1 (time/temperature)	<input type="checkbox"/> Alternative 1 (7 samples)	
<input type="checkbox"/> Alternative 2 (pH/time/temperature/% solids)	Alternative 2 (process to significantly reduce pathogens [PSRP]) <input type="checkbox"/> Aerobic digestion <input type="checkbox"/> Air drying <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Composting <input type="checkbox"/> Liming (septage, see below)	
Alternative 3 (process to further reduce pathogens [PFRP]) <input type="checkbox"/> Composting <input type="checkbox"/> Heat drying <input type="checkbox"/> Heat treatment <input type="checkbox"/> Pasteurization <input type="checkbox"/> Beta ray irradiation <input type="checkbox"/> Gamma ray irradiation <input type="checkbox"/> Thermophilic aerobic digestion		
<input type="checkbox"/> Alternative 4 (PFRP equivalent)		<input type="checkbox"/> Alternative 3 (PSRP equivalent)
Septage		<input type="checkbox"/> Sent for Further Treatment
<input type="checkbox"/> Injection	Receiving Facility Permit No:	
<input type="checkbox"/> Incorporation	<input type="checkbox"/> Did not meet requirement—explain:	
<input type="checkbox"/> pH stabilization: submit purchase invoices for lime		

2017 Annual Biosolids Report

10. Vector Attraction Reduction (see WAC 173-308-180 or WAC 173-308-270[3])	
<input type="checkbox"/> Alternative 1 (38% volatile solids reduction) <input type="checkbox"/> Alternative 1a (bench test-anaerobic) <input type="checkbox"/> Alternative 1b (bench test-aerobic)	<input type="checkbox"/> Alternative 4 (pH stabilization) <input type="checkbox"/> Alternative 5 ($\geq 75\%$ solids) <input type="checkbox"/> Alternative 6 ($\geq 90\%$ solids)
<input type="checkbox"/> Alternative 2 (SOUR)	<input type="checkbox"/> Alternative 7 (injection)
<input type="checkbox"/> Alternative 3 (aerobic process)	<input type="checkbox"/> Alternative 8 (incorporation)
<input type="checkbox"/> Sent for Further Treatment Receiving Facility Permit No: _____	<input type="checkbox"/> Did not meet requirement—explain: _____

11. Attachments (check all that apply; include actual lab reports for analytical data)
<input type="checkbox"/> Pollutants Lab Data (if testing was required). <input type="checkbox"/> Pathogen Reduction Data (if testing was required). <input type="checkbox"/> Vector Attraction Reduction Data (if testing was conducted). <input type="checkbox"/> Copy of signature authority (signed by responsible official).
<input type="checkbox"/> Other—describe: (examples include soil and water sampling results, time and temperature monitoring data, pH monitoring data, and additional land application site information)

12. Signature Delegation (In accordance with WAC 173-308-310(10))
Is someone other than the Responsible Official listed above signing the report?
<input type="checkbox"/> Yes (attach copy of formal delegation of signature authority from responsible official) <input checked="" type="checkbox"/> No

13. Certification Statement (must be signed by the Responsible Official listed in Section A or a duly authorized representative with copy of signature authority attached) (see WAC 173-308-310(10)(b))
<p><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></p> <p>Responsible Official Signature _____ Date _____</p> <p>Responsible Official Name and Title (print) _____</p>

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Annual Biosolids Report 2016

Name of Facility	Montesano WWTP
Owner	City of Montesano
Physical Address	128 State Route 107
Mailing Address	112 North Main Street
Permit Number	WA0024660

	Primary Contact	Responsible Official
Name	Kevin Hegel Sr	Doug Streeter
Title	WWTP Supervisor/Public Works Lead	CFO City of Montesano
Phone	360-249-3532	360-249-3021
Email	montewwtp@yahoo.com	dstreeter@montesano.us

Facility type (check all that apply)	
<input type="checkbox"/>	Major sewage treatment facility (design flow of ≥ 1 mgd <u>or</u> serving a population of $\geq 10,000$)
<input checked="" type="checkbox"/>	Minor sewage treatment facility (design flow of < 1 mgd <u>and</u> serving a population of $< 10,000$)
<input type="checkbox"/>	Class I sewage treatment facility (have a pretreatment program or designated as Class I)
<input type="checkbox"/>	Composting facility (receive biosolids or sewage sludge for composting)
<input type="checkbox"/>	Septage management facility (land apply or prepare septage for land application)
<input type="checkbox"/>	Beneficial use facility (receive biosolids from others for direct land application)
<input type="checkbox"/>	Lagoon facility (all solids are stored in lagoons)
<input type="checkbox"/>	Out-of-State (importing material to a facility within Washington State)
<input type="checkbox"/>	Other—describe:

1. DRY TONS of biosolids produced in 2016?	.79 EST
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2. Stored (Not including materials currently in treatment such as a lagoon or drying bed.)	How Much (dry tons)
More than 2 years:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Lagoon Treatment:	<input checked="" type="checkbox"/> Yes (Complete table) <input type="checkbox"/> No (Skip to next table)
The last time solids accumulation was surveyed (Month, Year)	2/16/17
When do you plan to remove solids (Year)	2019 EST

Annual Biosolids Report 2016

4. Land Applied or Sold/Given Away: <input type="checkbox"/> Yes (Complete table) <input checked="" type="checkbox"/> No (Skip to next table) (not for biosolids sent to a BUF)	
Applied to:	Amount (dry tons)
Total	
Agricultural Site	
Forest Site	
Reclamation Site	
Public Contact Site	
Lawn or Home Garden	
Sold/Given away (In Bulk, Bag/Other container, Compost, or Blended Product)	
Land Application Site Information (do not complete for biosolids you sent to a BUF)	
Location (unit, field name, address, or latitude/longitude)	
Amount Applied (dry tons)	
Acres Applied To (acres)	
Vegetation Grown	

5. Did you compost biosolids: <input type="checkbox"/> Yes (Complete table) <input checked="" type="checkbox"/> No (Skip to next table)		
Feedstocks	Amount in tons (or specify what units used)	County of Origin (if out-of-state, list county and state)
<input type="checkbox"/> Agricultural organics (crop residues)		
<input type="checkbox"/> Biosolids, sewage sludge, septage (specify): WET or DRY:		
<input type="checkbox"/> Food processing		
<input type="checkbox"/> Food waste, post-consumer		
<input type="checkbox"/> Food waste, pre-consumer		
<input type="checkbox"/> Food waste (other)		
<input type="checkbox"/> Industrial organics (specify):		
<input type="checkbox"/> Landclearing debris		
<input type="checkbox"/> Manure (type): may include bedding		
<input type="checkbox"/> Mortalities & other animal parts		
<input type="checkbox"/> Sawdust/shavings		
<input type="checkbox"/> Other wood debris (specify):		
<input type="checkbox"/> Yard debris		
<input type="checkbox"/> Yard debris/food scraps (mixed)		
<input type="checkbox"/> Other (specify):		
How many cubic yards of biosolids compost did you produce in 2016?		

Annual Biosolids Report 2016

6. Biosolids Sent To and From:		Amount (dry tons)	Facility, Permit Number, and Subtotal:
Sent to:	Facility for further treatment	0.0	
	Beneficial Use Facility (BUF)	0.0	
	Landfill for disposal	0.0	
	Incinerator (including on-site)	0.0	
Received:	Facility for further treatment	0.0	
	Beneficial Use Facility (BUF)	0.0	
	Septage (gallons)	0.0	

7. Pollutants (not applicable to septage unless required by permit; see WAC 173-308-160)	
Number of pollutant monitoring events in the past year:	N/A
Pollutants Exceeding Table 1 Values:	<input type="checkbox"/> As <input type="checkbox"/> Cd <input type="checkbox"/> Cu <input type="checkbox"/> Hg <input type="checkbox"/> Mo <input type="checkbox"/> Ni <input type="checkbox"/> Pb <input type="checkbox"/> Se <input type="checkbox"/> Zn
Pollutants Exceeding Table 3 Values:	<input type="checkbox"/> As <input type="checkbox"/> Cd <input type="checkbox"/> Cu <input type="checkbox"/> Hg <input type="checkbox"/> Mo <input type="checkbox"/> Ni <input type="checkbox"/> Pb <input type="checkbox"/> Se <input type="checkbox"/> Zn

8. Give a brief description of your biosolids handling and any comments
All Biosolids produced are stored in the Solids Holding Lagoon at the WWTP.

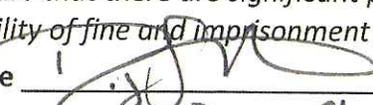
9. Pathogen Reduction (check all that apply; see WAC 173-308-170 or WAC 173-308-270[3])	
Class A N/A	Class B N/A
<input type="checkbox"/> Alternative 1 (time/temperature)	<input type="checkbox"/> Alternative 1 (7 samples)
<input type="checkbox"/> Alternative 2 (pH/time/temperature/% solids)	Alternative 2 (process to significantly reduce pathogens [PSRP]) <input type="checkbox"/> Aerobic digestion <input type="checkbox"/> Air drying <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Composting <input type="checkbox"/> Liming (septage, see below)
Alternative 3 (process to further reduce pathogens [PFRP]) <input type="checkbox"/> Composting <input type="checkbox"/> Heat drying <input type="checkbox"/> Heat treatment <input type="checkbox"/> Pasteurization <input type="checkbox"/> Beta ray irradiation <input type="checkbox"/> Gamma ray irradiation <input type="checkbox"/> Thermophilic aerobic digestion	
<input type="checkbox"/> Alternative 4 (PFRP equivalent)	<input type="checkbox"/> Alternative 3 (PSRP equivalent)
Septage	<input type="checkbox"/> Sent for Further Treatment
<input type="checkbox"/> Injection	Receiving Facility Permit No:
<input type="checkbox"/> Incorporation	<input type="checkbox"/> Did not meet requirement—explain:
<input type="checkbox"/> pH stabilization	

Annual Biosolids Report 2016

10. Vector Attraction Reduction (see WAC 173-308-180 or WAC 173-308-270(3)) N/A	
<input type="checkbox"/> Alternative 1 (38% volatile solids reduction) <input type="checkbox"/> Alternative 1a (bench test-anaerobic) <input type="checkbox"/> Alternative 1b (bench test-aerobic)	<input type="checkbox"/> Alternative 4 (pH stabilization) <input type="checkbox"/> Alternative 5 ($\geq 75\%$ solids) <input type="checkbox"/> Alternative 6 ($\geq 90\%$ solids)
<input type="checkbox"/> Alternative 2 (SOUR)	<input type="checkbox"/> Alternative 7 (injection)
<input type="checkbox"/> Alternative 3 (aerobic process)	<input type="checkbox"/> Alternative 8 (incorporation)
<input type="checkbox"/> Sent for Further Treatment Receiving Facility Permit No:	<input type="checkbox"/> Did not meet requirement—explain:

11. Attachments (check all that apply; include actual lab reports for analytical data) N/A
<input type="checkbox"/> Pollutants Lab Data (if testing was required). <input type="checkbox"/> Pathogen Reduction Data (if testing was required). <input type="checkbox"/> Vector Attraction Reduction Data (if testing was conducted). <input type="checkbox"/> Copy of signature authority (signed by responsible official).
<input type="checkbox"/> Other—describe: (examples include soil and water sampling results, time and temperature monitoring data, pH monitoring data, and additional land application site information)

12. Signature Delegation (In accordance with WAC 173-308-310(10))
Is someone other than the Responsible Official listed above signing the report?
<input type="checkbox"/> Yes (attach copy of formal delegation of signature authority from responsible official) <input checked="" type="checkbox"/> No

13. Certification Statement (must be signed by the Responsible Official listed in Section A or a duly authorized representative with copy of signature authority attached) (see WAC 173-308-310(10)(b))
<p><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></p>
Responsible Official Signature <u></u> Date <u>2/16/17</u> Responsible Official Name and Title (print) <u>Doug Streeter, CFO</u>

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Annual Biosolids Report 2015

Name of Facility	Montesano WWTP
Owner	City of Montesano
Physical Address	128 State Route 107
Mailing Address	112 North Main Street
Permit Number	WA0024660

	Primary Contact	Responsible Official
Name	Kevin Hegel Sr	Vini Samuel
Title	WWTP Supervisor	Mayor
Phone	360-249-3532	360-249-3021
Email	montewwtp@yahoo.com	vsamuel@montesano.us

Facility type (check all that apply)

Major sewage treatment facility (design flow of ≥ 1 mgd or serving a population of $\geq 10,000$)

Minor sewage treatment facility (design flow of < 1 mgd and serving a population of $< 10,000$)

Class I sewage treatment facility (have a pretreatment program or designated as Class I)

Composting facility (receive biosolids or sewage sludge for composting)

Septage management facility (land apply or prepare septage for land application)

Beneficial use facility (receive biosolids from others for direct land application)

Lagoon facility (all solids are stored in lagoons)

Out-of-State (importing material to a facility within Washington State)

Other—describe:

1. DRY TONS of biosolids produced in 2015?	.79 EST
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2. Stored (Not including materials currently in treatment such as a lagoon or drying bed.)	How Much (dry tons)
More than 2 years: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Lagoon Treatment:	<input checked="" type="checkbox"/> Yes (Complete table) <input type="checkbox"/> No (Skip to next table)
The last time solids accumulation was surveyed (Month, Year)	2/17/16
When do you plan to remove solids (Year)	2019 EST

Annual Biosolids Report 2015

4. Land Applied or Sold/Given Away: Yes (Complete table) No (Skip to next table)
(not for biosolids sent to a BUF)

Applied to:	Amount (dry tons)
Total	
Agricultural Site	
Forest Site	
Reclamation Site	
Public Contact Site	
Lawn or Home Garden	
Sold/Given away <i>(In Bulk, Bag/Other container, Compost, or Blended Product)</i>	
Land Application Site Information <i>(do not complete for biosolids you sent to a BUF)</i>	
Location <i>(unit, field name, address, or latitude/longitude)</i>	
Amount Applied <i>(dry tons)</i>	
Acres Applied To <i>(acres)</i>	
Vegetation Grown	

5. Did you compost biosolids: Yes (Complete table) No (Skip to next table)

Feedstocks	Amount <i>(cite units – dry or wet tons, cu/yd)</i>	County of Origin <i>(Or state or country)</i>
<input type="checkbox"/> Biosolids/Sewage Sludge/Septage		
<input type="checkbox"/> Agricultural Organics (crop residues)		
<input type="checkbox"/> Mortalities & Other Animal Parts		
<input type="checkbox"/> Food Processing Waste		
<input type="checkbox"/> Food Waste <i>(pre-consumer vegetative)</i>		
<input type="checkbox"/> Food Waste <i>(all other)</i>		
<input type="checkbox"/> Industrial Organics <i>(specify):</i>		
<input type="checkbox"/> Land-clearing Debris		
<input type="checkbox"/> Manure <i>(specify type):</i>		
<input type="checkbox"/> Mixed Food and Yard Debris <i>(residential)</i>		
<input type="checkbox"/> Sawdust/Shavings		
<input type="checkbox"/> Other Wood Debris <i>(specify):</i>		
<input type="checkbox"/> Yard Debris		
<input type="checkbox"/> Other <i>(specify):</i>		
Tons of finished biosolids compost produced in 2015? <i>(cite units: d/t,w/t,cu/yd)</i>		

Annual Biosolids Report 2015

6. Biosolids Sent To and From:		Amount (dry tons)	Facility, Permit Number, and Subtotal:
Sent to:	Facility for further treatment	0.00	
	Beneficial Use Facility (BUF)	0.00	
	Landfill for disposal	0.00	
	Incinerator (including on-site)	0.00	
Received:	Facility for further treatment	0.00	
	Beneficial Use Facility (BUF)	0.00	
	Septage (gallons)	0	

7. Pollutants (not applicable to septage unless required by permit; see WAC 173-308-160)	
Number of pollutant monitoring events in the past year:	0
Pollutants Exceeding Table 1 or 3 Values:	N/A

8. Give A Brief Description of your Biosolids Handling & Any Comments
All Biosolids produced at the WWTP are stored in the WWTP Lagoon for future removal

9. Pathogen Reduction (check all that apply; see WAC 173-308-170 or WAC 173-308-270(3))	
Class A	Class B
<input type="checkbox"/> Alternative 1 (time/temperature)	<input type="checkbox"/> Alternative 1 (7 samples)
<input type="checkbox"/> Alternative 2 (pH/time/temperature/% solids)	Alternative 2 (process to significantly reduce pathogens [PSRP])
Alternative 3 (process to further reduce pathogens [PFRP])	
<input type="checkbox"/> Composting <input type="checkbox"/> Heat drying <input type="checkbox"/> Heat treatment <input type="checkbox"/> Pasteurization <input type="checkbox"/> Beta ray irradiation <input type="checkbox"/> Gamma ray irradiation <input type="checkbox"/> Thermophilic aerobic digestion	<input type="checkbox"/> Aerobic digestion <input type="checkbox"/> Air drying <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Composting <input type="checkbox"/> Liming (septage, see below)
<input type="checkbox"/> Alternative 4 (PFRP equivalent)	<input type="checkbox"/> Alternative 3 (PSRP equivalent)
Septage	<input type="checkbox"/> Sent for Further Treatment
<input type="checkbox"/> Injection	Receiving Facility Permit No:
<input type="checkbox"/> Incorporation	<input type="checkbox"/> Did not meet requirements—explain
<input type="checkbox"/> pH stabilization	

Annual Biosolids Report 2015

10. Vector Attraction Reduction (see WAC 173-308-180 or WAC 173-308-270(3))	
<input type="checkbox"/> Alternative 1 (38% volatile solids reduction) <input type="checkbox"/> Alternative 1a (bench test-anaerobic) <input type="checkbox"/> Alternative 1b (bench test-aerobic)	<input type="checkbox"/> Alternative 4 (pH stabilization) <input type="checkbox"/> Alternative 5 ($\geq 75\%$ solids) <input type="checkbox"/> Alternative 6 ($\geq 90\%$ solids)
<input type="checkbox"/> Alternative 2 (SOUR)	<input type="checkbox"/> Alternative 7 (injection)
<input type="checkbox"/> Alternative 3 (aerobic process)	<input type="checkbox"/> Alternative 8 (incorporation)
<input type="checkbox"/> Sent for Further Treatment Receiving Facility Permit No: _____	<input type="checkbox"/> Did not meet requirements—explain _____

11. Attachments (check all that apply; include actual lab reports for analytical data)
<input type="checkbox"/> Pollutants Lab Data (if testing was required).
<input type="checkbox"/> Pathogen Reduction Data (if testing was required).
<input type="checkbox"/> Vector Attraction Reduction Data (if testing was conducted).
<input type="checkbox"/> Copy of signature authority (signed by responsible official).
<input type="checkbox"/> Other—describe (examples include soil and water sampling results, time and temperature monitoring data, pH monitoring data, and additional land application site information)

12. Signature Delegation (In accordance with WAC 173-308-310(10))
Is someone other than the Responsible Official listed above signing the report?
<input type="checkbox"/> Yes (attach copy of formal delegation of signature authority from responsible official)
<input checked="" type="checkbox"/> No

13. Certification Statement (must be signed by the Responsible Official listed in Section A or a duly authorized representative with copy of signature authority attached) (see WAC 173-308-310(10)(b))
<p><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></p>
Responsible Official Signature _____ Date _____ Responsible Official Name and Title _____

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Annual Biosolids Report 2014

Name of Facility	City of Montesano WWTP
Owner	City of Montesano
Physical Address	128 State Route 107
Mailing Address	112 North Main St Montesano WA 98563
Permit Number	WA0024660

	Primary Contact	Responsible Official
Name	Kevin Hegel Sr	Kenneth H. Estes
Title	WWTP Supervisor	Mayor
Phone	360-249-3532	360-249-3021
Email	montewwtp@yahoo.com	

Facility type (check all that apply)	
<input type="checkbox"/>	Major sewage treatment facility (design flow of ≥ 1 mgd <u>or</u> serving a population of $\geq 10,000$)
<input checked="" type="checkbox"/>	Minor sewage treatment facility (design flow of < 1 mgd <u>and</u> serving a population of $< 10,000$)
<input type="checkbox"/>	Class I sewage treatment facility (have a pretreatment program or designated as Class I)
<input type="checkbox"/>	Composting facility (receive biosolids or sewage sludge for composting)
<input type="checkbox"/>	Septage management facility (land apply or prepare septage for land application)
<input type="checkbox"/>	Beneficial use facility (receive biosolids from others for direct land application)
<input type="checkbox"/>	Lagoon facility (all solids are stored in lagoons)
<input type="checkbox"/>	Out-of-State (importing material to a facility within Washington State)
<input type="checkbox"/>	Other—describe:

1. DRY TONS of biosolids produced in 2014?	1.0 <i>EST</i>
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2. Stored (Not including materials currently in treatment such as a lagoon or drying bed.)	How Much (dry tons)
More than 2 years: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	43.00 <i>EST</i>

3. Lagoon Treatment:	<input checked="" type="checkbox"/> Yes (Complete table) <input type="checkbox"/> No (Skip to next table)
The last time solids accumulation was surveyed	2/15
When do you plan to remove solids (MM/YY, annually, etc.)	05/19+/-

Annual Biosolids Report 2014

4. Land Applied or Sold/Given Away: <input type="checkbox"/> Yes (Complete table) <input checked="" type="checkbox"/> No (Skip to next table) (not for biosolids sent to a BUF)	
Applied to:	Amount (dry tons)
Total	
Agricultural Site	
Forest Site	
Reclamation Site	
Public Contact Site	
Lawn or Home Garden	
Sold/Given away <i>(In Bulk, Bag/Other container, Compost, or Blended Product)</i>	
Land Application Site Information <i>(do not complete for biosolids you sent to a BUF)</i>	
Location <i>(unit, field name, address, or latitude/longitude)</i>	
Amount Applied <i>(dry tons)</i>	
Acres Applied To <i>(acres)</i>	
Vegetation Grown	

5. Did you compost biosolids: <input type="checkbox"/> Yes (Complete table) <input checked="" type="checkbox"/> No (Skip to next table)		
Feedstocks	Amount <i>(cite units – dry or wet tons, cu/yd)</i>	County of Origin <i>(Or state or country)</i>
<input type="checkbox"/> Biosolids/Sewage Sludge/Septage		
<input type="checkbox"/> Agricultural Organics (crop residues)		
<input type="checkbox"/> Mortalities & Other Animal Parts		
<input type="checkbox"/> Food Processing Waste		
<input type="checkbox"/> Food Waste <i>(pre-consumer vegetative)</i>		
<input type="checkbox"/> Food Waste <i>(all other)</i>		
<input type="checkbox"/> Industrial Organics <i>(specify):</i>		
<input type="checkbox"/> Land-clearing Debris		
<input type="checkbox"/> Manure <i>(specify type):</i>		
<input type="checkbox"/> Mixed Food and Yard Debris <i>(residential)</i>		
<input type="checkbox"/> Sawdust/Shavings		
<input type="checkbox"/> Other Wood Debris <i>(specify):</i>		
<input type="checkbox"/> Yard Debris		
<input type="checkbox"/> Other <i>(specify):</i>		
Tons of finished biosolids compost produced in 2014? <i>(cite units – d/t, w/t, cu/yd)</i>		

Annual Biosolids Report 2014

6. Biosolids Sent To and From:		Amount (dry tons)	Facility, Permit Number, and Subtotal:
Sent to:	Facility for further treatment	26.30	Bio Recycling #9901
	Beneficial Use Facility (BUF)		
	Landfill for disposal		
	Incinerator (including on-site)		
Received:	Facility for further treatment		
	Beneficial Use Facility (BUF)		
	Septage (gallons)		

7. Pollutants (not applicable to septage unless required by permit; see WAC 173-308-160) N/A	
Number of pollutant monitoring events in the past year:	0
Pollutants Exceeding Table 1 or 3 Values:	N/A

8. Give A Brief Description of your Biosolids Handling & Any Comments
Stanlands Septic service hauls septage from City STEP tanks to Bio Recycling #9901

9. Pathogen Reduction (check all that apply; see WAC 173-308-170 or WAC 173-308-270(3)) N/A	
Class A	Class B
<input type="checkbox"/> Alternative 1 (time/temperature)	<input type="checkbox"/> Alternative 1 (7 samples)
<input type="checkbox"/> Alternative 2 (pH/time/temperature/% solids)	Alternative 2 (process to significantly reduce pathogens [PSRP])
Alternative 3 (process to further reduce pathogens [PFRP])	
<input type="checkbox"/> Composting <input type="checkbox"/> Heat drying <input type="checkbox"/> Heat treatment <input type="checkbox"/> Pasteurization <input type="checkbox"/> Beta ray irradiation <input type="checkbox"/> Gamma ray irradiation <input type="checkbox"/> Thermophilic aerobic digestion	<input type="checkbox"/> Aerobic digestion <input type="checkbox"/> Air drying <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Composting <input type="checkbox"/> Liming (septage, see below)
<input type="checkbox"/> Alternative 4 (PFRP equivalent)	<input type="checkbox"/> Alternative 3 (PSRP equivalent)
Septage	<input type="checkbox"/> Sent for Further Treatment
<input type="checkbox"/> Injection	Receiving Facility Permit No:
<input type="checkbox"/> Incorporation	<input type="checkbox"/> Did not meet requirements—explain
<input type="checkbox"/> pH stabilization	

Annual Biosolids Report 2014

10. Vector Attraction Reduction (see WAC 173-308-180 or WAC 173-308-270(3)) N/A	
<input type="checkbox"/> Alternative 1 (38% volatile solids reduction) <input type="checkbox"/> Alternative 1a (bench test-anaerobic) <input type="checkbox"/> Alternative 1b (bench test-aerobic)	<input type="checkbox"/> Alternative 4 (pH stabilization) <input type="checkbox"/> Alternative 5 ($\geq 75\%$ solids) <input type="checkbox"/> Alternative 6 ($\geq 90\%$ solids)
<input type="checkbox"/> Alternative 2 (SOUR)	<input type="checkbox"/> Alternative 7 (injection)
<input type="checkbox"/> Alternative 3 (aerobic process)	<input type="checkbox"/> Alternative 8 (incorporation)
<input type="checkbox"/> Sent for Further Treatment Receiving Facility Permit No:	<input type="checkbox"/> Did not meet requirements—explain

11. Attachments (check all that apply; include actual lab reports for analytical data) NONE
<input type="checkbox"/> Pollutants Lab Data (if testing was required). <input type="checkbox"/> Pathogen Reduction Data (if testing was required). <input type="checkbox"/> Vector Attraction Reduction Data (if testing was conducted). <input type="checkbox"/> Copy of signature authority (signed by responsible official). <input type="checkbox"/> Other—describe (examples include soil and water sampling results, time and temperature monitoring data, pH monitoring data, and additional land application site information)

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Responsible Official Signature <u>Kenneth H. Estes</u> Date <u>2/19/15</u> Responsible Official Name and Title <u>Kenneth H. Estes Mayor</u>

SPECIAL ACCOMODATIONS

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