

EPA Identification Number 110012506216	NPDES Permit Number WA0020257	Facility Name Anacortes WWTP	Form Approved 03/05/19 OMB No. 2040-0004		
Form 2A NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS			
SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))					
Facility Information	1.1	Facility name Anacortes WWTP			
		Mailing address (street or P.O. box) P.O. Box 547			
		City or town Anacortes	State WA	ZIP code 98221	
		Contact name (first and last) Rebecca Fox	Title WWTP Manager	Phone number (360) 299-1501	Email address beckyf@cityofanacortes.org
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 500 T Avenue			
		City or town Anacortes	State WA	ZIP code 98221	
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No			
Applicant Information	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.			
		Applicant name			
		Applicant address (street or P.O. box)			
		City or town	State	ZIP code	
		Contact name (first and last)	Title	Phone number	Email address
	1.4 1.5	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both			
		To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)			
Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)			
		Existing Environmental Permits			
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) WA0020257 WAG994536	<input type="checkbox"/> RCRA (hazardous waste)	<input type="checkbox"/> UIC (underground injection control)	
		<input checked="" type="checkbox"/> PSD (air emissions) OAC269d	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)	
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input checked="" type="checkbox"/> Other (specify) BA0020257 WAR311036	

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Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.					
		Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status	
		City of Anacortes	17,637	<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	<input type="checkbox"/> Maintain
				<input type="checkbox"/> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	<input type="checkbox"/> Maintain
				<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain	<input checked="" type="checkbox"/> Maintain
				<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	<input type="checkbox"/> Maintain
				<input type="checkbox"/> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	<input type="checkbox"/> Maintain
				<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	<input type="checkbox"/> Maintain
				<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	<input type="checkbox"/> Maintain
				<input type="checkbox"/> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	<input type="checkbox"/> Maintain
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	<input type="checkbox"/> Maintain		
		<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	<input type="checkbox"/> Maintain		
		<input type="checkbox"/> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	<input type="checkbox"/> Maintain		
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	<input type="checkbox"/> Maintain		
Total Population Served	17,637						
Total percentage of each type of sewer line (in miles)		Separate Sanitary Sewer System		Combined Storm and Sanitary Sewer			
		%		%			
Indian Country	1.8	Is the treatment works located in Indian Country?					
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Indian Country	1.9	Does the facility discharge to a receiving water that flows through Indian Country?					
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Design and Actual Flow Rates	1.10	Provide design <i>and</i> actual flow rates in the designated spaces.				Design Flow Rate	
						4.5 mgd	
		Annual Average Flow Rates (Actual)					
		Two Years Ago		Last Year		This Year	
		2.14 mgd		2.29 mgd		2.66 mgd	
		Maximum Daily Flow Rates (Actual)					
		Two Years Ago		Last Year		This Year	
		8.94 mgd		9.00 mgd		8.45 mgd	
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.					
		Total Number of Effluent Discharge Points by Type					
		Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows	
		1	0	2	0	0	

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Outfalls and Other Discharge or Disposal Methods	Outfalls Other Than to Waters of the United States				
	1.12	Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14.			
	1.13	Provide the location of each surface impoundment and associated discharge information in the table below.			
	Surface Impoundment Location and Discharge Data				
		Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)	
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
	1.14	Is wastewater applied to land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.16.			
	1.15	Provide the land application site and discharge data requested below.			
	Land Application Site and Discharge Data				
		Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
1.16	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.21.				
1.17	Describe the means by which the effluent is transported (e.g., tank truck, pipe).				
1.18	Is the effluent transported by a party other than the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.20.				
1.19	Provide information on the transporter below.				
	Transporter Data				
	Entity name		Mailing address (street or P.O. box)		
	City or town		State	ZIP code	
	Contact name (first and last)		Title		
	Phone number		Email address		

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SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))							
Design Flow	Outfalls to Waters of the United States						
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
Inflow and Infiltration	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.				Average Daily Volume of Inflow and Infiltration	
	Indicate the steps the facility is taking to minimize inflow and infiltration. See attachment for information.						620,000 gpd
Topographic Map	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Flow Diagram	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Scheduled Improvements and Schedules of Implementation	2.5	Are improvements to the facility scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
	Briefly list and describe the scheduled improvements.						
	1. Relocate the treatment plant outfall.						
	2. Relocate CSO outfall and install a CSO pump station.						
	3. Barscreen and grit handling upgrades.						
	4. Pump station 3 and 16 improvements.						
	2.6	Provide scheduled or actual dates of completion for improvements.					
	Scheduled or Actual Dates of Completion for Improvements						
		Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
		1.	001	06/01/2022	03/31/2023	03/31/2023	03/31/2023
	2.	004	03/31/2023	12/31/2023	12/31/2023	12/31/2023	
	3.	001					
	4.	001					
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None required or applicable						
Explanation: Several permits for the outfall project have been issued, the rest are applied for and will be issued prior to construction.							

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SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))							
Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)					
		Outfall Number <u>001</u>		Outfall Number _____		Outfall Number _____	
	State	Washington					
	County	Skagit					
	City or town	Anacortes					
	Distance from shore	67.5 ft.		ft.		ft.	
	Depth below surface	30.5 ft.		ft.		ft.	
	Average daily flow rate	2.29 mgd		mgd		mgd	
	Latitude	48° 31' 23" N		° ' "		° ' "	
	Longitude	122° 36' 31" W		° ' "		° ' "	
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.					
	3.3	If so, provide the following information for each applicable outfall.					
		Outfall Number _____		Outfall Number _____		Outfall Number _____	
	Number of times per year discharge occurs						
	Average duration of each discharge (specify units)						
	Average flow of each discharge	mgd		mgd		mgd	
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.6.					
	3.5	Briefly describe the diffuser type at each applicable outfall.					
		Outfall Number <u>001</u>		Outfall Number _____		Outfall Number _____	
		Diffuser is 24-inch HDPE, 61 feet long with 7 6-inch diameter ports					
Waters of the U.S.	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.					

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Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.					
			Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____		
	Receiving water name	Guemes Channel					
	Name of watershed, river, or stream system	Puget Sound					
	U.S. Soil Conservation Service 14-digit watershed code						
	Name of state management/river basin						
	U.S. Geological Survey 8-digit hydrologic cataloging unit code						
	Critical low flow (acute)		cfs		cfs		cfs
	Critical low flow (chronic)		cfs		cfs		cfs
	Total hardness at critical low flow		mg/L of CaCO ₃		mg/L of CaCO ₃		mg/L of CaCO ₃

Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.					
			Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____		
	Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____			
	Design Removal Rates by Outfall						
	BOD ₅ or CBOD ₅	85	%		%		%
	TSS	85	%		%		%
	Phosphorus	<input checked="" type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	%
	Nitrogen	<input checked="" type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	%
	Other (specify) _____	<input type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	%

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Treatment Description Continued	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.					
			Outfall Number <u>001</u>	Outfall Number <u>002</u>	Outfall Number <u>004</u>		
	Disinfection type	Sodium Hypochlorite					
	Seasons used	All					
	Dechlorination used?	<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	
Effluent Testing Data	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13.					
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.					
			Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____		
		Acute	Chronic	Acute	Chronic	Acute	Chronic
	Number of tests of discharge water	9	2				
	Number of tests of receiving water	0	0				
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.					
	3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine.					
	3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> The facility has a design flow greater than or equal to 1 mgd. The POTW has an approved pretreatment program or is required to develop such a program. The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). <input checked="" type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input type="checkbox"/> No → SKIP to Section 4.						
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No additional sampling required by NPDES permitting authority.						

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Effluent Testing Data Continued	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.				
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.				
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 50%;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width: 50%;">Summary of Results</th> </tr> <tr> <td style="height: 80px;"></td> <td style="text-align: center; vertical-align: middle;">See Attached</td> </tr> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		See Attached
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
		See Attached				
	3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.26.				
	3.23	Describe the cause(s) of the toxicity:				
	3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
3.25	Provide details of any toxicity reduction evaluations conducted.					
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.					
SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))						
Industrial Discharges and Hazardous Wastes	4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7.				
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 50%;">Number of SIUs</th> <th style="width: 50%;">Number of NSCIUs</th> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> </table>	Number of SIUs	Number of NSCIUs	3	8
	Number of SIUs	Number of NSCIUs				
	3	8				
	4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.6.				
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.					
4.6	Have you completed and attached Table F to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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Industrial Discharges and Hazardous Wastes Continued	4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9.					
	4.8	If yes, provide the following information:					
		Hazardous Waste Number	Waste Transport Method (check all that apply)			Annual Amount of Waste Received	Units
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____			
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____			
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____			
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____			
4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.						
4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No						
4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))							
CSO Map and Diagram	5.1	Does the treatment works have a combined sewer system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.					
	5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)					
		CSO Outfall Number <u>002</u>		CSO Outfall Number <u>004</u>		CSO Outfall Number _____	
	City or town	Anacortes		Anacortes			
	State and ZIP code	Washington 98221		Washington 98221			
	County	Skagit		Skagit			
	Latitude	48° 30' 55" N		48° 31' 16" N		° ' "	
	Longitude	122° 38' 03" W		122° 36' 39" W		° ' "	
	Distance from shore	460 ft.		0 ft.		ft.	
	Depth below surface	30 ft.		0 ft.		ft.	
CSO Monitoring	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?					
		CSO Outfall Number <u>002</u>		CSO Outfall Number <u>004</u>		CSO Outfall Number _____	
	Rainfall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CSO flow volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Receiving water quality	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CSO frequency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Number of storm events	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSO Events in Past Year	5.6	Provide the following information for each of your CSO outfalls.					
		CSO Outfall Number <u>002</u>		CSO Outfall Number _____		CSO Outfall Number <u>004</u>	
	Number of CSO events in the past year	0 events		0 events		1 events	
	Average duration per event	0 hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		4.8 hours <input checked="" type="checkbox"/> Actual or <input type="checkbox"/> Estimated	
	Average volume per event	0 million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		0.19 million gallons <input checked="" type="checkbox"/> Actual or <input type="checkbox"/> Estimated	
	Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated		2.3 inches of rainfall <input checked="" type="checkbox"/> Actual or <input type="checkbox"/> Estimated	

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CSO Receiving Waters	5.7	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number <u>002</u>	CSO Outfall Number <u>004</u>	CSO Outfall Number _____
	Receiving water name	Guemes Channel	Guemes Channel	
	Name of watershed/ stream system	Puget Sound	Puget Sound	
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Name of state management/river basin			
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for examples)	None	None	

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input checked="" type="checkbox"/> w/ Table C <input checked="" type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input checked="" type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 5: Combined Sewer Overflows	<input checked="" type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input checked="" type="checkbox"/> w/ CSO system diagram
	<input checked="" type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	6.2	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
		Name (print or type first and last name) Matt Miller	Official title City of Anacortes Mayor
	Signature 	Date signed 12 MAY 2022	

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input checked="" type="checkbox"/> CBOD ₅ (report one)	23.5	mg/L	7.1	mg/L	203	SM5210-B	<input type="checkbox"/> ML 2 <input checked="" type="checkbox"/> MDL
Fecal coliform	>2000	cfu/100 mL	37	MPN/100 mL	203	SM9222-D	<input type="checkbox"/> ML 1 <input checked="" type="checkbox"/> MDL
Design flow rate	9.00	MGD	2.27	MGD	365		
pH (minimum)	6.87	S.U.					
pH (maximum)	7.42	S.U.					
Temperature (winter)	15.5	Celsius	13.4	Celsius	121		
Temperature (summer)	24.8	Celsius	22.6	Celsius	122		
Total suspended solids (TSS)	36.5	mg/L	12.0	mg/L	256	SM2540-D	<input type="checkbox"/> ML 2.5 <input checked="" type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units		
Ammonia (as N)	44.6	mg/L	22.8	mg/L	SM4500-NH3 D-2011	1 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	0.25	mg/L	<0.06	mg/L	SM4500-Cl G-2011	0.05 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	8.05	mg/L	4.33	mg/L	Hach 10360 rev1.2	0.2 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	6.43	mg/L	2.16	mg/L	SM4500-NO3 F	0.10 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	42.2	mg/L	25.2	mg/L	351.2	2.9 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Oil and grease	<2.0	mg/L	<1.6	mg/L	1664	2.0 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phosphorus	5.28	mg/L	3.21	mg/L	SM4500-PF/-PB(5)	0.09 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids	381	mg/L	303	mg/L	SM2540 C	10 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO ₃)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Arsenic, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cadmium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chromium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Copper, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Lead, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Mercury, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Selenium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Silver, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cyanide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total phenolic compounds							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Volatile Organic Compounds							
Acrolein							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acrylonitrile							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bromoform							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorodibromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloroethylvinyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroform							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dichlorobromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
trans-1,2-dichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichloropropylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl bromide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2,2-tetrachloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Tetrachloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Toluene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,1-trichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2-trichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units		
Trichloroethylene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Vinyl chloride						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acid-Extractable Compounds						
p-chloro-m-cresol						<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol						<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol						<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol						<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol						<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol						<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol						<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol						<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Base-Neutral Compounds						
Acenaphthene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acenaphthylene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Anthracene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzidine						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)anthracene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)pyrene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,4-benzofluoranthene						<input type="checkbox"/> ML <input type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units		
Benzo(g,h,i)perylene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(k)fluoranthene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethoxy) methane						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethyl) ether						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate						<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-bromophenyl phenyl ether						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Butyl benzyl phthalate						<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloronaphthalene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-chlorophenyl phenyl ether						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chrysene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate						<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-octyl phthalate						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dibenzo(a,h)anthracene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichlorobenzene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Diethyl phthalate						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dimethyl phthalate						<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrotoluene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,6-dinitrotoluene						<input type="checkbox"/> ML <input type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units		
1,2-diphenylhydrazine						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluorene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclo-pentadiene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodi-n-propylamine						<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodimethylamine						<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene						<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

Test Information			
	Test Number ____	Test Number ____	Test Number ____
Test species			
Age at initiation of test			
Outfall number			
Date sample collected			
Date test started			
Duration			
Toxicity Test Methods			
Test method number			
Manual title			
Edition number and year of publication			
Page number(s)			
Sample Type			
Check one:	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite
Sample Location			
Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
Point in Treatment Process			
Describe the point in the treatment process at which the sample was collected for each test.			
Toxicity Type			
Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

	Test Number ____	Test Number ____	Test Number ____
Test Type			
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through
Source of Dilution Water			
Indicate the source of dilution water. (Check one response.)	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water
If laboratory water, specify type.			
If receiving water, specify source.			
Type of Dilution Water			
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)
Percentage Effluent Used			
Specify the percentage effluent used for all concentrations in the test series.			
Parameters Tested			
Check the parameters tested.	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen <input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen <input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
Acute Test Results			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% confidence interval	%	%	%
Control percent survival	%	%	%

TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

Test Number ____		Test Number ____		Test Number ____	
Acute Test Results Continued					
Other (describe)					
Chronic Test Results					
NOEC		%	%		%
IC ₂₅		%	%		%
Control percent survival		%	%		%
Other (describe)					
Quality Control/Quality Assurance					
Is reference toxicant data available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?					
Other (describe)					

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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU 01	SIU 02	SIU 03
Name of SIU	Sugiyo U.S.A., Inc.	Trident Seafoods Corporation	Port of Anacortes Pier 2
Mailing address (street or P.O. box)	P.O. Box 468	P.O. Box 945	P.O. Box 297
City, state, and ZIP code	Anacortes, WA 98221	Anacortes, WA 98221	Anacortes, WA 98221
Description of all industrial processes that affect or contribute to the discharge.	Wastewater is generated from condensate, daily clean-up activities, cooling water, lubricant "carrier" water, and ice water.	Wastewater is generated from cleaning and sanitizing equipment after process runs.	Shipping bulk goods including petroleum coke and prilled sulfur. Tire wash and misters for dust control. Stormwater from site.
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Surimi made from frozen blocks of fish protein mixed with other dry and liquid ingredients.	Frozen fish blocks, cheese, flour, breadings, oils and seasonings.	Prilled sulfur, petroleum coke, surfactant. Washdown water and stormwater.
Indicate the average daily volume of wastewater discharged by the SIU.	54215 gpd	42210 gpd	27175 gpd
How much of the average daily volume is attributable to process flow?	54215 gpd	42210 gpd	27175 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	0 gpd	0 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU 01 ____	SIU 02 ____	SIU 03 ____
Under what categories and subcategories is the SIU subject?	SIU based on flow	SIU based on flow, BOD and TSS loading	Non-SIU, industrial discharge, marine bulk cargo handling
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU? If yes, describe.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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NPDES Permit Number: WA0020257
Facility Name: Anacortes WWTP
Outfall: 001

2022 NPDES Permit Application
Additional Information

Section2

2.2 Indicate the steps the facility is taking to minimize inflow and infiltration.

Anacortes is in the process of relocating the WWTP outfall and putting in a CSO pump station to address sanitary sewer overflows during high flow events. In 2022 and 2023 resources are being directed toward the outfall and CSO pump station projects. In 2024 focus and funding will return to reducing I&I with ongoing annual expenditures of \$1,000,000. Drainage basins within the sanitary sewer system with known or suspected high I&I will be evaluated for broken pipes, root intrusion, unsealed manholes, leaking sewer connections, stormwater connections or other issues that contribute to I&I. Additionally, Anacortes intends to incorporate flow monitoring of the collection system to help identify areas of concern. The findings will be used to prioritize efforts to repair sewer lines using various techniques and solutions including root removal, cured in place pipe repair, sealing manholes and addressing storm and groundwater connections.

Section 3

3.21 Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.

Date submitted	Test Type	Results
2/24/2021	Acute - Fathead Minnow	100% survival in 100% effluent
5/12/2021	Chronic - Mysid shrimp	NOEC 30% for survival, 10% for biomass and dry weight
5/12/2021	Chronic - Pacific topsmelt	NOEC 30% for survival, biomass and dry weight
9/10/2021	Acute - Fathead Minnow	82.5% survival in 100% effluent, no effect at ACEC of 2.6%
11/15/2021	Chronic - Mysid shrimp	NOEC 30% for survival, 10% for biomass and dry weight
11/15/2021	Chronic - Pacific topsmelt	NOEC 30% for survival, biomass and dry weight
3/29/2022	Acute - Ceriodaphnia dubia	100% survival in 100% effluent

EPA Identification Number: 110012506216
NPDES Permit Number: WA0020257
Facility Name: Anacortes WWTP
Outfall: 001

2022 NPDES Permit Application
Additional Information

Section 5

5.3 CSO System Diagram

The attached map shows sewers installed prior to 1988 and after 1988. Sewers installed after 1988 date were put in as separated systems, sewers installed prior to that are unknown and likely include combined sewer systems. City Municipal Code was updated in 1988 disallowing roof drains, foundation drains, cooling water, storm water and surface water connections to the sanitary sewer.

EPA 110012506216
NPDES WA0020257
Anacortes WWTP
Item 2.3 Topographic Map
Item 5.2 CSO System Map

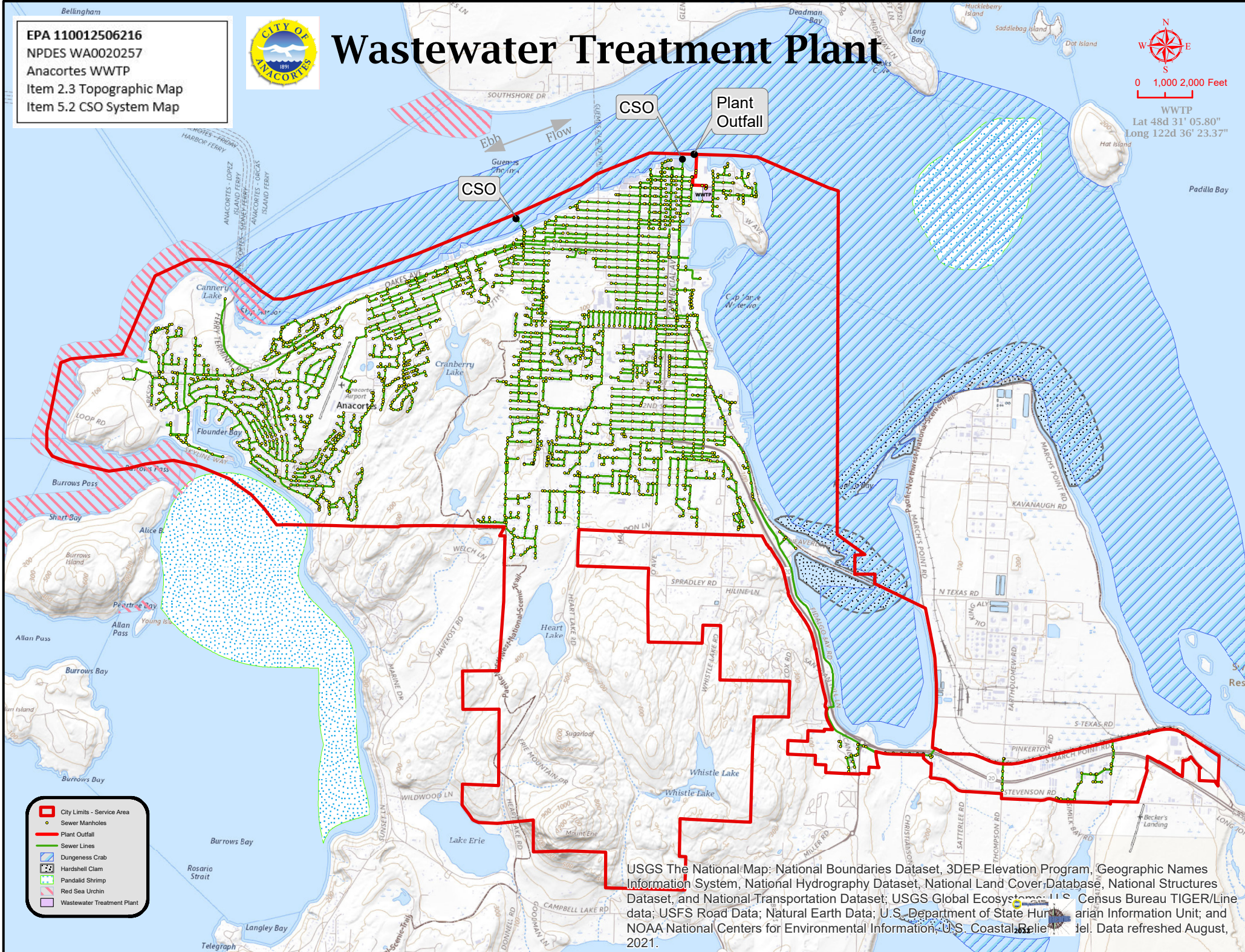


Wastewater Treatment Plant



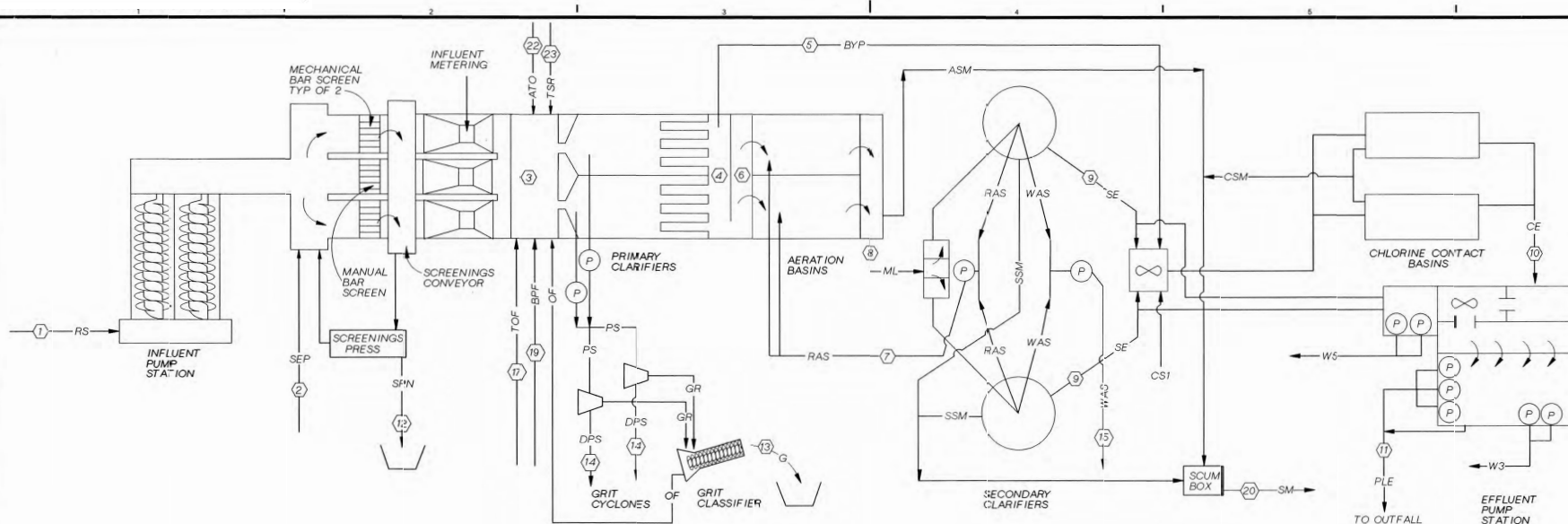
0 1,000 2,000 Feet

WWTP
Lat 48d 31' 05.80"
Long 122d 36' 23.37"



- City Limits - Service Area
- Sewer Manholes
- Plant Outfall
- Sewer Lines
- Dungeness Crab
- Hardshell Clam
- Pandall Shrimp
- Red Sea Urchin
- Wastewater Treatment Plant

USGS The National Map: National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National Hydrography Dataset, National Land Cover Database, National Structures Dataset, and National Transportation Dataset; USGS Global Ecosystems; U.S. Census Bureau TIGER/Line data; USFS Road Data; Natural Earth Data; U.S. Department of State Humanitarian Information Unit; and NOAA National Centers for Environmental Information, U.S. Coastal Relief Model. Data refreshed August, 2021.



Stream Identification	Flow Rate (mgd)												BOD (lbs/day)						TSS (lbs/day)					
	Minimum		Average Annual		Dry Weather Average Month		Wet Weather Average Month		Maximum Month		Peak		Average Month		Maximum Month		Maximum 7 Days		Average Month		Maximum Month		Maximum 7 Days	
	Initial	Design	Initial	Design	Initial	Design	Initial	Design	Initial	Design	Initial	Design	Initial	Design	Initial	Design	Initial	Design	Initial	Design	Initial	Design	Initial	Design
1 RAW SEWAGE	0.4	0.5	1.7	2.4	1.5	2.1	2.0	2.7	2.3	3.2	6.7	9.6*	2430	3599	3520	4948	4977	6408	2207	3365	3388	4684	4602	6700
2 SEPTAGE			Septage flow rates included in raw sewage flow rates.										17.4	18.4	3.41	368	406	430	371	395	730	750	866	922
3 PRIMARY INFLUENT	0.8	0.9	3.0	3.1	2.1	2.8	2.6	3.4	3.0	3.6	7.6	10.5	2925	4253	4109	5664	5757	7309	3093	4571	4918	6778	7034	9397
4 PRIMARY EFFLUENT	0.6	0.8	1.9	2.6	1.7	2.4	2.2	3.0	2.6	3.5	7.2	10.1	1823	2648	2973	4093	4145	5265	930	1367	1548	2123	1566	2401
5 SECONDARY BYPASS	0	0	0	0	0	0	0	0	0	0	0	2.3	—	—	—	—	—	—	—	—	—	—	—	—
6 AERATION BASIN INFLUENT	0.6	0.8	1.9	2.6	1.7	2.4	2.2	3.0	2.6	3.5	7.2	7.8*	1823	2648	2973	4093	4145	5265	930	1367	1548	2123	1566	2401
7 RETURN ACTIVATED SLUDGE	1.0	1.0	1.2	1.6	1.0	1.4	1.3	1.8	1.5	2.1	3.2	3.2	—	—	—	—	—	—	69472	93875	87278	123229	183897	193897
8 AERATION BASIN EFFLUENT, ML	1.7	1.8	3.2	4.3	2.8	3.8	3.6	4.8	4.1	5.7	10.4	11.0	—	—	—	—	—	—	71388	96642	90104	127182	187805	198839
9 SECONDARY EFFLUENT	0.7	0.8	2.0	2.7	1.8	2.4	2.3	3.0	2.6	3.6	7.2	7.9	—	—	—	—	—	—	—	—	—	—	—	—
10 CHLORINATED EFFLUENT	0.7	0.8	2.0	2.6	1.8	2.4	2.3	2.9	2.6	3.4	7.1	10.0	—	—	—	—	—	—	—	—	—	—	—	—
11 PLANT EFFLUENT	1.5	0.4	1.6	2.3	1.4	2.1	1.9	2.6	2.2	3.1	6.8	9.6	391	567	579	797	807	1026	387	564	618	811	820	1143

*Design peak flow through influent pump station, headworks, primary clarifiers, chlorine contact basin, and outfall is 9.6 mgd. Design peak for secondary treatment is 7.8 mgd.

RECORD DRAWING



DESIGNED BY
G.J. GILMAN
DRAWN BY
W.J. MYER
CHECKED BY
G.R. GRAHAM
APPROVED BY
S.M. DENNIS

NO. 7/92
DATE

RECORD DRAWING
REVISION

GTS SMD
BY APVC

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SCALE
BAR IS ONE INCH ON ORIGINAL DRAWING.
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CITY OF ANACORTES, WASHINGTON
SECONDARY WASTEWATER
TREATMENT PLANT

LIQUID PROCESS FLOW DIAGRAM
AND LIQUIDS BALANCE

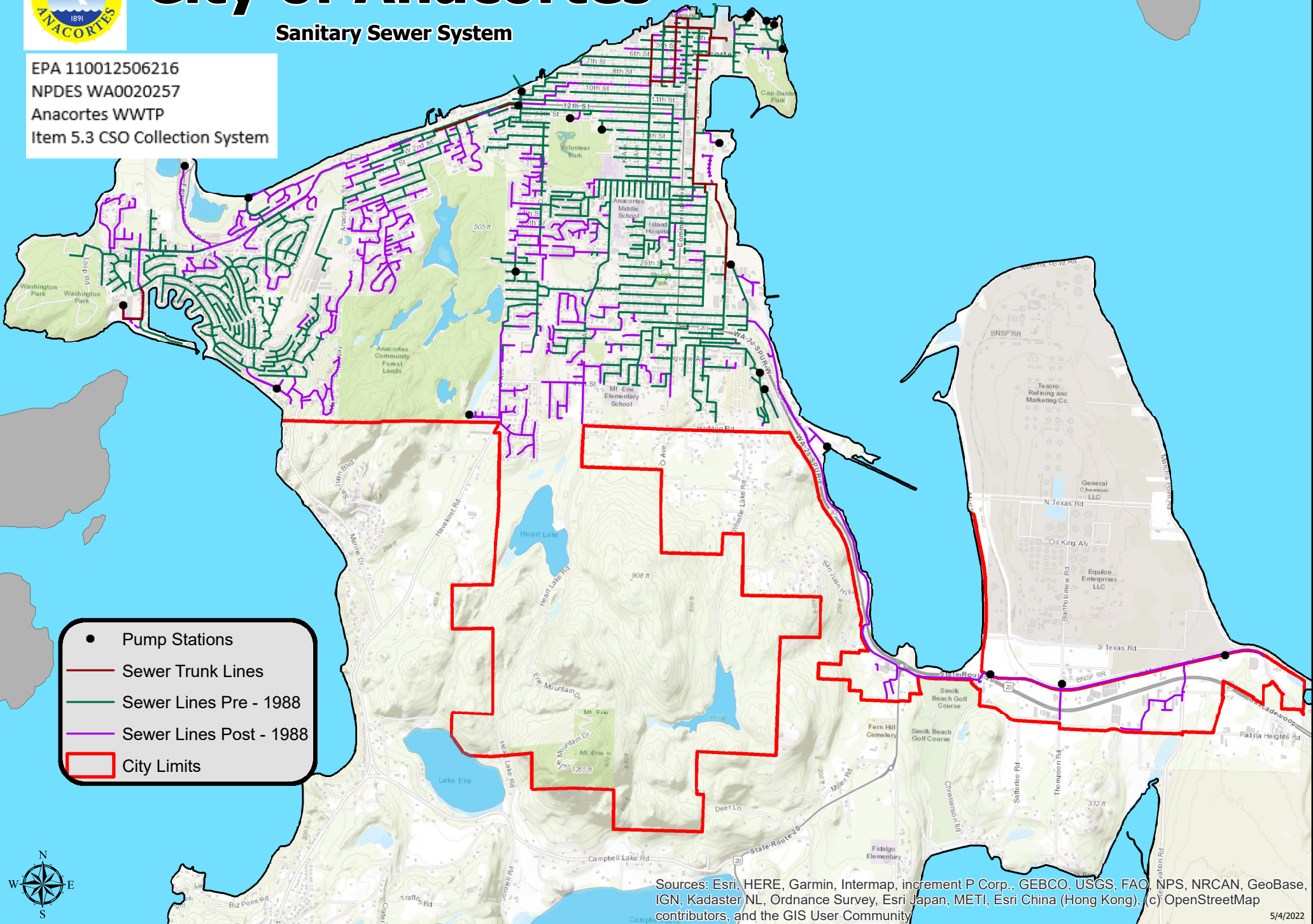
SHEET 7 OF 284
DWG NO. 10-G-7
DATE JAN 1990
PROJ. NO. S2A24388.A



City of Anacortes

Sanitary Sewer System

EPA 110012506216
NPDES WA0020257
Anacortes WWTP
Item 5.3 CSO Collection System



EPA Identification Number 110012506216		NPDES Permit Number WA0020257		Facility Name Anacortes WWTP		Outfall Number 001	
TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS							
Pollutant	Max Daily Discharge		Average Daily Discharge			Analytical Method	ML or MDL (value - Max MDL)
	Value	Units	Value	Units	Number of Samples		
4.5yrs Data 10/1/2017-03/31/2022							
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO3)	104.90	mg/L	88.33	mg/L	4	200.7/3010A	0.8 mg/L
Antimony	1.30	ug/L	<0.504	ug/L	19	200.8	0.4 ug/L
Arsenic	5.90	ug/L	1.89	ug/L	19	200.8	0.5 ug/L
Beryllium	<0.500	ug/L	<0.066	ug/L	19	200.8	0.17 ug/L
Cadmium	<0.250	ug/L	<0.094	ug/L	32	200.8	0.19 ug/L
Chromium	7.70	ug/L	<0.972	ug/L	19	200.8	0.54 ug/L
Copper	30.00	ug/L	11.42	ug/L	19	200.8	4 ug/L
Lead	0.55	ug/L	<0.310	ug/L	19	200.8	0.091 ug/L
Mercury	<0.200	ug/L	<0.049	ug/L	32	245.1/7470A	0.2 ug/L
Mercury (Low Level)	0.017	ug/L	0.0105	ug/L	4	1631	0.0004 ug/L
Nickel	7.00	ug/L	<3.448	ug/L	19	200.8	0.15 ug/L
Selenium	3.40	ug/L	1.92	ug/L	19	200.8	0.56 ug/L
Silver	0.80	ug/L	<0.161	ug/L	19	200.8	0.2 ug/L
Thallium	<0.360	ug/L	<0.054	ug/L	19	200.8	0.1 ug/L
Zinc	58.30	ug/L	39.45	ug/L	19	200.8	0.91 ug/L
Cyanide	0.01	mg/L	0.01	mg/L	4	D7511-12	0.004 mg/L
Total phenolic compounds	<0.50	mg/L	<0.14	mg/L	4	420.4	0.5 mg/L
Volatile Organic Compounds							
Acrolein	1.66	ug/L	1.35	ug/L	4	624/624(pH4)	1.66 ug/L
Acrylonitrile	0.56	ug/L	0.47	ug/L	4	624/624(pH4)	0.56 ug/L
Benzene	0.23	ug/L	0.15	ug/L	4	624	0.23 ug/L
Bromoform	0.3	ug/L	0.20	ug/L	4	624	0.3 ug/L
Carbon Tetrachloride	0.24	ug/L	0.22	ug/L	4	624	0.24 ug/L
Chlorobenzene	0.28	ug/L	0.18	ug/L	4	624	0.28 ug/L
Chlorodibromo-Methane (Bromodichloromethane)	0.28	ug/L	0.13	ug/L	4	624	0.28 ug/L
Chloroethane	0.34	ug/L	0.27	ug/L	4	624	0.34 ug/L
2-Chloro-Ethylvinylether	0.97	ug/L	0.67	ug/L	4	624	0.97 ug/L
Chloroform	2.3	ug/L	2.18	ug/L	4	624	0.25 ug/L
Dichlorobromo-Methane (Chlorodibromomethane)	0.28	ug/L	0.19	ug/L	4	624	0.28 ug/L
1, 1-Dichloroethane	0.32	ug/L	0.19	ug/L	4	624	0.32 ug/L
1, 2-Dichloroethane	0.38	ug/L	0.19	ug/L	4	624	0.38 ug/L
Trans-1, 2-Dichloro-Ethylene	0.34	ug/L	0.23	ug/L	4	624	0.34 ug/L
1, 1-Dichloroethylene	0.25	ug/L	0.21	ug/L	4	624	0.25 ug/L
1, 2-Dichloropropane	0.22	ug/L	0.15	ug/L	4	624	0.22 ug/L
1, 3-Dichloro-Propylene (CIS-1,3-Dichloropropene)	0.31	ug/L	0.18	ug/L	4	624	0.31 ug/L
Ethylbenzene	0.29	ug/L	0.19	ug/L	4	624	0.29 ug/L
Methyl Bromide (Bromomethane)	0.37	ug/L	0.33	ug/L	4	624	0.37 ug/L
Methyl Chloride (Chloromethane)	0.4	ug/L	0.26	ug/L	4	624	0.28 ug/L
Methylene Chloride	0.28	ug/L	0.16	ug/L	4	624	0.28 ug/L
1, 1, 2, 2-Tetrachloro-Ethane	0.37	ug/L	0.24	ug/L	4	624	0.37 ug/L
Tetrachloro-Ethylene	0.5	ug/L	0.27	ug/L	4	624	0.24 ug/L
Toluene	7.8	ug/L	2.93	ug/L	4	624	0.24 ug/L
1, 1, 1-Trichloroethane	0.31	ug/L	0.27	ug/L	4	624	0.31 ug/L
1, 1, 2-Trichloroethane	0.28	ug/L	0.21	ug/L	4	624	0.28 ug/L
Trichlorethylene	0.29	ug/L	0.20	ug/L	4	624	0.29 ug/L
Vinyl Chloride	0.28	ug/L	0.19	ug/L	4	624	0.28 ug/L
Acid-Extractable Compounds							
P-Chloro-M-Cresol (4-chloro-3-methylphenol)	0.2	ug/L	0.2	ug/L	4	625	0.2 ug/L
2-Chlorophenol	0.1	ug/L	0.1	ug/L	4	625	0.1 ug/L
2, 4-Dichlorophenol	0.2	ug/L	0.2	ug/L	4	625	0.2 ug/L
2, 4-Dimethylphenol	0.4	ug/L	0.4	ug/L	4	625	0.4 ug/L
4, 6-Dinitro-O-Cresol (4,6-dinitro-2-methylphenol)	0.3	ug/L	0.3	ug/L	4	625	0.3 ug/L
2, 4-Dinitrophenol	0.5	ug/L	0.5	ug/L	4	625	0.5 ug/L
2-Nitrophenol	0.3	ug/L	0.25	ug/L	4	625	0.3 ug/L
4-Nitrophenol	0.3	ug/L	0.3	ug/L	4	625	0.3 ug/L
Pentachlorophenol	0.2	ug/L	0.2	ug/L	4	625	0.2 ug/L
Phenol	0.1	ug/L	0.1	ug/L	4	625	0.1 ug/L
2, 4, 6-Trichlorophenol	0.1	ug/L	0.1	ug/L	4	625	0.1 ug/L
Base-Neutral Compounds							
Acenaphthene	0.04	ug/L	0.04	ug/L	4	624	0.04 ug/L
Acenaphthylene	0.07	ug/L	0.07	ug/L	4	624	0.07 ug/L
Anthracene	0.05	ug/L	0.05	ug/L	4	624	0.05 ug/L
Benzidine	9	ug/L	9.00	ug/L	4	625	9 ug/L
Benzo (A) Anthracene	0.05	ug/L	0.05	ug/L	4	625	0.05 ug/L

EPA Identification Number 110012506216	NPDES Permit Number WA0020257	Facility Name Anacortes WWTP	Outfall Number 001
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Max Daily Discharge		Average Daily Discharge			Analytical Method	ML or MDL (value - Max MDL)
	Value	Units	Value	Units	Number of Samples		
4.5yrs Data 10/1/2017-03/31/2022							
Benzo (A) Pyrene	0.05	ug/L	0.05	ug/L	4	625	0.05 ug/L
3, 4-Benzo-Fluoranthene (Benzo(B)flouranthene)	0.08	ug/L	0.08	ug/L	4	625	0.08 ug/L
Benzo (GHI) Perylene	0.05	ug/L	0.05	ug/L	4	625	0.05 ug/L
Benzo (K) Fluoranthene	0.08	ug/L	0.08	ug/L	4	625	0.08 ug/L
BIS (2-Chloroethoxy) Methane	0.06	ug/L	0.06	ug/L	4	625	0.06 ug/L
BIS (2-Chloroethyl) Ether	0.06	ug/L	0.06	ug/L	4	625	0.06 ug/L
BIS (2-Chloroiso-Propyl) Ether (Bis(2-Chloro-1methlethyl) Ether	0.06	ug/L	0.06	ug/L	4	625	0.06 ug/L
*BIS (2-Ethylhexyl) Phthalate Di(2-ethylhexyl)Phthalate (Composite Sample)	*8	ug/L	6.30	ug/L	4	625	0.4 ug/L
**BIS (2-Ethylhexyl) Phthalate Di(2-ethylhexyl)Phthalate (Grab Samples)	**2	ug/L	0.64	ug/L	12	625	0.5 ug/L
4-Bromophenyl Phenyl Ether	0.04	ug/L	0.04	ug/L	4	625	0.04 ug/L
Butyl Benzyl Phthalate	0.03	ug/L	0.03	ug/L	4	625	0.03 ug/L
2-Chloronaphthalene	0.05	ug/L	0.05	ug/L	4	625	0.05 ug/L
4-Chlorphenyl Phenyl Ether	0.04	ug/L	0.04	ug/L	4	625	0.04 ug/L
Chrysene	0.06	ug/L	0.06	ug/L	4	625	0.06 ug/L
Di-N-Butyl Phthalate	0.07	ug/L	0.07	ug/L	4	625	0.07 ug/L
Di-N-Octyl Phthlate	0.02	ug/L	0.02	ug/L	4	625	0.02 ug/L
Dibenzo (a,h) Anthracene	0.4	ug/L	0.14	ug/L	4	625	0.4 ug/L
1, 2-Dichlorobenzene	0.31	ug/L	0.17	ug/L	4	625	0.31 ug/L
1, 3-Dichlorobenzene	0.29	ug/L	0.17	ug/L	4	625	0.29 ug/L
1, 4-Dichlorobenzene	0.9	ug/L	0.42	ug/L	4	625	0.3 ug/L
3, 3-Dichlorobenzidine	0.2	ug/L	0.20	ug/L	4	625	0.2 ug/L
Diethyl Phthalate	0.06	ug/L	0.06	ug/L	4	625	0.06 ug/L
Dimethyl Phthalate	0.05	ug/L	0.05	ug/L	4	625	0.05 ug/L
2, 4-Dinitrotoluene	0.07	ug/L	0.07	ug/L	4	625	0.07 ug/L
2, 6-Dinitrotoluene	0.09	ug/L	0.09	ug/L	4	625	0.09 ug/L
1,2-Diphenylhydrazine	0.06	ug/L	0.06	ug/L	4	625	0.06 ug/L
Fluoranthene	0.05	ug/L	0.05	ug/L	4	625	0.05 ug/L
Fluorene	0.06	ug/L	0.05	ug/L	4	625	0.06 ug/L
Hexachlorobenzene	0.06	ug/L	0.06	ug/L	4	625	0.06 ug/L
Hexachlorobutadiene	0.09	ug/L	0.09	ug/L	4	625	0.09 ug/L
Hexachlorocyclopentadiene	0.2	ug/L	0.20	ug/L	4	625	0.2 ug/L
Hexachloroethane	0.09	ug/L	0.09	ug/L	4	625	0.09 ug/L
Indeno (1, 2, 3-CD) Pyrene	0.09	ug/L	0.09	ug/L	4	625	0.09 ug/L
Isophorone	0.07	ug/L	0.07	ug/L	4	625	0.07 ug/L
Naphthalene	0.06	ug/L	0.06	ug/L	4	625	0.06 ug/L
Nitrobenzene	0.05	ug/L	0.05	ug/L	4	625	0.05 ug/L
N-Nitrosodi-N-Propylamine	0.1	ug/L	0.10	ug/L	4	625	0.1 ug/L
N-Nitrosodi-Methylamine	0.3	ug/L	0.30	ug/L	4	625	0.3 ug/L
N-Nitrosodi-Phenylamine	0.05	ug/L	0.05	ug/L	4	625	0.05 ug/L
Phenanthrene	0.06	ug/L	0.06	ug/L	4	625	0.06 ug/L
Pyrene	0.05	ug/L	0.05	ug/L	4	625	0.05 ug/L
1, 2, 4-Trichlorobenzene	0.05	ug/L	0.05	ug/L	4	625	0.05 ug/L

*High BEHP value due to composite sample collected in plastic bottle.

**Quarterly Sampling 2019-2020, glass containers only.

EPA Identification Number 110012506216	NPDES Permit Number WA0020257		Facility Name Anacortes WWTP		Outfall Number 001		
TABLE D. ADDITIONAL POLLUTANTS AS REQUIRED BY NPDES PERMITTING AUTHORITY							
Pollutant	Max Daily Discharge		Average Daily Discharge			Analytical Method	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1yr Data 04/01/2022-03/31/2022							
Orthophosphate	4.38	mg/L	2.58	mg/L	12	SM4500-P F/ EPA300.0	0.10 mg/L
4.5yrs Data 10/1/2017-03/31/2022							
Hexavalent Chromium	0.049	ug/L	0.031	ug/L	3	218.6	0.049 ug/L