


EPA Identification Number		NPDES Permit Number		Facility Name		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					
		Mailing address (street or P.O. box)					
		City or town				State	ZIP code
		Contact name (first and last)		Title	Phone number	Email address	
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address					
		City or town				State	ZIP code
Applicant Information	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 type="checkbox"/> No					
		1.3 Is applicant different from entity listed under Item 1.1 above?					
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4.					
		Applicant name					
		Applicant address (street or P.O. box)					
Existing Environmental Permits	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 type="checkbox"/> Both					
		1.5 To which entity should the NPDES permitting authority send correspondence? (Check only one response.)					
		<input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)					
		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 type="checkbox"/> NPDES (discharges to surface water)		<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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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 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 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
		acres	gpd
		acres	gpd
		acres	gpd
1.16	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input 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 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	
						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 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 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 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.					
	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.					
	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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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 _____	Outfall Number _____	Outfall Number _____		
	State						
	County						
	City or town						
	Distance from shore		ft.	ft.	ft.		
	Depth below surface		ft.	ft.	ft.		
	Average daily flow rate		mgd	mgd	mgd		
	Latitude	°	'	"	°	'	"
	Longitude	°	'	"	°	'	"
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 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 type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.6.					
	3.5	Briefly describe the diffuser type at each applicable outfall.					
Waters of the U.S.			Outfall Number _____	Outfall Number _____	Outfall Number _____		
	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 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 _____	Outfall Number _____	Outfall Number _____		
	Receiving water name						
	Name of watershed, river, or stream system						
	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 _____	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 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		%		%		%
	TSS		%		%		%
	Phosphorus	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %			
	Nitrogen	<input 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 _____	Outfall Number _____	Outfall Number _____		
	Disinfection type						
	Seasons used						
	Dechlorination used?	<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	<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 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 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 _____	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 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 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 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 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 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 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 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 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: 45%; text-align: center;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width: 55%; 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 <input 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 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 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%; text-align: center;">Number of SIUs</th> <th style="width: 50%; text-align: center;">Number of NSCIUs</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>	Number of SIUs	Number of NSCIUs		
	Number of SIUs	Number of NSCIUs				
	4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input 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 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 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 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"/> 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 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 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 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 ____	
	City or town						
	State and ZIP code						
	County						
	Latitude	° ' "		° ' "		° ' "	
	Longitude	° ' "		° ' "		° ' "	
	Distance from shore	ft.		ft.		ft.	
	Depth below surface	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 ____	
	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	
	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	
	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	
	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	
	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	
	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	
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 ____	
	Number of CSO events in the past year	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	
	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	
	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	

CSO Receiving Waters	5.7	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)			

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 type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
	<input 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
	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) Randy Russell	Official title Superintendent
	Signature 	Date signed 4.14.2025	

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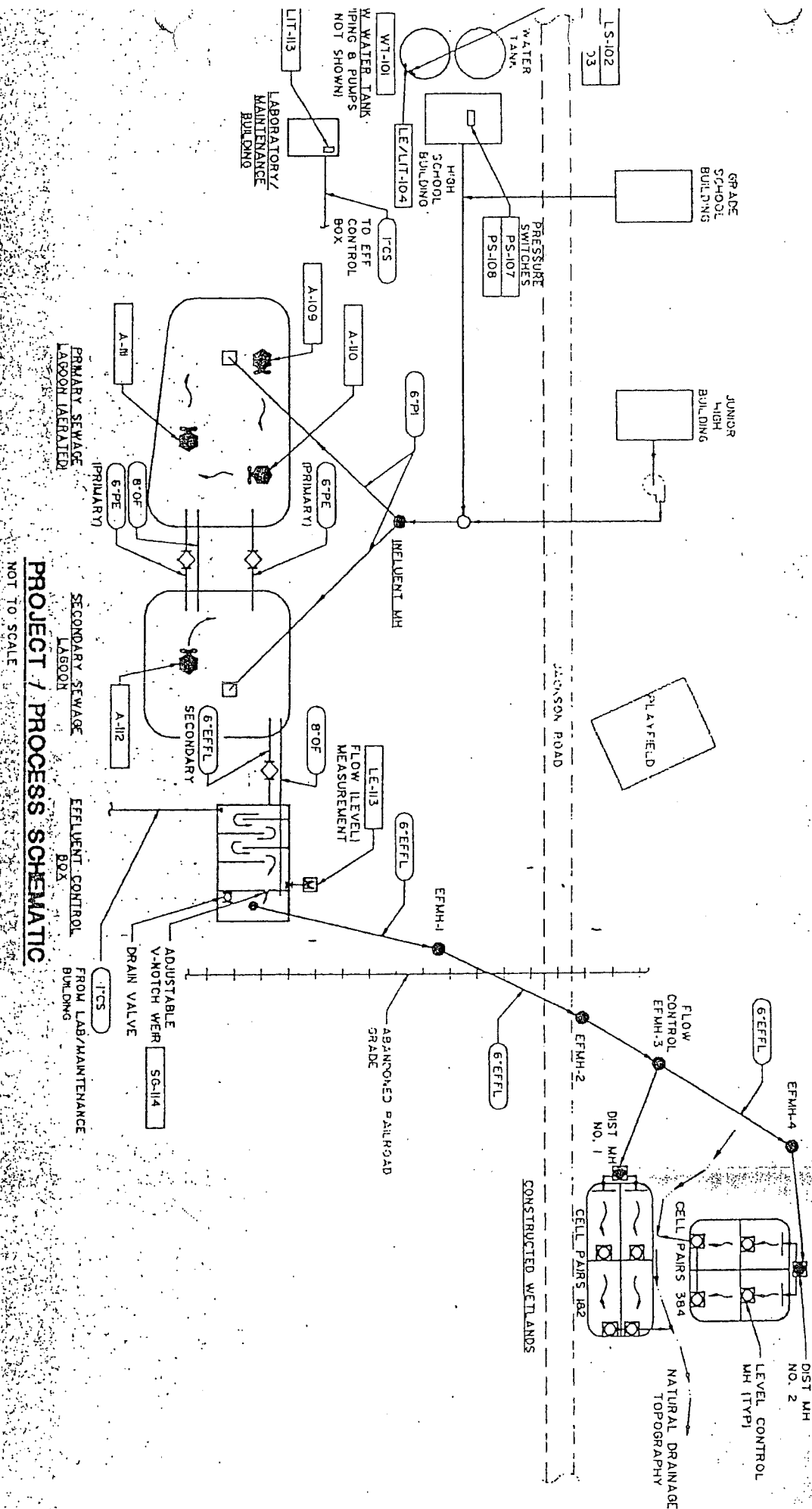
TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

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 type="checkbox"/> CBOD ₅ (report one)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate							
pH (minimum)							
pH (maximum)							
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)							<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).

HYDRAULIC PROFILE

NOT TO SCALE
WS ELEVATIONS SHOWN FOR PEAK HOUR
FLOW AT DESIGN CONDITION



PROJECT / PROCESS SCHEMATIC

NOT TO SCALE



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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	Number of Samples		
Ammonia (as N)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids							<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).

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	Number of Samples		
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	Number of Samples		
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 ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
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
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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
			<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results			
Percent survival in 100% effluent			
LC ₅₀			
95% confidence interval			
Control percent survival			

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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 _____
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 ____	SIU ____	SIU ____
Name of SIU			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Description of all industrial processes that affect or contribute to the discharge.			
List the principal products and raw materials that affect or contribute to the SIU's discharge.			
Indicate the average daily volume of wastewater discharged by the SIU.	gpd	gpd	gpd
How much of the average daily volume is attributable to process flow?	gpd	gpd	gpd
How much of the average daily volume is attributable to non-process flow?	gpd	gpd	gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 ____	SIU ____	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			