

To:
MOLALLA, CITY OF
PO Box 248
Molalla, OR 97038

RE: WQ - CLACKAMAS County
File # 109846/Permit # 200-J, Filter Backwash/Reservoir Cleaning
Common Name: MOLALLA MUNICIPAL WATER TREATMENT PLANT
Site Location: 32899 MOLALLA FOREST ROAD, MOLALLA

Enclosed is the form you must use for your water quality monitoring report at the above site, for year 2001. The completed report is due at the DEQ office noted on the monitoring report form. Only one copy of the report is needed. The enclosed form is the only approved DEQ form for reporting results in accordance with General Permit No. 200, starting January 1, 2001.

If the owner or address has changed from what is shown up above, please contact your local DEQ office to request a transfer or address correction. If you have any other questions regarding this letter or permit requirements, please call your local DEQ office:

DEQ Regional Offices:

Portland – (503) 229-5552
Salem – (503) 378-8240
Eugene – (541) 686-7838
Roseburg – (541) 440-3338
Medford – (541) 776-6010
Coos Bay – (541) 269-2721
Pendleton – (541) 276-4063
Bend – (541) 388-6146

cc: Oregon Department of Environmental Quality
2020 SW 4th Avenue, Suite 400
Portland, Oregon 97201



Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

Northwest Region
2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471

December 17, 2001

To:
MOLALLA, CITY OF
PO Box 248
Molalla, OR 97038

RE: WQ - CLACKAMAS County
File # 109846/Permit # 200-J, Filter Backwash/Reservoir Cleaning
Common Name: MOLALLA MUNICIPAL WATER TREATMENT PLANT
Site Location : 32899 MOLALLA FOREST ROAD, MOLALLA

Enclosed is the form you must use for your water quality monitoring report at the above site, for year 2002. The completed report is due at the DEQ office noted on the monitoring report form. Only one copy of the report is needed. The enclosed form is the only approved DEQ form for reporting results in accordance with General Permit No. 200.

If the owner or address has changed from what is shown up above, please contact your local DEQ office to request a transfer or address correction. If you have any other questions regarding this letter or permit requirements, please call your local DEQ office:

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cc: Oregon Department of Environmental Quality
2020 SW 4th Avenue, Suite 400
Portland, Oregon 97201

Rene Delsy

229-5160





Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

Northwest Region
2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471

July 3, 2001

City of Molalla
Attn: Dean Madison, Public Works Director
PO Box 248
Molalla, OR 97038

Re: NPDES General Permit 200-J
Site: Molalla Municipal WTP
File No. 109846
Clackamas County

The Oregon Department of Environmental Quality has received your application for National Pollutant Discharge Elimination System (NPDES) permit number 200-J and the appropriate fees and is enclosing the requested permit.

Please read the permit carefully to become familiar with the terms and conditions to which you must comply. We ask that you particularly observe the monitoring and reporting requirements of the permit.

Should you have any questions, please contact Rene Dulay at (503) 229-5160.

Sincerely,

Peter A. Dalke
Acting Water Quality Manager
Northwest Region

Enclosure

cc: File
Rene Dulay/NWR





Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality

Northwest Region
2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471

February 27, 2002

GEN02--109846/A--CLACKAMAS
DEAN MADISON
MOLALLA, CITY OF
PO BOX 248
MOLALLA OR 97038



Re: NPDES Permit No. 200-J

Our records indicate that your present National Pollutant Discharge Elimination System (NPDES) wastewater disposal permit will expire on July 31, 2002.

For permit renewal, the enclosed application form must be completed, signed by the legally authorized official, and returned to the Department of Environmental Quality as soon as possible. Except for government agencies and private individuals, the official name of the applicant must reflect the legal name (not the assumed business name) of the business as it is currently registered with the Corporation Division of the Secretary of State at (503) 986-2200.

A filing fee of \$60 and a processing fee of \$40 are required to accompany the enclosed application. If modification of effluent limits is being requested by the application, the amount of the application processing fee will increase. No action can be taken on the application until the fees are paid.

The completed renewal application and fee payment should be sent to:

DEQ
2020 SW 4th Ave., Suite 400
Portland OR 97201
Attn: Annie Hill

Please be advised that you will be invoiced an Annual Compliance Determination fee in June of each year as long as this permit is in effect.

If you have any questions regarding the renewal application or the associated fees, please call me at (503) 229-5438.

Sincerely,

Annie Hill, Permits Coordinator
Water Quality Source Control
Northwest Region

Enclosure

cc: Rene Dulay, DEQ Northwest Region
File



DEQ USE ONLY

Application #: _____
 File #: _____
 Mail ID #2/#9: _____
 LLID/RM: _____
 ACD Fee Paid: _____
 DOC Conf.: _____
 Notes: _____

**RENEWAL APPLICATION
 NATIONAL POLLUTANT DISCHARGE
 ELIMINATION SYSTEM PERMIT
 (NPDES-R)**



Oregon Department of Environmental Quality

DEQ USE ONLY

Received: _____
 Amount Received: _____
 Check #: _____
 Deposit #: _____
 IND DOM UIC: _____
 Notes: _____

A. REFERENCE INFORMATION

1. Legal Name: <u>City of Molalla WTP</u>	2. Common Name: <u>Molalla Municipal Water Treatment Plant</u>
3. Permit #: <u>200-J</u> DEQ Site ID#: <u>109846</u> Permit Expiration Date: <u>7/31/2002</u>	4. Facility Physical Address: <u>32899 S. Molalla</u> <u>Harrest Rd.</u> City, State, Zip Code: <u>Molalla, OREGON, 97038</u> County: <u>Clatsop</u>
5. Responsible Official: <u>Dean Madison</u> Mailing Address: <u>P.O. Box 248</u>	Telephone #: <u>(503) 829-6555</u> City, State, Zip Code: <u>Molalla, OR 97038</u>
6. Facility Contact: <u>Keith Stiglauer</u> Facility Mailing Address: <u>P.O. Box 248</u>	Telephone #: <u>(503) 829-5408</u> City, State, Zip Code: <u>Molalla, OR 97038</u>
7. Invoice to: <u>Peggy Johnson</u> Billing Address: <u>P.O. Box 248</u>	Telephone #: <u>(503) 829-6855</u> City, State, Zip Code: <u>Molalla, OR 97038</u>

B. REQUIRED INFORMATION

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

- Briefly describe the permitted facility, type of wastewater, and primary method of wastewater treatment and disposal:
The Molalla WTP is a 4 MGD mixed media filtration plant wastewater is treated water for filter backwash and raw (untreated) water for Adsorption Clarifier flush. Water is discharged into lagoon system for settling of large particle material
- Have the treatment or disposal methods employed, as indicated in previous applications, been altered in any way since the last application was submitted? YES NO If "YES," explain:
- Has the quantity or quality of wastes discharged, as indicated in previous applications, been significantly changed in any way since the last application was submitted? YES NO If "YES," explain:
- If there are any changes anticipated in the near future that would affect waste quantity or quality, attach an explanation or proposal.
- Review each condition of your current permit and attach a brief report that indicates your progress in meeting the requirements, limitations, and compliance schedules of the permit.
- If the permitted facility or operation is a domestic wastewater treatment plant, attach a copy of your Biosolids Management Plan.

C. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief. In addition, I agree to pay all permit fees required by Oregon Administrative Rules 340-45. This includes a renewal application fee to renew the permit and a compliance determination fee invoiced annually by DEQ to maintain the permit.

* DEAN MADISON Public Works Director
 Name of Legally Authorized Representative (Type or Print) Title

* Dean Madison July 16-2002
 Signature of Legally Authorized Representative Date

DEQ USE ONLY

Application #: _____
 File #: 109846
 Mail ID #2/#9: _____
 LLD/RM: _____
 ACD Fee Paid: _____
 DOC Conf: _____
 Notes: _____

**RENEWAL APPLICATION
 NATIONAL POLLUTANT DISCHARGE
 ELIMINATION SYSTEM PERMIT
 (NPDES-R)**



Oregon Department of Environmental Quality

DEQ USE ONLY

Received: _____
 Amount Received: _____
 Check #: _____
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 FND DOM UTC
 Notes: _____

A. REFERENCE INFORMATION

1. Legal Name: <u>City of Molalla WTP</u>	2. Common Name: <u>Molalla Municipal Water Treatment Plant</u>
3. Permit #: <u>200-J</u> DEQ Site ID#: <u>109846</u> Permit Expiration Date: <u>7/31/2002</u>	4. Facility Physical Address: <u>32899 S Molalla Forrest Rd, Molalla, OR 97038</u> City, State, Zip Code: County: <u>Clackamas</u>
5. Responsible Official: <u>Keith Stiglbauer</u> Mailing Address: <u>P.O. Box 248</u>	Telephone #: <u>(503) 829-5408</u> City, State, Zip Code: <u>Molalla, OR 97038</u>
6. Facility Contact: <u>Red Pike</u> Facility Mailing Address: <u>P.O. Box 248</u>	Telephone #: <u>(503) 829-5408</u> City, State, Zip Code: <u>Molalla, OR 97038</u>
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B. REQUIRED INFORMATION

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

1. Briefly describe the permitted facility, type of wastewater, and primary method of wastewater treatment and disposal:
The Molalla WTP is a 4 MGD mixed media filtration plant. Waste water is treated water for Filter Backwash and Raw (untreated) water for Adsorption clarifier flush - water is discharged to lagoon system for settling of large particulate material

2. Have the treatment or disposal methods employed, as indicated in previous applications, been altered in any way since the last application was submitted? YES NO If "YES," explain:

3. Has the quantity or quality of wastes discharged, as indicated in previous applications, been significantly changed in any way since the last application was submitted? YES NO If "YES," explain:

4. If there are any changes anticipated in the near future that would affect waste quantity or quality, attach an explanation or proposal.

5. Review each condition of your current permit and attach a brief report that indicates your progress in meeting the requirements, limitations, and compliance schedules of the permit.

6. If the permitted facility or operation is a domestic wastewater treatment plant, attach a copy of your Biosolids Management Plan.

C. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE

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Keith Stiglbauer water plant operator
 Name of Legally Authorized Representative (Type or Print) Title
Keith Stiglbauer 6/14/02

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?

If yes, briefly describe the frequency of flow and duration.

Yes No

The discharge flow is 35,000 gal / ^{Filter} backwash
One backwash every 8-24 hrs. plant runtime

One flush every 6-12 hrs of ^{Adsorbent's} clarifier
^{Flush} Run time

VI. Treatment System (Describe briefly any treatment system(s) used or to be used)

The backwash from the treatment plant is discharged to a lagoon system allowing settling of large particle material.

VII. Other Information (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

The Municipal water treatment plant has the capacity to treat up to 4 MGD - however, system average at this time is 700,000/day winter & 1,200,000/day Summer

VIII. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information 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.

A. Name & Official Title

Keith Stiglbauer water plant operator

B. Phone No. (area code & no.)

503-829-5408

C. Signature

Keith Stiglbauer

D. Date Signed

6/14/02

Please type or print in the unshaded areas only.

Form
2E
NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. Receiving Waters

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
1	45	07	40	122	32	35	Molalla River

II. Discharge Date (If a new discharger, the date you expect to begin discharging)

III. Type of Waste

A. Check the boxes indicating the general type(s) of wastes discharged.

Sanitary Wastes

Restaurant or Cafeteria Wastes

Noncontact Cooling Water

Other Nonprocess Wastewater (Identify)

WTP Backwash Discharge

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. Effluent Characteristics

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	N/A					
Total Suspended Solids (TSS)	N/A					
Fecal Coliform (if believed present or if sanitary waste is discharged)	N/A					
Total Residual Chlorine (if chlorine is used)	0				10	
Oil and Grease	N/A					
*Chemical oxygen demand (COD)	N/A					
*Total organic carbon (TOC)	N/A					
Ammonia (as N)	N/A					
Discharge Flow	Value		Value			
	.050433	MGD	.0417	MGD	10	
pH (give range)	Value		Value			
	7.9		7.4		10	
Temperature (Winter)						
	13	°C	9	°C	14	
Temperature (Summer)						
	22	°C	19	°C	6	

*If noncontact cooling water is discharged

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**RENEWAL APPLICATION
 NATIONAL POLLUTANT DISCHARGE
 ELIMINATION SYSTEM PERMIT
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Keith Stiglbauer

Water plant operator

Name of Legally Authorized Representative (Type or Print)

Title

Keith Stiglbauer

6/14/02

Signature of Legally Authorized Representative