

# Neskowin Regional Sanitary Authority

P O Box 383, Neskowin, Oregon 97149

(503) 392-3257 nrsa02@centurylink.net

RE: 2024 NPDES Renewal Application  
NPDES Permit # 101788  
File # 60335  
EPA # OR0026964

To: Trinh Hansen

Enclosed please find the completed NPDES permit renewal application for NRSA .  
Included with the application, I have also included the following informational documents.

- Completed EPA form 2A
- A process flow diagram
- A diagram of effluent flow routing
- A topographic map showing facility locations
- Renewal Application Section B. Information

Should you have any questions or require any further information please contact me.

Respectfully,  
Derrick Shippee  
Operations Manager  
503-392-3257

DEQ rec'd via email 3/26/24



**Oregon Department of Environmental Quality**  
**RENEWAL APPLICATION**  
**National Pollutant Discharge Elimination System**  
**Individual Permit**  
 (NPDES-R)

DEQ rec'd via email 3/26/24

**DEQ USE ONLY**

Application #: 948137  
 Annual Fee Paid: \_\_\_\_\_  
 IND  DOM  OSS  UIC: \_\_\_\_\_  
 DOC Conf.: \_\_\_\_\_

**A. REFERENCE INFORMATION**

1. Legal Name: Neskowin Regional Sanitary Authority		2. Common Name:	
3. Permit #:	101788		
DEQ File#:	60335		
Permit Expiration Date:	September 30, 2024		
4. Facility Physical Address: 48805 N. Slab Creek Rd.		Okay to correct address in WQSIS to match renewal	
City, State, Zip Code: Neskowin OR, 97149			
County: Tillamook			
5. Responsible Official:	Derrick Shippee	Title:	Operations Manager
Mailing Address, City, State, Zip Code: P.O. Box 383 Neskowin OR, 97149			
Email Address: NRSA02@centurylink.net		Telephone #: 503-392-3257	
6. Facility Contact:		Title:	
Mailing Address, City, State, Zip Code:			
Email Address:		Telephone #:	
7. Invoice to:	Annis Leslie	Title:	Office Manager
Mailing Address, City, State, Zip Code: P.O. Box 383 Neskowin OR, 97149			
Email Address: NRSA01@centurylink.net		Telephone #: 503-392-3404	

**B. REQUIRED INFORMATION**

(EPA Form 2A, 2B, 2C, 2E, or 2F must also be submitted with this application)

- Attach additional information to describe the following:
1. The permitted facility, type of wastewater, and primary method of wastewater treatment and disposal.
  2. Any alterations to treatment or disposal methods since the last application was submitted.
  3. Any significant changes in quantity or quality of wastewater since the last application was submitted.
  4. Any significant changes in the management of biosolids, recycled water, or industrial solids since the last application was submitted.
  5. Any changes anticipated in the near future that would affect wastewater quantity or quality or management of biosolids, recycled water, or industrial solids.
  6. Progress made to meet the requirements, limitations, and compliance schedules of your permit.

**C. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE**

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. In addition, I agree to pay the annual compliance determination fee invoiced annually by DEQ and all other fees required by Oregon Administrative Rules, Chapter 340, Division 045.

Name of Legally Authorized Representative (Type or Print)	Title
	3/26/24
Signature of Legally Authorized Representative	Date

# Neskowin Regional Sanitary Authority

P O Box 383, Neskowin, Oregon 97149

(503) 392-3257 nrsa02@centurylink.net

RE: 2024 NPDES Renewal Application Section B. Information  
NPDES Permit # 101788  
File # 60335  
EPA # OR0026964

The NRSA WWTP is located at 48805 N. Slab Creek RD Neskowin, OR.  
The WWTP includes the following major treatment components.

- Septic tank effluent pump (STEP) collection sytem
- Septic tank effluent gravity (STEG) collection system
- Sequencing batch reactor (SBR)
- Ultraviolet (UV) disinfection

1.The collection system includes five pump stations, with three of the pump stations feeding two primary stations that go to the treatment plant. The septic tank effluent is collected by either a STEP or STEG collection sytem. The septic tanks provide preliminary treatment through screening and settling, with the major treatment process at at the facility being activated sludge. Some conventional raw sewage connections are also collected in the system, but no new connections of this type are allowed. All influent enters the facility either through the pump stations or through a STEP line connected directly to the influent pressure line. Treated wastewater is disinfected using ultraviolet radiation and is seasonally discharged to Neskowin Creek at outfall 001 October 1 through May 31 during period of high stream flow greater then ten cubic feet per second. From June 1 through September 30, and during periods of low stream flow less then ten cubic feet per second treated wastewater from the facility is stored in a 21 million gallon storage lagoon located upstream of outfall 001 next to Neskowin Creek. The effluent in the storage lagoon is combined with the SBR effluent and discharged through outfall 001 throughout the winter. Digester sludge and STEP/STEG sewage are disposed of by hauling to one of two off-site facilities. Solids are held in the aerobic digester tanks onsite and hauled by contractor to the Port of Tillamook Bay. STEP/STEG sewage is hauled by contractor to either the Port of Tillamook Bay or the Lincoln City Wastewater treatment plant as necessary.

2. There have been no alterations to treatment or disposal methods since the last application was submitted.

3. There have been no significant changes in quantity or quality of wastewater since the last application was submitted.

4. There have been no significant changes in the management of biosolids since the last application was submitted.

5. There are no anticipated changes in the near future that would affect wastewater quantity or quality or management of biosolids.

6. The treatment plant continues to meet the requirements and limitations of the compliance schedule of the current permit.

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>
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**SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(J)(1) AND (9))**

<b>Facility Information</b>	<u>1.1</u>	Facility name Neskowin Regional Sanitary Authority Waste Water Treatment Plant			
	Mailing address (street or P.O. box) P.O. Box 383				
	City or town Neskowin		State Oregon	ZIP code 97149	
	Contact name (first and last) Derrick Shippee	Title Operations Manager	Phone number (503) 392-3257	Email address nrso02@centurylink.net	
	Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 48805 N. Slab Creek Rd.				
	City or town Neskowin		State Oregon	ZIP code 97149	
	<u>1.2</u>	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>	<u>1.3</u>	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.			
	Applicant name				
	Applicant address (street or P.O. box)				
	City or town		State	ZIP code	
	Contact name (first and last)	Title	Phone number	Email address	
	<u>1.4</u>	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Both			
<u>1.5</u>	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>	<u>1.6</u>	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 type="checkbox"/> NPDES (discharges to surface water) 101788	<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)		



EPA Identification Number  
OR0026964

NPDES Permit Number  
101788

Facility Name  
NRSA WWTP

OMB No. 2040-0004  
Expires 07/31/2026

**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?  
 Yes  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?  
 Yes  No → SKIP to Item 1.16.

**1.15** Provide the land application site and discharge data requested below.

**Land Application Site and Discharge Data**

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

**1.16** Is effluent transported to another facility for treatment prior to discharge?  
 Yes  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?  
 Yes  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	

Outfalls and Other Discharge or Disposal Methods

<b>Outfalls and Other Discharge or Disposal Methods Continued</b>	<u>1.20</u>	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			Mailing address (street or P.O. box)	
	City or town		State	ZIP code	
	Contact name (first and last)			Title	
	Phone number			Email address	
	NPDES number of receiving facility (if any) <input type="checkbox"/> None			Average daily flow rate <span style="float: right;">mgd</span>	
<b>Variance Requests</b>	<u>1.21</u>	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.			
	<u>1.22</u>	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>Contractor Information</b>	<u>1.23</u>	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			
	<u>1.24</u>	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.			
<b>Contractor Information</b>	<u>1.25</u>	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					



EPA Identification Number OR0026964	NPDES Permit Number 101788	Facility Name NRSA WWTP
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OMB No. 2040-0004  
Expires 07/31/2026

**SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(J)(3) TO (5))**

<b>Description of Outfalls</b>	<b>3.1</b>	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	State	Oregon		
	County	Tillamook		
	City or town	Neskowin		
	Distance from shore	10 ft.	ft.	ft.
	Depth below surface	5 ft.	ft.	ft.
	Average daily flow rate	0.039 mgd	mgd	mgd
	Latitude	45.096389		
Longitude	-123.978889			
<b>Seasonal or Periodic Discharge Data</b>	<b>3.2</b>	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.4.		
	<b>3.3</b>	If so, provide the following information for each applicable outfall.		
		<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	Number of times per year discharge occurs	2,928		
	Average duration of each discharge (specify units)	20 minutes		
	Average flow of each discharge	.00325 mgd	mgd	mgd
Months in which discharge occurs	October 1-May 31			
<b>Diffuser Type</b>	<b>3.4</b>	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.		
	<b>3.5</b>	Briefly describe the diffuser type at each applicable outfall.		
		<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	single port with check valve.			
<b>Waters of the U.S.</b>	<b>3.6</b>	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.		

<b>Receiving Water Description</b>	<u>3.7</u>	Provide the receiving water and related information (if known) for each outfall.		
		<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	Receiving water name	Neskowin Creek		
	Name of watershed, river, or stream system	Wilson/Trask/Nestucca		
	Natural Resources 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>

<b>Treatment Description</b>	<u>3.8</u>	Provide the following information describing the treatment provided for discharges from each outfall.		
		<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	<b>Highest Level of Treatment</b> (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____
	<b>Design Removal Rates by Outfall</b>			
	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 %

EPA Identification Number OR0026964		NPDES Permit Number 101788		Facility Name NRSA WWTP		OMB No. 2040-0004 Expires 07/31/2026		
Treatment Description Continued	<a href="#">3.9</a>	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe in the table below.						
			<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____			
	Disinfection type	Ultraviolet						
	Seasons used	all year						
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	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No				
Effluent Testing Data	<a href="#">3.10</a>	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes						
	<a href="#">3.11</a>	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 checked="" type="checkbox"/> No → SKIP to Item 3.13.						
	<a href="#">3.12</a>	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.						
			<b>Outfall Number</b> _____		<b>Outfall Number</b> _____		<b>Outfall Number</b> _____	
			<b>Acute</b>	<b>Chronic</b>	<b>Acute</b>	<b>Chronic</b>	<b>Acute</b>	<b>Chronic</b>
	Number of tests of discharge water							
	Number of tests of receiving water							
	<a href="#">3.13</a>	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.						
	<a href="#">3.14</a>	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 checked="" type="checkbox"/> No → Complete Table B, omitting chlorine.						
	<a href="#">3.15</a>	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes						
<a href="#">3.16</a>	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. <input checked="" type="checkbox"/> No → SKIP to Section 4.							
<a href="#">3.17</a>	Have you completed monitoring for all Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes							
<a href="#">3.18</a>	Have you completed monitoring for all 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.							

<b>Effluent Testing Data Continued</b>	<a href="#">3.19</a>	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>				
	<a href="#">3.20</a>	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>				
	<a href="#">3.21</a>	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:45%;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width:55%;">Summary of Results</th> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
	<a href="#">3.22</a>	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>				
	<a href="#">3.23</a>	Describe the cause(s) of the toxicity:				
<a href="#">3.24</a>	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>					
<a href="#">3.25</a>	Provide details of any toxicity reduction evaluations conducted.					
<a href="#">3.26</a>	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))**

<b>Industrial Discharges and Hazardous Wastes</b>	<a href="#">4.1</a>	Does the POTW receive discharges from SIUs or NSCIUs? (See instructions for definitions of SIUs and NSCIUs.) <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input checked="" type="checkbox"/> No → SKIP to Item 4.7.</span>				
	<a href="#">4.2</a>	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%;">Number of SIUs</th> <th style="width:50%;">Number of NSCIUs</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	Number of SIUs	Number of NSCIUs		
	Number of SIUs	Number of NSCIUs				
	<a href="#">4.3</a>	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>				
	<a href="#">4.4</a>	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 type="checkbox"/> No → SKIP to Item 4.6.</span>				
<a href="#">4.5</a>	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.					
<a href="#">4.6</a>	Have you completed and attached Table F to this application package? <input type="checkbox"/> Yes					

Industrial Discharges and Hazardous Wastes Continued

<a href="#">4.7</a>	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.			
<a href="#">4.8</a>	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>
		<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) _____	
<a href="#">4.9</a>	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.			
<a href="#">4.10</a>	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			
<a href="#">4.11</a>	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			

**SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(J)(8))**

CSO Map and Diagram

<a href="#">5.1</a>	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.			
<a href="#">5.2</a>	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes			
<a href="#">5.3</a>	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes			

EPA Identification Number OR0026964		NPDES Permit Number 101788		Facility Name NRSA WWTP		OMB No. 2040-0004 Expires 07/31/2026		
<b>CSO Outfall Description</b>	<b>5.4</b>	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)						
			<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____			
		City or town						
		State and ZIP code						
		County						
		Latitude						
		Longitude						
		Distance from shore		ft.		ft.		ft.
	Depth below surface		ft.		ft.		ft.	
<b>CSO Monitoring</b>	<b>5.5</b>	Did the POTW monitor any of the following items in the past year for its CSO outfalls?						
			<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____			
		Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		CSO frequency	<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			
<b>CSO Events in Past Year</b>	<b>5.6</b>	Provide the following information for each of your CSO outfalls.						
			<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____			
		Number of CSO events in the past year		events		events		events
		Average duration per event		hours		hours		hours
		Average volume per event		million gallons		million gallons		million gallons
	Minimum rainfall causing a CSO event in last year		inches of rainfall		inches of rainfall		inches of rainfall	

<b>CSO Receiving Waters</b>	<u>5.7</u>	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			
	Natural Resources 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))**

<b>Checklist and Certification Statement</b>	<u>6.1</u>	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/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <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/ additional attachments	<input type="checkbox"/> w/ Table F
	<input type="checkbox"/>	Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

	<u>6.2</u>	Provide the following certification. (See instructions to determine the appropriate person to sign the application.)	
		<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) <i>Rowan Mizer</i>	Official title <i>Chair</i>
		Signature <i>R Mizer</i>	Date signed <i>3/26/24</i>

EPA Identification Number OR0026964	NPDES Permit Number 101788	Facility Name NRSA WWTP	Outfall Number 001
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OMB No. 2040-0004  
Expires 07/31/2026

**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 type="checkbox"/> BOD <sub>5</sub> or <input checked="" type="checkbox"/> CBOD <sub>5</sub> (report one)	8	mg/L	3	mg/L	52	SM 5210B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	130	MPN/100 mL	11	MPN/100 mL	52	SM 9223B/Colilert	1 MPN/100 mL <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	0.248	MGD	0.042	MGD	1095		
pH (minimum)	6.3	S.U.					
pH (maximum)	7.0	S.U.					
Temperature (winter)	18.4	Celsius	13.2	Celsius	70		
Temperature (summer)	21.2	Celsius	19.2	Celsius	35		
Total suspended solids (TSS)	7	mg/L	4	mg/L	52	SM 2540 D	0 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).

EPA Identification Number OR0026964	NPDES Permit Number 101788	Facility Name NRSA WWTP	Outfall Number 001
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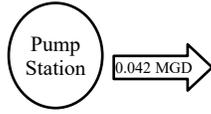
**TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	5.4	mg/L	0.7	mg/L	52	EPA 350.2	0 mg/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	9.3	mg/L	6.2	mg/L	4	SM 4500-O C	0 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	4.2	mg/L	3.1	mg/L	4	EPA 300.0	0.10 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	1.7	mg/L	1.1	mg/L	4	SM 4500-Norg C	0.20 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	ND	mg/L	ND	mg/L	4	EPA 1664A	1.4 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	4.4	mg/L	3.9	mg/L	4	EPA 365.3	0.20 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	230	mg/L	195	mg/L	4	SM 2540 C	0 mg/L <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

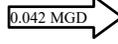
<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

<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.

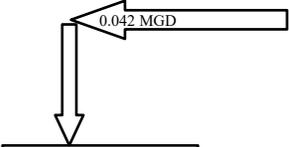
STEP/STEG  
Tank



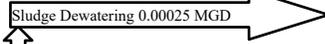
Comminutor



#1/#2 SBR  
Inf. Chamber



#1/#2 SBR  
Aeration/Settle



#1/#2  
Aerobic  
Digester



Sludge Disposal to  
Port of Tillamook Bay



Effluent to surface water  
Oct. 1 - May 31



U.V.  
Disinfection

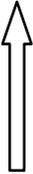
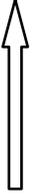


Effluent to storage lagoon  
June 1 - September 31



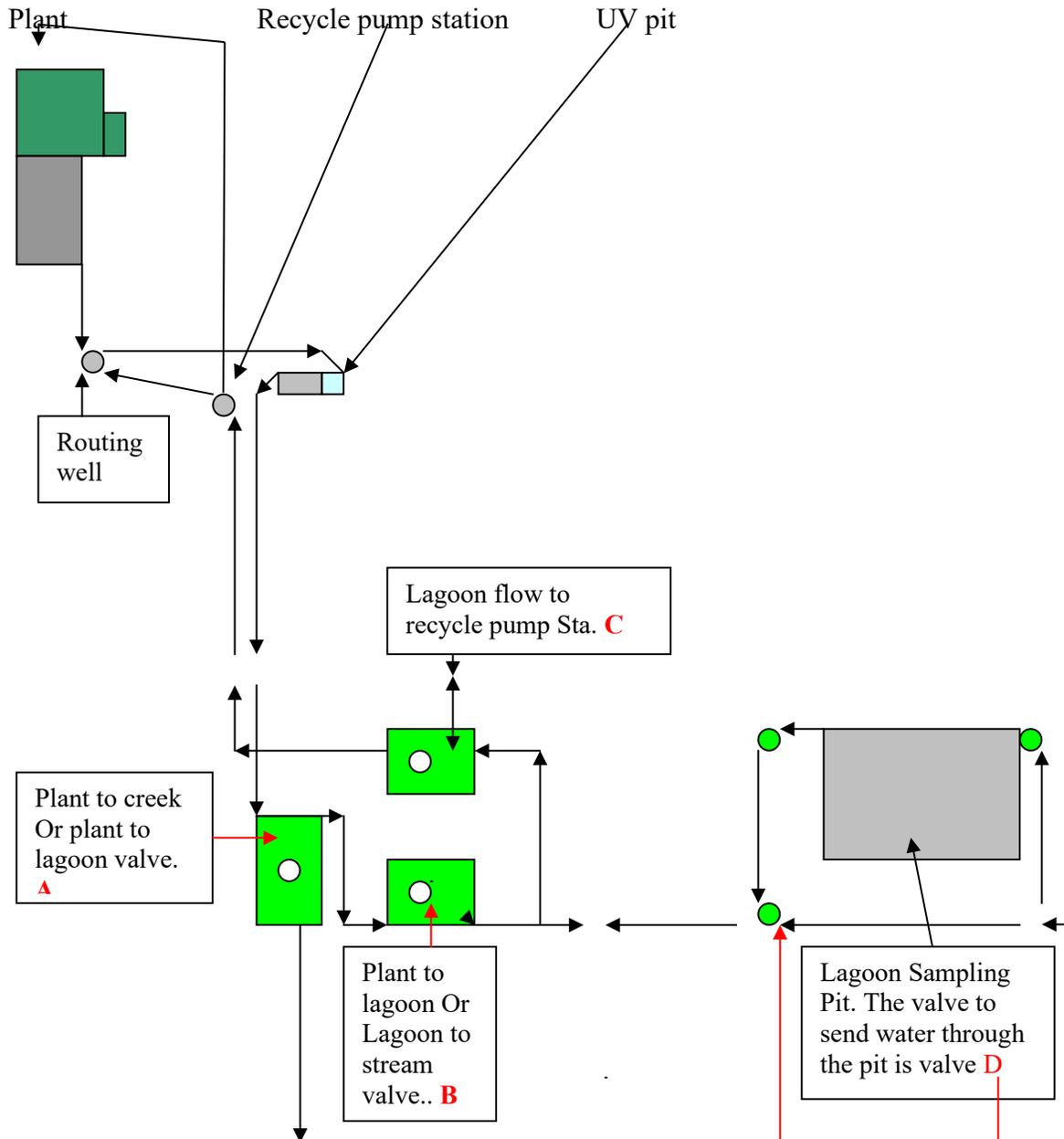
Backup power supply  
For WWTP

Two portable generators  
For pump stations

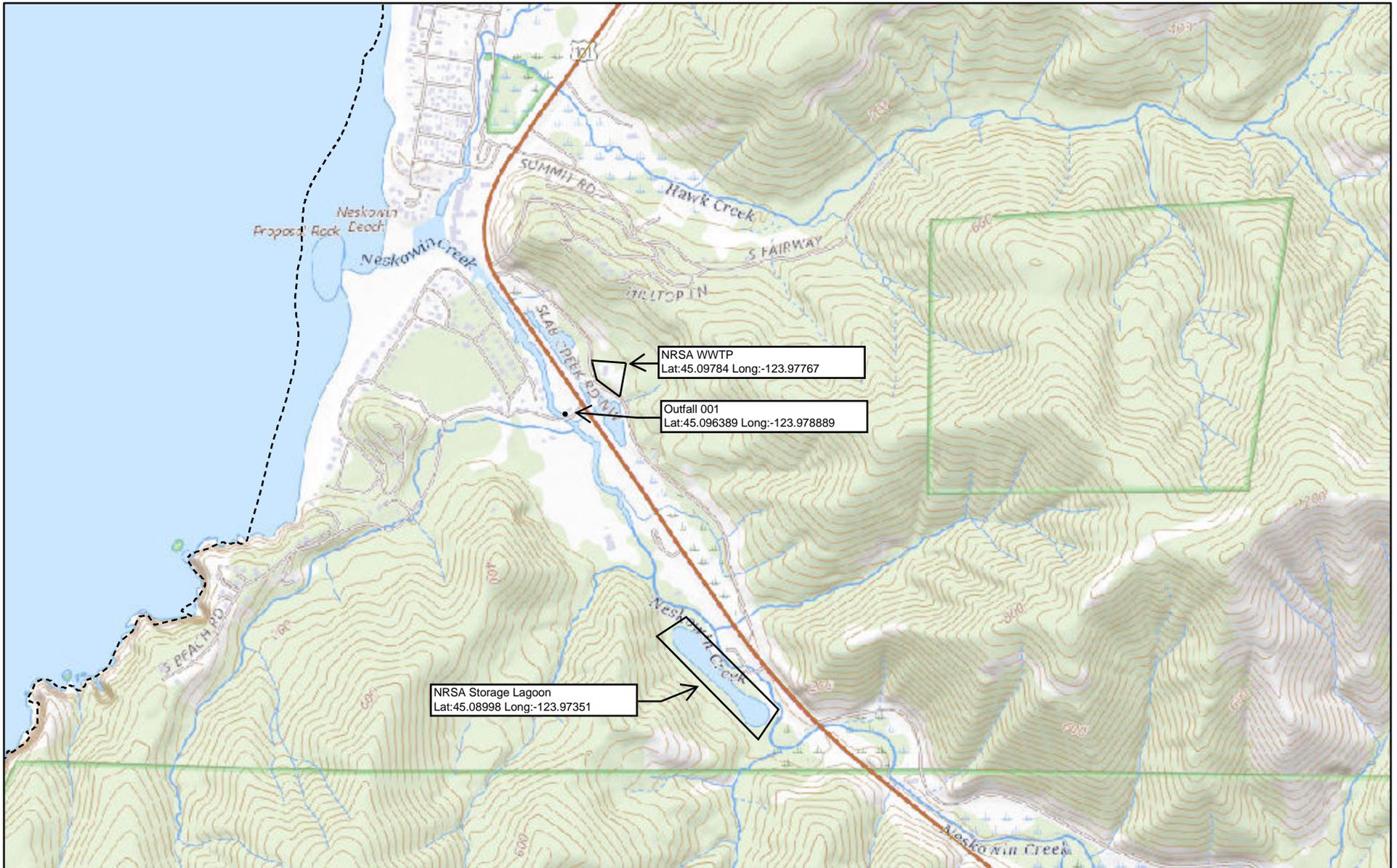


## Effluent Discharge Routing.

This will show the proper valve alignment to direct the effluent flow from the UV pit to either Neskowin Creek or to the storage lagoon, or from the storage lagoon to the plant.



# Tillamook County Maps



3/21/2024, 11:28:41 AM

Location Map  
Neskowin Regional Sanitary Authority  
Neskowin, Oregon

