


EPA Identification Number		NPDES Permit Number WA0052175		Facility Name Peshastin Publicly-Owned		Form Approved 03/05/19 OMB No. 2040-0004											
Form 2A NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>															
<b>SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))</b>																	
<b>Facility Information</b>	1.1	Facility name Peshastin Publicly-Owned Treatment Works <hr/> Mailing address (street or P.O. box) PO Box 1231 <hr/> <table border="0"> <tr> <td>City or town Wenatchee</td> <td>State WA</td> <td>ZIP code 98807</td> </tr> </table> <hr/> <table border="0"> <tr> <td>Contact name (first and last) Dale Pipkin</td> <td>Title Wastewater Treatment Plant</td> <td>Phone number (509) 548-6390</td> <td>Email address dale.pipkin@chelanpud.org</td> </tr> </table> <hr/> Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 10395 Mill Road <hr/> <table border="0"> <tr> <td>City or town Peshastin</td> <td>State WA</td> <td>ZIP code 98847</td> </tr> </table>						City or town Wenatchee	State WA	ZIP code 98807	Contact name (first and last) Dale Pipkin	Title Wastewater Treatment Plant	Phone number (509) 548-6390	Email address dale.pipkin@chelanpud.org	City or town Peshastin	State WA	ZIP code 98847
	City or town Wenatchee	State WA	ZIP code 98807														
	Contact name (first and last) Dale Pipkin	Title Wastewater Treatment Plant	Phone number (509) 548-6390	Email address dale.pipkin@chelanpud.org													
	City or town Peshastin	State WA	ZIP code 98847														
	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															
	<b>Applicant Information</b>	1.3	Is applicant different from entity listed under Item 1.1 above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4.														
		Applicant name Ron Slabaugh															
		Applicant address (street or P.O. box) PO Box 1231															
		<table border="0"> <tr> <td>City or town Wenatchee</td> <td>State WA</td> <td>ZIP code 98801</td> </tr> </table>						City or town Wenatchee	State WA	ZIP code 98801							
City or town Wenatchee		State WA	ZIP code 98801														
	<table border="0"> <tr> <td>Contact name (first and last) Ron Slabaugh</td> <td>Title Water/Wastewater Manager</td> <td>Phone number (509) 661-4131</td> <td>Email address ron.slabaugh@chelanpud.org</td> </tr> </table>						Contact name (first and last) Ron Slabaugh	Title Water/Wastewater Manager	Phone number (509) 661-4131	Email address ron.slabaugh@chelanpud.org							
Contact name (first and last) Ron Slabaugh	Title Water/Wastewater Manager	Phone number (509) 661-4131	Email address ron.slabaugh@chelanpud.org														
1.4	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																
1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)																
<b>Existing Environmental Permits</b>	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)															
	<b>Existing Environmental Permits</b>																
	<input checked="" type="checkbox"/> NPDES (discharges to surface water) WA0052175		<input type="checkbox"/> RCRA (hazardous waste)		<input type="checkbox"/> UIC (underground injection control)												
	<input type="checkbox"/> PSD (air emissions)		<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 type="checkbox"/> Other (specify)												

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Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.					
		<b>Municipality Served</b>	<b>Population Served</b>	<b>Collection System Type</b> (indicate percentage)		<b>Ownership Status</b>	
		Peshastin	432	<u>100</u> 0 <input type="checkbox"/>	% separate sanitary sewer % combined storm and sanitary sewer Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
				<u>    </u> <u>    </u> <input type="checkbox"/>	% separate sanitary sewer % combined storm and sanitary sewer Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
				<u>    </u> <u>    </u> <input type="checkbox"/>	% separate sanitary sewer % combined storm and sanitary sewer Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
				<u>    </u> <u>    </u> <input type="checkbox"/>	% separate sanitary sewer % combined storm and sanitary sewer Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
				<u>    </u> <u>    </u> <input type="checkbox"/>	% separate sanitary sewer % combined storm and sanitary sewer Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
		<b>Total Population Served</b>	432				
				<b>Separate Sanitary Sewer System</b>		<b>Combined Storm and Sanitary Sewer</b>	
		Total percentage of each type of sewer line (in miles)		100 %		0 %	
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	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 and actual flow rates in the designated spaces.				<b>Design Flow Rate</b>	
						0.11 mgd	
		<b>Annual Average Flow Rates (Actual)</b>					
		<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>	
		.057 mgd		.049 mgd		.048 mgd	
		<b>Maximum Daily Flow Rates (Actual)</b>					
		<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>	
.127 mgd		.108 mgd		.092 mgd			
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.					
		<b>Total Number of Effluent Discharge Points by Type</b>					
		<b>Treated Effluent</b>	<b>Untreated Effluent</b>	<b>Combined Sewer Overflows</b>	<b>Bypasses</b>	<b>Constructed Emergency Overflows</b>	
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<b>Outfalls and Other Discharge or Disposal Methods Continued</b>	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.			
	<b>Receiving Facility Data</b>				
	Facility name Peshastin Publicly-Owned Treatment Works		Mailing address (street or P.O. box) PO Bx 1231		
	City or town Wenatchee		State WA	ZIP code 98801	
	Contact name (first and last) Ron Slabaugh		Title Water/Wastewater Manager		
	Phone number (509) 661-4131		Email address ron.slabaugh@chelanpud.org		
	NPDES number of receiving facility (if any) <input type="checkbox"/> None		Average daily flow rate 0.048 mgd		
	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ➔ SKIP to Item 1.23.			
	1.22	Provide information in the table below on these other disposal methods.			
	<b>Information on Other Disposal Methods</b>				
	<b>Disposal Method Description</b>	<b>Location of Disposal Site</b>	<b>Size of Disposal Site</b>	<b>Annual Average Daily Discharge Volume</b>	<b>Continuous or Intermittent (check one)</b>
			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

<b>Variance Requests</b>	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)  <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> Not applicable
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<b>Contractor Information</b>	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ➔ SKIP to Section 2.			
	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.			
	<b>Contractor Information</b>				
		<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>	
	Contractor name (company name)				
	Mailing address (street or P.O. box)				
	City, state, and ZIP code				
	Contact name (first and last)				
	Phone number				
	Email address				
Operational and maintenance responsibilities of contractor					

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<b>SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))</b>							
Design Flow	<b>Outfalls to Waters of the United States</b>						
	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.				<b>Average Daily Volume of Inflow and Infiltration</b>	
	Indicate the steps the facility is taking to minimize inflow and infiltration.						0 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.					
	Briefly list and describe the scheduled improvements.						
	1.						
	2.						
	3.						
	4.						
	2.6	Provide scheduled or actual dates of completion for improvements.					
	<b>Scheduled or Actual Dates of Completion for Improvements</b>						
		<b>Scheduled Improvement (from above)</b>	<b>Affected Outfalls (list outfall number)</b>	<b>Begin Construction (MM/DD/YYYY)</b>	<b>End Construction (MM/DD/YYYY)</b>	<b>Begin Discharge (MM/DD/YYYY)</b>	<b>Attainment of Operational Level (MM/DD/YYYY)</b>
		1.					
	2.						
	3.						
	4.						
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable						
Explanation:							

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<b>SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))</b>							
<b>Description of Outfalls</b>	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)					
			<b>Outfall Number</b> <u>One</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____		
	State	Washington					
	County	Chelan					
	City or town	Peshastin					
	Distance from shore	10 ft.		ft.		ft.	
	Depth below surface	4 ft.		ft.		ft.	
	Average daily flow rate	0.054 mgd		mgd		mgd	
	Latitude	47° 57' 67" N		° ' "		° ' "	
	Longitude	-120° 36' 611" W		° ' "		° ' "	
<b>Seasonal or Periodic Discharge Data</b>	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.					
			<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____		
	Number of times per year discharge occurs						
	Average duration of each discharge (specify units)						
	Average flow of each discharge	mgd		mgd		mgd	
Months in which discharge occurs							
<b>Diffuser Type</b>	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.					
			<b>Outfall Number</b> <u>One</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____		
		10" DI pipe buried under river bed with two 8" pipes extending through the river bed and 90° bends pointing downstream					
<b>Waters of the U.S.</b>	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>One</u>	Outfall Number _____	Outfall Number _____			
		Receiving water name	Wenatchee River					
		Name of watershed, river, or stream system	Wenatchee					
		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 <sub>3</sub>		mg/L of CaCO <sub>3</sub>		mg/L of CaCO <sub>3</sub>
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.						
			Outfall Number <u>One</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 type="checkbox"/> Secondary <input checked="" 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 <sub>5</sub> or CBOD <sub>5</sub>	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 checked="" type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	%	<input type="checkbox"/> Not applicable	%

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<b>Treatment Description Continued</b>	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.																											
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 35%;"></th> <th style="width: 25%;">Outfall Number <u>One</u></th> <th style="width: 25%;">Outfall Number _____</th> <th style="width: 15%;">Outfall Number _____</th> </tr> <tr> <td>Disinfection type</td> <td>Ultraviolet</td> <td></td> <td></td> </tr> <tr> <td>Seasons used</td> <td>All</td> <td></td> <td></td> </tr> <tr> <td>Dechlorination used?</td> <td> <input checked="" type="checkbox"/> Not applicable  <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> <td> <input type="checkbox"/> Not applicable  <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> <td> <input type="checkbox"/> Not applicable  <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> </tr> </table>		Outfall Number <u>One</u>	Outfall Number _____	Outfall Number _____	Disinfection type	Ultraviolet			Seasons used	All			Dechlorination used?	<input checked="" 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	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No											
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	Disinfection type	Ultraviolet																											
	Seasons used	All																											
Dechlorination used?	<input checked="" 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	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No																										
<b>Effluent Testing Data</b>	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>																											
	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 type="checkbox"/> Yes <span style="margin-left: 150px;"><input checked="" type="checkbox"/> No → SKIP to Item 3.13.</span>																											
	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. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th rowspan="2"></th> <th colspan="2">Outfall Number _____</th> <th colspan="2">Outfall Number _____</th> <th colspan="2">Outfall Number _____</th> </tr> <tr> <th>Acute</th> <th>Chronic</th> <th>Acute</th> <th>Chronic</th> <th>Acute</th> <th>Chronic</th> </tr> <tr> <td>Number of tests of discharge water</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Number of tests of receiving water</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Outfall Number _____		Outfall Number _____		Outfall Number _____		Acute	Chronic	Acute	Chronic	Acute	Chronic	Number of tests of discharge water							Number of tests of receiving water						
		Outfall Number _____		Outfall Number _____		Outfall Number _____																							
		Acute	Chronic	Acute	Chronic	Acute	Chronic																						
	Number of tests of discharge water																												
	Number of tests of receiving water																												
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No → SKIP to Item 3.16.</span>																											
	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 type="checkbox"/> Yes → Complete Table B, including chlorine. <span style="margin-left: 50px;"><input checked="" type="checkbox"/> No → Complete Table B, omitting chlorine.</span>																											
	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 <span style="margin-left: 150px;"><input type="checkbox"/> No</span>																											
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> <li>The facility has a design flow greater than or equal to 1 mgd.</li> <li>The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>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).</li> </ul> <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <span style="margin-left: 100px;"><input checked="" type="checkbox"/> No → SKIP to Section 4.</span>																												
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>																												
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 type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No additional sampling required by NPDES permitting authority.</span>																												



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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 type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.</span>				
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.</span>				
	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;"> <tr> <th style="width: 50%; text-align: center;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width: 50%; text-align: center;">Summary of Results</th> </tr> <tr> <td style="height: 80px;"></td> <td></td> </tr> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
	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 <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 3.26.</span>				
	3.23	Describe the cause(s) of the toxicity:				
	3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 3.26.</span>				
	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 <span style="margin-left: 200px;"><input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.</span>					
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 <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 4.7.</span>				
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">Number of SIUs</th> <th style="width: 50%; text-align: center;">Number of NSCIUs</th> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> </table>	Number of SIUs	Number of NSCIUs	2	
	Number of SIUs	Number of NSCIUs				
	2					
	4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No</span>				
	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 <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Item 4.6.</span>				
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 <span style="margin-left: 200px;"><input type="checkbox"/> No</span>					

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<b>Industrial Discharges and Hazardous Wastes Continued</b>	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:			
		<b>Hazardous Waste Number</b>	<b>Waste Transport Method</b> (check all that apply)	<b>Annual Amount of Waste Received</b>	<b>Units</b>
			<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____		
			<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify) _____		
			<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <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 checked="" 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))		
<b>CSO Map and Diagram</b>	5.1	Does the treatment works have a combined sewer system?  <input type="checkbox"/> Yes <input checked="" 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 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 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 ____	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	City or town						
	State and ZIP code						
	County						
	Latitude	° ' "	° ' "	° ' "	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.	ft.	ft.	ft.
	Depth below surface	ft.	ft.	ft.	ft.	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 ____	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 ____	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Number of CSO events in the past year	events	events	events	events	events	events
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input 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	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated

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<b>CSO Receiving Waters</b>	<b>5.7</b>	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Receiving water name			
	Name of watershed/ stream system			
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input 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 type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

<b>SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))</b>			
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<b>Checklist and Certification Statement</b>	<b>6.1</b>	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.	
		<b>Column 1</b>	<b>Column 2</b>
	<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 type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ Table C <input 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 type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram
	<input checked="" type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments

<b>6.2</b>	<b>Certification Statement</b>  <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
	Name (print or type first and last name) Ron Slabaugh	Official title Water & Wastewater Manager
	Signature 	Date signed 05/24/2023

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)	11.3	mg/L	2.9	mg/L	205	5210B	<input checked="" type="checkbox"/> ML 2 mg/L <input type="checkbox"/> MDL
Fecal coliform	200	#/100 mL	5	mg/L	205	9222D	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	.134	MGD	.054	MGD	1431		
pH (minimum)	6.47	SU					
pH (maximum)	7.69	SU					
Temperature (winter)	19	Celcius	11.9	Celcius	519		
Temperature (summer)	26	Celcius	18.8	Celcius	489		
Total suspended solids (TSS)	13	mg/L	1.69	mg/L	205	2540D	5 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> 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		Number of Samples	Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units			
Ammonia (as N)	16.8	mg/L	2.2	mg/L	145	4500 NH3C	20 ug/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	5.34	mg/L	4.6	mg/L	6	4500 O G	0.2 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	13	mg/L	3.7	mg/L	6	4500 NO3F	100 ug/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	11	mg/L	5.7	mg/L	6	4500 NC	300 ug/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	1.9	mg/L	1.4	mg/L	6	1664B	5 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	9130	ug/L	497	mg/L	328	4500 PE	10 ug/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	362	mg/L	300.3	mg/L	6	2540 C	20 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> 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).

<sup>2</sup> 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 <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO <sub>3</sub> )							<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 <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units		
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 <sup>1</sup>	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
<b>Acid-Extractable Compounds</b>						
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
<b>Base-Neutral Compounds</b>						
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 <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units		
Benzo(ghi)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 <sup>1</sup>	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

<sup>1</sup> 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				
<b>Toxicity Test Methods</b>				
Test method number				
Manual title				
Edition number and year of publication				
Page number(s)				
<b>Sample Type</b>				
Check one:		<input type="checkbox"/> Grab	<input type="checkbox"/> Grab	<input type="checkbox"/> Grab
		<input type="checkbox"/> 24-hour composite	<input type="checkbox"/> 24-hour composite	<input type="checkbox"/> 24-hour composite
<b>Sample Location</b>				
Check one:		<input type="checkbox"/> Before Disinfection	<input type="checkbox"/> Before Disinfection	<input type="checkbox"/> Before disinfection
		<input type="checkbox"/> After Disinfection	<input type="checkbox"/> After Disinfection	<input type="checkbox"/> After disinfection
		<input type="checkbox"/> After Dechlorination	<input type="checkbox"/> After Dechlorination	<input type="checkbox"/> After dechlorination
<b>Point in Treatment Process</b>				
Describe the point in the treatment process at which the sample was collected for each test.				
<b>Toxicity Type</b>				
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"/> Acute	<input type="checkbox"/> Acute
		<input type="checkbox"/> Chronic	<input type="checkbox"/> Chronic	<input type="checkbox"/> Chronic
		<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both

EPA Identification Number	NPDES Permit Number WA0052175	Facility Name Peshastin Publicly-Owned	Outfall Number
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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 Type	Test Number _____	Test Number _____	Test Number _____
<b>Test Type</b> 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
<b>Source of Dilution Water</b> 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.			
<b>Type of Dilution Water</b> 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)
<b>Percentage Effluent Used</b> Specify the percentage effluent used for all concentrations in the test series.			
<b>Parameters Tested</b> Check the parameters tested.	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
<b>Acute Test Results</b> Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% confidence interval	%	%	%
Control percent survival	%	%	%

EPA Identification Number	NPDES Permit Number WA0052175	Facility Name Peshastin Publicly-Owned	Outfall Number
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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 _____
<b>Acute Test Results Continued</b>			
Other (describe)			
<b>Chronic Test Results</b>			
NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			
<b>Quality Control/Quality Assurance</b>			
Is reference toxicant data available?	<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
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

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EPA Identification Number	NPDES Permit Number WA0052175	Facility Name Peshastin Publicly-Owned Treatment
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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 One	SIU Two	SIU
Name of SIU	Blue Bird Inc.	Peshastin Hi Up Growers	
Mailing address (street or P.O. box)	10135 Mill Road	10225 Mill Road	
City, state, and ZIP code	Peshastin WA 98847	Peshastin, WA 98847	
Description of all industrial processes that affect or contribute to the discharge.	Fresh fruit packing	Fresh fruit packing	
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Fresh fruit wash water	Fresh fruit wash water	
Indicate the average daily volume of wastewater discharged by the SIU.	16,130 gpd	10,650 gpd	gpd
How much of the average daily volume is attributable to process flow?	13,660 gpd	9,630 gpd	gpd
How much of the average daily volume is attributable to non-process flow?	2,470 gpd	1,020 gpd	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 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

EPA Identification Number	NPDES Permit Number WA0052175	Facility Name Peshastin Publicly-Owned Treatment
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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 One	SIU Two	SIU
Under what categories and subcategories is the SIU subject?			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received high concentration of phosphorus in 2020 that impacted ability to meet effluent phosphorus limitation. Source was found to be phosphorus-based buffering solution. SIU found an alternative and phosphorus discharges to the POTW have been acceptable.			