



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

**DEQ USE ONLY**  
 Application #: 948040  
 Annual Fee Paid: \_\_\_\_\_  
 IND  DOM  OSS  UIC: \_\_\_\_\_  
 DOC Conf.: \_\_\_\_\_

**A. REFERENCE INFORMATION**

1. Legal Name: City of Enterprise	2. Common Name: City of Enterprise
3. Permit #: 101659 DEQ File#: 27514 Permit Expiration Date: March 31, 2025	
4. Facility Physical Address: 905 Golf Course Road City, State, Zip Code: Enterprise, Oregon 97828 County: Wallowa	
✓ 5. Responsible Official: Lacey McQuead Title: City Administrator Mailing Address, City, State, Zip Code: 102 E. North Street, Enterprise, Oregon 97828 Email Address: lmcquead@enterpriseoregon.gov Telephone #: 541-426-4196	
✓ 6. Facility Contact: Dave Wilkie Title: Wastewater Operations Manager Mailing Address, City, State, Zip Code: 102 E. North Street, Enterprise, Oregon 97828 Email Address: dwilkie@enterpriseoregon.gov Telephone #: 541-426-3093	
✓ 7. Invoice to: Dave Wilkie Title: Wastewater Operations Manager Mailing Address, City, State, Zip Code: 102 E. North Street, Enterprise, Oregon 97828 Email Address: dwilkie@enterpriseoregon.gov Telephone #: 541-426-3093	

**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.

Lacey McQuead

City Administrator

Name of Legally Authorized Representative (Type or Print)

Title

Signature of Legally Authorized Representative

09/30/2024

Date

**Attachment to Renewal Application  
National Pollutant Discharge Elimination System (NPDES) Permit  
City of Enterprise, Oregon  
Permit No. 101659**

**1a. Permitted facility**

City of Enterprise Wastewater Treatment Facility (WWTF)

**1b. Type of wastewater**

Domestic wastewater with minor amounts of wastewater from commercial and industrial sources.

**1c. Primary method of wastewater treatment and disposal**

The WWTF utilizes an extended aeration activated sludge process consisting of a headworks (fine screening and aerated grit removal), influent pump station, activated sludge treatment process (selector tank, activated sludge aeration tanks, secondary clarification, return activated sludge, and waste activated sludge pump systems), aerobic sludge digestion, and a screw press sludge dewatering system. The treated effluent is disinfected with ultraviolet light and discharged through an outfall to the Wallowa River (Outfall 001). The facility also land-applies the treated effluent on the Alpine Meadows Golf Course (Reclaimed Wastewater Outfall 002).

**2. Any alterations to treatment or disposal methods since the last application was submitted.**

The City has not made 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.**

The City has not experienced 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.**

The City has not made any 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.**

The City will be making changes to the management of the biosolids. The City has historically disposed of biosolids from the WWTF at the Wallowa County landfill. However, the County has informed the City that in fall 2024, they will no longer be able to accept the City's biosolids. The City is currently in the process of changing its solids management process to land application for the disposal of the biosolids. This work includes a Biosolids Management Plan along with an improvements project for additional infrastructure and equipment for the land application of the biosolids produced by the WWTF. The improvements project includes the construction of drying beds near the existing sludge dewatering and storage building for system redundancy and additional storage capacity; procurement of a new tractor with front-end loader and a trailer-mounted manure spreader for the handling, hauling, and spreading of biosolids; and construction of a new shop building to house the new equipment along with existing equipment being displaced from the existing sludge storage building to protect it from freezing and weather damage. A draft Biosolids Management Plan was submitted to the DEQ on April 8, 2024.

However, since submitting the draft Biosolids Management Plan in April, the City has been working on revisions to include additional application sites. The revised draft Biosolids Management Plan is anticipated to be submitted to the DEQ in late September or early October 2024. The draft plans and specifications for the drying beds portion of the improvements were submitted to the DEQ for review and approval. An email was received from the DEQ on August 14, 2024, indicating that the plans and specifications are acceptable. The City plans to advertise for bid the drying beds project in early winter 2025 for spring/summer 2025 construction. The new equipment is planned to be procured in fall 2024/winter 2025. The shop building is anticipated to be designed through fall/winter 2024/2025 and advertised for bid in spring 2025 for summer/fall 2025 construction. It is anticipated that biosolids will be land-applied in spring 2025.

**6. Progress made to meet the requirements, limitations, and compliance schedules of your permit.**

The City's wastewater treatment and disposal facilities are meeting all current NPDES Permit conditions, including all required Waste Discharge Limitations (Schedule A).

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 City of Enterprise		
	Mailing address (street or P.O. box) 102 E. North Street			
	City or town Enterprise		State Oregon	ZIP code 97828
	Contact name (first and last) Dave Wilkie	Title Wastewater Operations Manager	Phone number (541) 426-3093	Email address dwilkie@enterpriseoregon.gov
	Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 905 Golf Course Road			
	City or town Enterprise		State Oregon	ZIP code 97828
	<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 checked="" type="checkbox"/> Owner <input 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 checked="" type="checkbox"/> Facility <input 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 checked="" type="checkbox"/>	NPDES (discharges to surface water) Permit 101659	<input type="checkbox"/>	RCRA (hazardous waste)
	<input type="checkbox"/>	PSD (air emissions)	<input type="checkbox"/>	Nonattainment program (CAA)
	<input type="checkbox"/>	Ocean dumping (MPRSA)	<input type="checkbox"/>	Dredge or fill (CWA Section 404)
		<input type="checkbox"/>	UIC (underground injection control)	
		<input type="checkbox"/>	NESHAPs (CAA)	
		<input type="checkbox"/>	Other (specify)	



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Outfalls and Other Discharge or Disposal Methods	<b>Outfalls Other Than to Waters of the United States</b>			
	<u>1.12</u>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.14.		
	<u>1.13</u>	Provide the location of each surface impoundment and associated discharge information in the table below.		
	<b>Surface Impoundment Location and Discharge Data</b>			
		<b>Location</b>	<b>Average Daily Volume Discharged to Surface Impoundment</b>	<b>Continuous or Intermittent (check one)</b>
		Alpine Meadows Golf Course Storage Pond	136,259 gpd	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	<u>1.14</u>	Is wastewater applied to land? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.16.		
	<u>1.15</u>	Provide the land application site and discharge data requested below.		
<b>Land Application Site and Discharge Data</b>				
	<b>Location</b>	<b>Size</b>	<b>Average Daily Volume Applied</b>	<b>Continuous or Intermittent (check one)</b>
	Alpine Meadows Golf Course	51 acres	136,259 gpd	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
<u>1.16</u>	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.21.			
<u>1.17</u>	Describe the means by which the effluent is transported (e.g., tank truck, pipe).			
<u>1.18</u>	Is the effluent transported by a party other than the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.20.			
<u>1.19</u>	Provide information on the transporter below.			
<b>Transporter Data</b>				
	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	

<b>Outfalls and Other Discharge or Disposal Methods Continued</b>	<a href="#">1.20</a>	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>		
	<a href="#">1.21</a>	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.			
	<a href="#">1.22</a>	Provide information in the table below on these other disposal methods.			
	<b>Information on Other Disposal Methods</b>				
		Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume
				acres	gpd
				acres	gpd
				acres	gpd
					Continuous or Intermittent (check one)
					<input type="checkbox"/> Continuous
					<input type="checkbox"/> Intermittent
					<input type="checkbox"/> Continuous
					<input type="checkbox"/> Intermittent
					<input type="checkbox"/> Continuous
					<input type="checkbox"/> Intermittent
<b>Variance Requests</b>	<a href="#">1.23</a>	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			
<b>Contractor Information</b>	<a href="#">1.24</a>	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.			
	<a href="#">1.25</a>	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.			
	<b>Contractor Information</b>				
			<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
		Contractor name (company name)			
		Mailing address (street or P.O. box)			
		City, state, and ZIP code			
		Contact name (first and last)			
		Phone number			
	Email address				
	Operational and maintenance responsibilities of contractor				

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**SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(J)(1) AND (2))**

Design Flow	Outfalls to Waters of the United States						
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
Inflow and Infiltration	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	Average Daily Volume of Inflow and Infiltration 130,000 gpd				
	Indicate the steps the facility is taking to minimize inflow and infiltration. Continue monitoring inflow through manholes.						
Topographic Map	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes					
Flow Diagram	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes					
Scheduled Improvements and Schedules of Implementation	2.5	Are improvements to the facility scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
	Briefly list and describe the scheduled improvements.						
	1. Drying beds as a backup to the mechanical dewatering equipment/additional storage.						
	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.	N/A	05/05/2025	09/30/2025		
	2.						
	3.						
	4.						
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable						
Explanation: Draft plans and specifications were approved by the Oregon Department of Environmental Quality via email on August 14, 2024.							

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

Description of Outfalls	<u>3.1</u>	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		Outfall Number <u>001</u>	Outfall Number <u>002</u>	Outfall Number _____
	State	Oregon	Oregon	
	County	Wallowa	Wallowa	
	City or town	Enterprise	Enterprise	
	Distance from shore	0 ft.	N/A ft.	ft.
	Depth below surface	0 ft.	N/A ft.	ft.
	Average daily flow rate	0.26 mgd	0.136 mgd	mgd
	Latitude	N 45.426561	N 45.431619	
	Longitude	W 117.311181	W 117.297569	
Seasonal or Periodic Discharge Data	<u>3.2</u>	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.		
	<u>3.3</u>	If so, provide the following information for each applicable outfall.		
		Outfall Number <u>002</u>	Outfall Number _____	Outfall Number _____
	Number of times per year discharge occurs	One		
	Average duration of each discharge (specify units)	Six months		
	Average flow of each discharge	0.136 mgd	mgd	mgd
Months in which discharge occurs	May through October			
Diffuser Type	<u>3.4</u>	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.		
	<u>3.5</u>	Briefly describe the diffuser type at each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
Waters of the U.S.	<u>3.6</u>	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

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Receiving Water Description	<u>3.7</u>	Provide the receiving water and related information (if known) for each outfall.		
		<b>Outfall Number <u>001</u></b>	<b>Outfall Number _____</b>	<b>Outfall Number _____</b>
	Receiving water name	Wallowa River		
	Name of watershed, river, or stream system	Wallowa River		
	Natural Resources Conservation Service 14-digit watershed code	1177853457255		
	Name of state management/river basin	Grande Ronde River		
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	N/A		
	Critical low flow (acute)	cfs	cfs	cfs
	Critical low flow (chronic)	cfs	cfs	cfs
	Total hardness at critical low flow	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>
Treatment Description	<u>3.8</u>	Provide the following information describing the treatment provided for discharges from each outfall.		
		<b>Outfall Number <u>001</u></b>	<b>Outfall Number <u>002</u></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 checked="" type="checkbox"/> Advanced <input checked="" type="checkbox"/> Other (specify) <u>Preliminary - screening</u>	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> Advanced <input checked="" type="checkbox"/> Other (specify) <u>Preliminary - screening</u>	<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>	97 %	97 %	%
	TSS	97 %	97 %	%
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input checked="" type="checkbox"/> Not applicable %	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Other (specify) <u>Ammonia</u>	<input type="checkbox"/> Not applicable 97 %	<input type="checkbox"/> Not applicable 97 %	<input type="checkbox"/> Not applicable %

<b>Treatment Description Continued</b>	<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.					
			Outfall Number <u>001</u>	Outfall Number <u>002</u>	Outfall Number _____		
		Disinfection type	Ultraviolet (UV) light	UV light			
		Seasons used	All	All			
		Dechlorination used?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Effluent Testing Data</b>	<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.						
			Outfall Number _____		Outfall Number _____		Outfall Number _____	
			Acute	Chronic	Acute	Chronic	Acute	Chronic
		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.							

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Effluent Testing Data Continued	<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 <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.				
	<a href="#">3.20</a>	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.				
	<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"> <thead> <tr> <th>Date(s) Submitted (MM/DD/YYYY)</th> <th>Summary of Results</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </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 <input type="checkbox"/> No → SKIP to Item 3.26.				
	<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 <input type="checkbox"/> No → SKIP to Item 3.26.					
<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 <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	<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 <input checked="" type="checkbox"/> No → SKIP to Item 4.7.				
	<a href="#">4.2</a>	Indicate the number of SIUs and NSCIUs that discharge to the POTW.				
		<table border="1"> <thead> <tr> <th>Number of SIUs</th> <th>Number of NSCIUs</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </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 <input type="checkbox"/> No				
	<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 <input type="checkbox"/> No → SKIP to Item 4.6.				
<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					

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<b>Industrial Discharges and Hazardous Wastes Continued</b>	<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"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
<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))**

<b>CSO Map and Diagram</b>	<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

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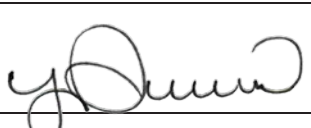
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CSO Outfall Description	<a href="#">5.4</a>	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	City or town			
	State and ZIP code			
	County			
	Latitude			
	Longitude			
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
CSO Monitoring	<a href="#">5.5</a>	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	<a href="#">5.6</a>	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	

<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
		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
		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 checked="" 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 checked="" 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) Lacey McQuead	Official title City Administrator	
		Signature 	Date signed <b>09/30/2024</b>	

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**TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)	17	mg/L	4.56	mg/L	255	EPA 405.1	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	8.40	MPN	1.37	MPN	255	9223 B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	0.71	MGD	0.29	MGD	882		
pH (minimum)	6.30	S.U.					
pH (maximum)	8.31	S.U.					
Temperature (winter)	13.70	C	8.75	C	210		
Temperature (summer)	23.00	C	15.82	C	210		
Total suspended solids (TSS)	16.60	mg/L	1.82	mg/L	255	EPA 160.2	<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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**TABLE 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)	1.67	mg/L	0.30	mg/L	255	SM 4500-NH3 B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	9.8	mg/L	6.9	mg/L	4	SM 4500-O G	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	2.14	mg/L	0.79	mg/L	4	EPA 300.0	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	0.86	mg/L	0.765	mg/L	4	SM 4500-Norg B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	0	mg/L	0	mg/L	4	EPA 1664	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	1.52	mg/L	0.95	mg/L	4	SM 4500P	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	10,200	mg/L	2,732.75	mg/L	4	SM 2540D	<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

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

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

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

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	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 <sup>1</sup>	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

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

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**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

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

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

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**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

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

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

EPA Identification Number OR0020567	NPDES Permit Number 101659	Facility Name City of Enterprise	Outfall Number 001
--	-------------------------------	-------------------------------------	-----------------------

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

**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

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

	Test Number ____	Test Number ____	Test Number ____			
<b>Acute Test Results Continued</b>						
Other (describe)						
<b>Chronic Test Results</b>						
NOEC	%	%	%			
IC <sub>25</sub>	%	%	%			
Control percent survival	%	%	%			
Other (describe)						
<b>Quality Control/Quality Assurance</b>						
Is reference toxicant data available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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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EPA Identification Number OR0020567	NPDES Permit Number 101659	Facility Name City of Enterprise
--	-------------------------------	-------------------------------------

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

<b>TABLE F. INDUSTRIAL DISCHARGE INFORMATION</b>			
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			
Describe 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

EPA Identification Number OR0020567	NPDES Permit Number 101659	Facility Name City of Enterprise
--	-------------------------------	-------------------------------------

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

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

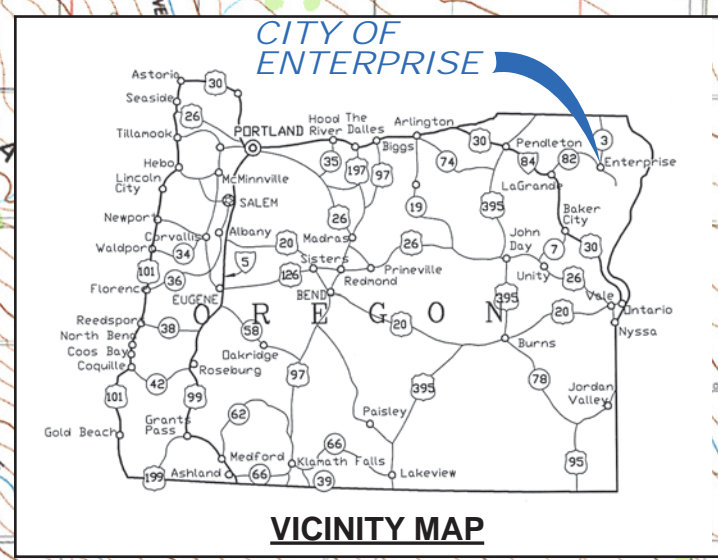
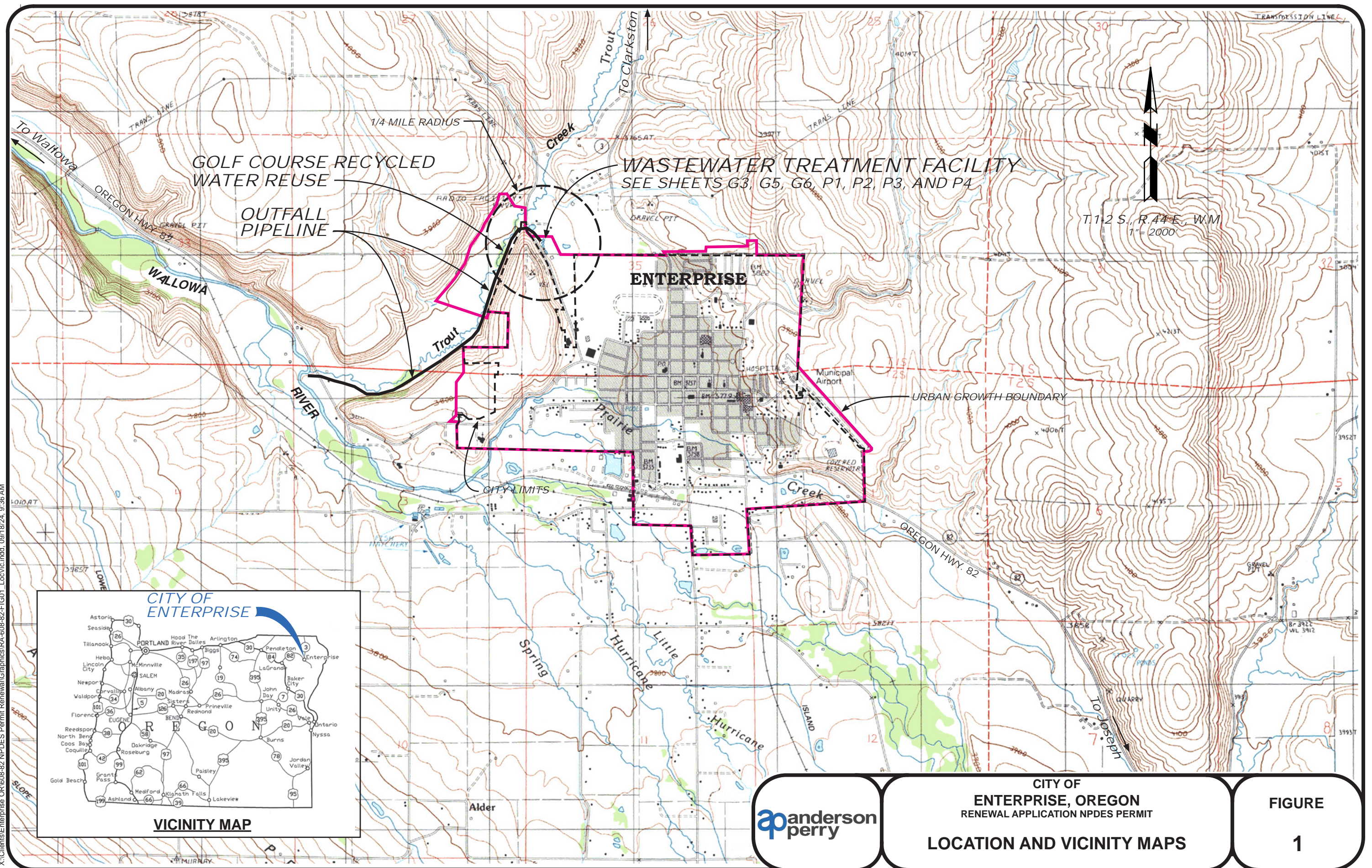
Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	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.			

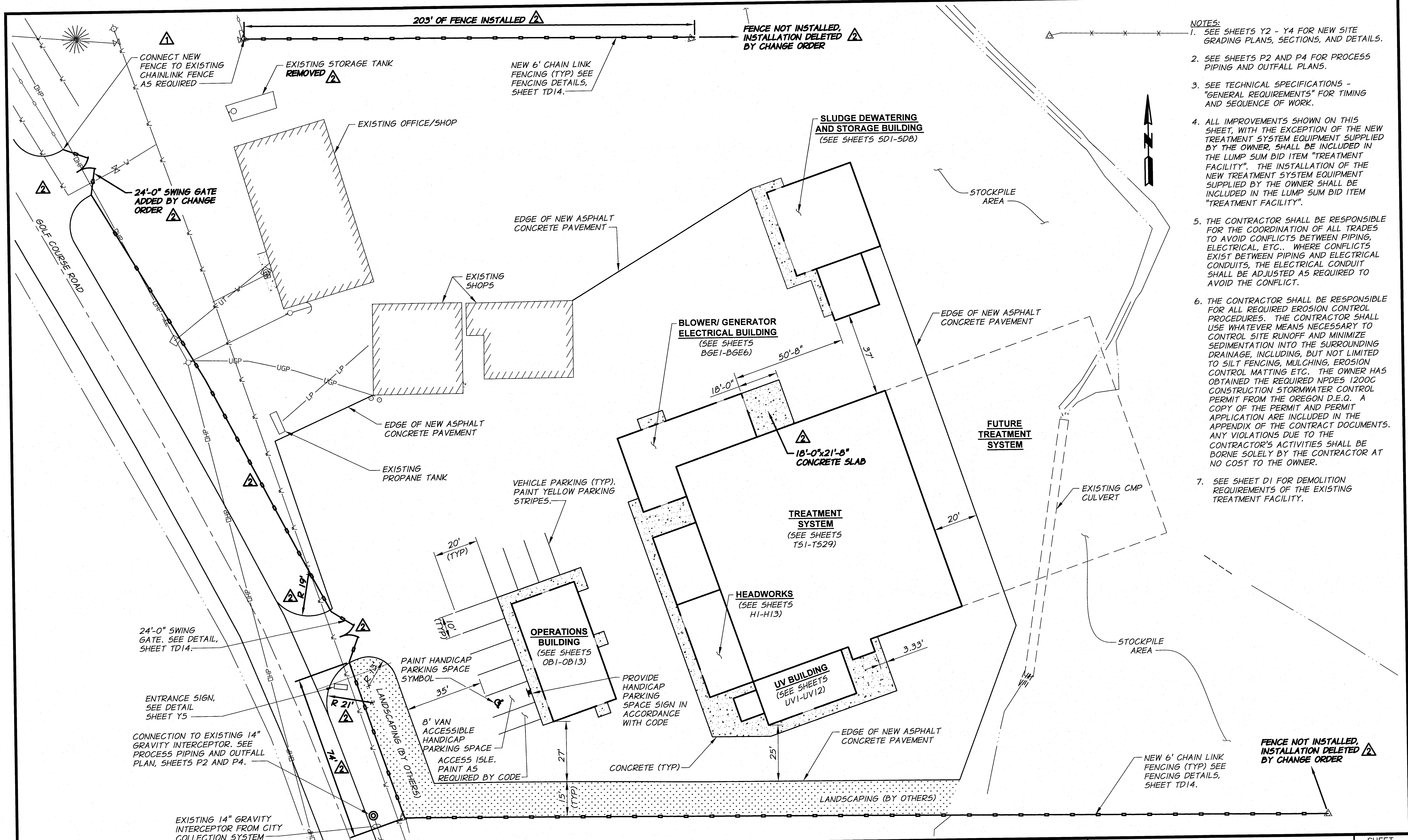
**Section 2:  
Additional Information  
Attachments**

---

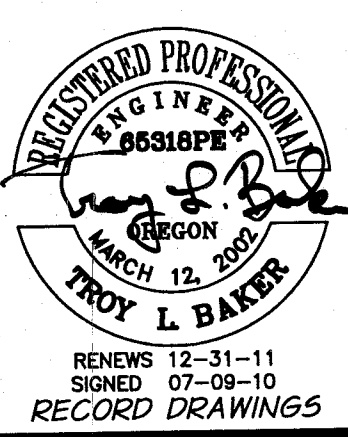
X:\Clients\Enterprise OR\608-82 NPDES Permit Renewal\Graphics\RA-608-82-FIG01\_LocVic.indd 09/18/24, 9:36 AM



	<p align="center"><b>CITY OF ENTERPRISE, OREGON</b> RENEWAL APPLICATION NPDES PERMIT</p> <p align="center"><b>LOCATION AND VICINITY MAPS</b></p>	<p align="center"><b>FIGURE 1</b></p>
--	--	---



- NOTES:**
- SEE SHEETS Y2 - Y4 FOR NEW SITE GRADING PLANS, SECTIONS, AND DETAILS.
  - SEE SHEETS P2 AND P4 FOR PROCESS PIPING AND OUTFALL PLANS.
  - SEE TECHNICAL SPECIFICATIONS - "GENERAL REQUIREMENTS" FOR TIMING AND SEQUENCE OF WORK.
  - ALL IMPROVEMENTS SHOWN ON THIS SHEET, WITH THE EXCEPTION OF THE NEW TREATMENT SYSTEM EQUIPMENT SUPPLIED BY THE OWNER, SHALL BE INCLUDED IN THE LUMP SUM BID ITEM "TREATMENT FACILITY". THE INSTALLATION OF THE NEW TREATMENT SYSTEM EQUIPMENT SUPPLIED BY THE OWNER SHALL BE INCLUDED IN THE LUMP SUM BID ITEM "TREATMENT FACILITY".
  - THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE COORDINATION OF ALL TRADES TO AVOID CONFLICTS BETWEEN PIPING, ELECTRICAL, ETC.. WHERE CONFLICTS EXIST BETWEEN PIPING AND ELECTRICAL CONDUITS, THE ELECTRICAL CONDUIT SHALL BE ADJUSTED AS REQUIRED TO AVOID THE CONFLICT.
  - THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL REQUIRED EROSION CONTROL PROCEDURES. THE CONTRACTOR SHALL USE WHATEVER MEANS NECESSARY TO CONTROL SITE RUNOFF AND MINIMIZE SEDIMENTATION INTO THE SURROUNDING DRAINAGE, INCLUDING, BUT NOT LIMITED TO SILT FENCING, MULCHING, EROSION CONTROL MATTING ETC.. THE OWNER HAS OBTAINED THE REQUIRED NPDES 1200C CONSTRUCTION STORMWATER CONTROL PERMIT FROM THE OREGON D.E.Q. A COPY OF THE PERMIT AND PERMIT APPLICATION ARE INCLUDED IN THE APPENDIX OF THE CONTRACT DOCUMENTS. ANY VIOLATIONS DUE TO THE CONTRACTOR'S ACTIVITIES SHALL BE BORNE SOLELY BY THE CONTRACTOR AT NO COST TO THE OWNER.
  - SEE SHEET D1 FOR DEMOLITION REQUIREMENTS OF THE EXISTING TREATMENT FACILITY.

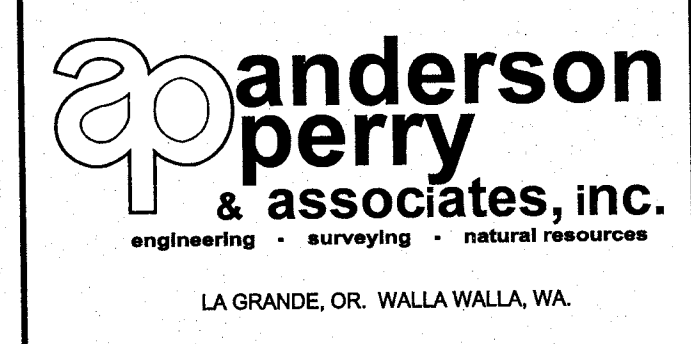


REVISIONS 12-31-11  
SIGNED 07-09-10  
RECORD DRAWINGS

REVISION	DATE	BY	DATE
RECORD DRAWINGS	5/10	T.B.	
REVISED PER ADDENDUM NO. 2	9/07	T.B.	

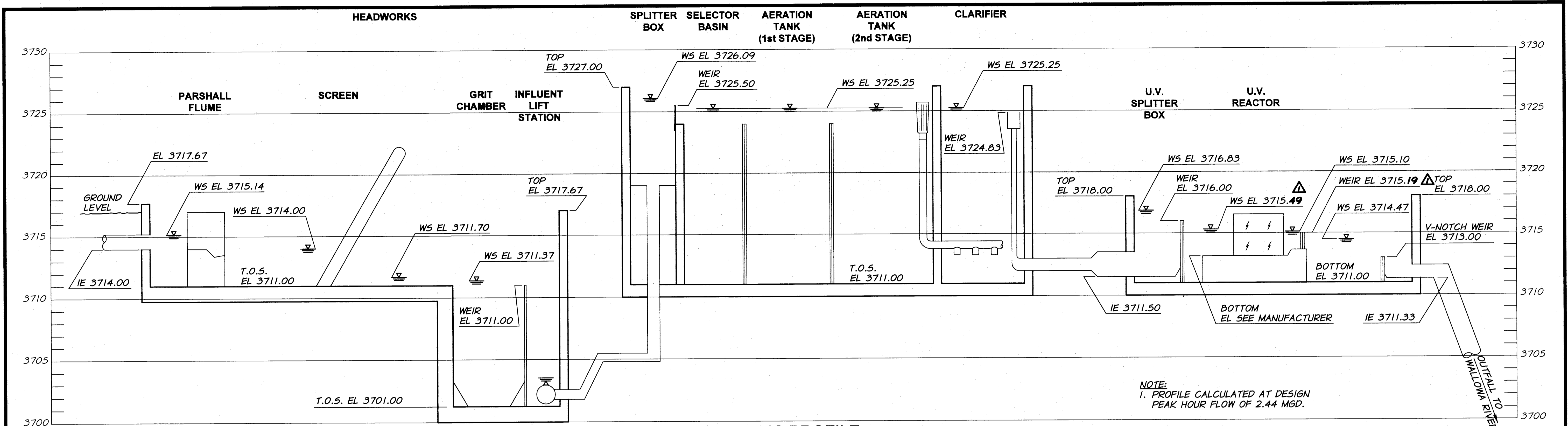
DESIGNED BY	T. BAKER	XREFS:	WWTP-TB-Asbuilf.DWG
DRAWN BY	P. RICHARDSON	JOB NUMBER	608-41
REVIEWED BY	H. PERRY	ACAD FILE:	Site Plan.dwg
DATE: 2010			
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**RECORD DRAWINGS**  
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**CITY OF ENTERPRISE**  
WASTEWATER SYSTEM IMPROVEMENTS  
SCHEDULE B  
TREATMENT FACILITY  
GENERAL  
NEW SITE PLAN

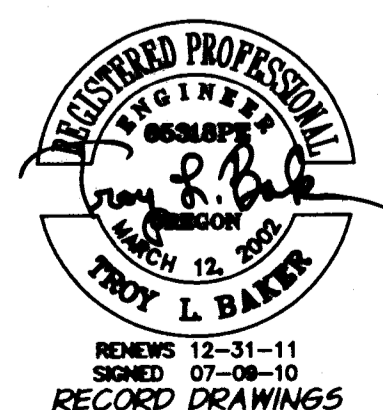
SHEET  
**G3**  
3 OF 163



**HYDRAULIC PROFILE**  
N.T.S.

**ABBREVIATIONS**

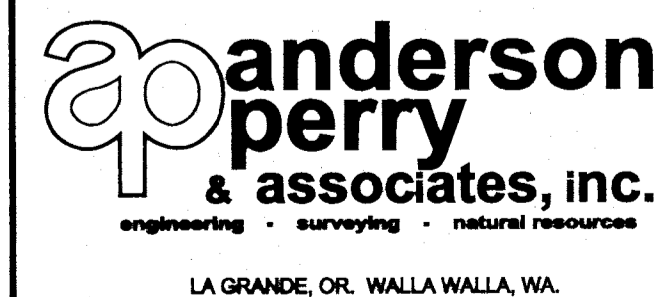
<p>A LOW PRESSURE AIR AAF AVERAGE ANNUAL FLOW ADA AMERICAN DISABILITY ACT ADJ ADJUSTABLE AH AIR HIGH PRESSURE ALT ALTERNATE ALUM ALUMINUM APPROX APPROXIMATE ARCH ARCHITECTURAL ARV AIR RELEASE VALVE AVG AVERAGE</p> <p>BF BLIND FLANGE BFP BACK FLOW PREVENTER BFV BUTTERFLY VALVE BLDG BUILDING BLK BLOCK BOD BIOCHEMICAL OXYGEN DEMAND BW BOTH WAYS</p> <p>CB CATCH BASIN CC CENTER TO CENTER CFM CUBIC FEET PER MINUTE CI CAST IRON CISP CAST IRON SOIL PIPE CL CHLORINE CL CENTER LINE CLARIF. CLARIFIER CLR CLEAR CMU CONCRETE MASONRY UNIT CO CLEANOUT COL COLUMN CONC CONCRETE CONT CONTINUATION, CONTINUOUS CU CUBIC CW COLD WATER</p>	<p>DEG DEGREE D.I. DUCTILE IRON DIA DIAMETER DS DRY SOLIDS DWG DRAWING</p> <p>E EAST EA EACH EF EACH FACE EL ELEVATION ELEC ELECTRIC(AL) EW EACH WAY EXTG. EXISTING</p> <p>FD FLOOR DRAIN FF FINISHED FLOOR / FLAT FACE / FACE OF FLANGE FG FINISH GRADE FIG FIGURE FL FLOOR FLEX FLEXIBLE FLG FLANGE FRP FIBERGLASS REINFORCED POLYESTER FSP FABRICATED STEEL PIPE FT OR FOOT</p> <p>G GAS GA GAUGE GALV GALVANIZED GB GRADE BREAK GE GROOVED END GIP GALVANIZED IRON PIPE GPM GALLONS PER MINUTE GR GRADE GSP GALVANIZED STEEL PIPE GV GATE VALVE</p> <p>HDPE HIGH DENSITY POLYETHYLENE HORIZ HORIZONTAL HP HIGH POINT OR HORSEPOWER HVAC HEATING, VENTILATION &amp; AIR CONDITIONING HW HOT WATER HWS HIGH WATER SURFACE</p>	<p>ID INSIDE DIAMETER IE INVERT ELEVATION IN OR " INCH INFO. INFORMATION IW IMPURE WATER</p> <p>LAB LABORATORY LAV LAVATORY LG LONG</p> <p>MATL MATERIAL MAX MAXIMUM MCC MOTOR CONTROL CENTER MDF MAXIMUM DAILY FLOW MECH MECHANICAL MGD MILLION GALLONS PER DAY MH MANHOLE, SANITARY MIN MINIMUM MISC. MISCELLANEOUS MJ MECHANICAL JOINT MK MARK MLSS MIXED LIQUOR SUSPENDED SOLIDS MLVSS MIXED LIQUOR VOLATILE SUSPENDED SOLIDS MMF MAXIMUM MONTHLY FLOW MO MONTH</p> <p>N NORTH N/A NOT APPLICABLE NO OR # NUMBER NPW NON POTABLE WATER NTS NOT TO SCALE</p> <p>OC ON CENTER OD OUTSIDE DIAMETER ODDS OXIDATION DITCH DISTRIBUTION STRUCTURE OPP OPPOSITE OTS OUT OF SERVICE</p>	<p>PC POINT OF CURVATURE PE PLAIN END PH PHASE PHF PEAK HOUR FLOW PI POINT OF INTERSECTION PL PLATE P/L PROPERTY LINE PPD POUNDS PER DAY PR PLANT RECYCLE PREFAB PREFABRICATED PSI POUNDS PER SQUARE INCH PT POINT OF TANGENCY PVC POLYVINYL CHLORIDE PW POTABLE WATER</p> <p>R RADIUS RAS RETURN ACTIVATED SLUDGE RCP REINFORCED CONCRETE PIPE RD ROOF DRAIN RED. REDUCER REINF REINFORCEMENT, REINFORCING REQ'D REQUIRED REV REVISION RO RIVER OUTFALL/REVERSE OSMOSIS R/W RIGHT OF WAY</p> <p>S SOUTH SC SCUM SCH SCHEDULE SD STORM DRAIN SE SECONDARY EFFLUENT SECT SECTION SHT SHEET SOR SPECIFIC OXYGEN UPTAKE RATE SPEC SPECIFICATION SR SUPPLY REGISTER SS STAINLESS STEEL STA STATION STD STANDARD STL STEEL STRUCT STRUCTURAL SWD SIDE WATER DEPTH SYMM SYMMETRICAL</p>	<p>T &amp; B TOP &amp; BOTTOM TDH TOTAL DYNAMIC HEAD TEL TELEPHONE / TELEPHONE SERVICE THRU THROUGH TL TANGENT LINE TOC TOP OF CONCRETE T.O.S. TOP OF SLAB T.O.W. TOP OF WALL TS THICKENED SLUDGE TYP TYPICAL</p> <p>UV ULTRAVIOLET</p> <p>VAC VACUUM VERT VERTICAL VOL VOLUME</p> <p>W WEST WAS WASTE ACTIVATED SLUDGE WC WATER CLOSET WDS WASTE DIGESTED SLUDGE WS WATER SURFACE</p> <p>YD YARD</p>
--	---	---	---	---



RECORD DRAWINGS		T.B.	5/10
DESIGNED BY	B. MOORE	DATE	2010
DRAWN BY	P. RICHARDSON	ACAD FILE	HydProfile.dwg
REVIEWED BY	T. BAKER	XREFS: WWTP-TB-Asbuilt.DWG	
JOB NUMBER		608-41	
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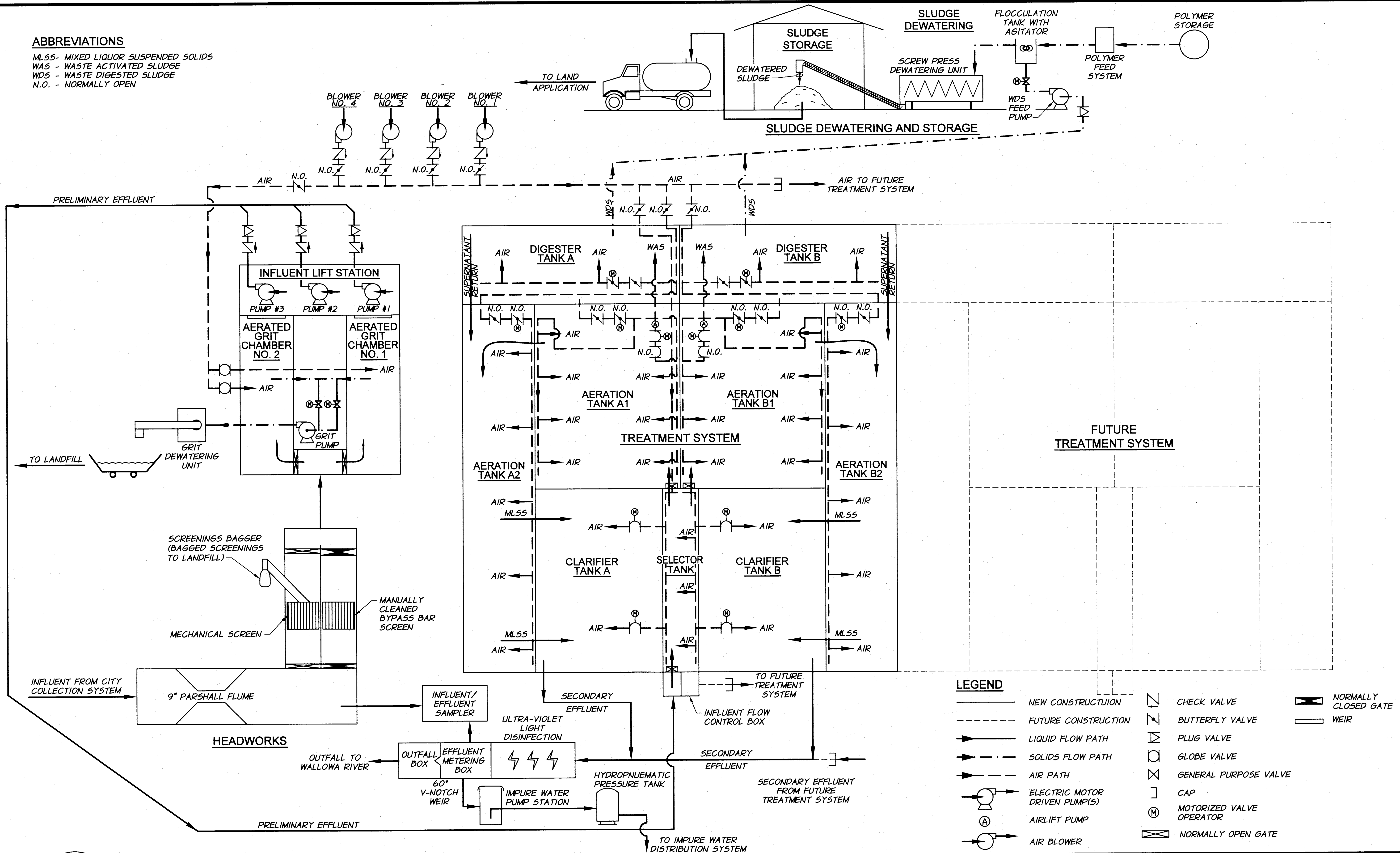


**CITY OF ENTERPRISE**  
WASTEWATER SYSTEM IMPROVEMENTS  
SCHEDULE B  
TREATMENT FACILITY

GENERAL  
HYDRAULIC PROFILE

**ABBREVIATIONS**

MLSS - MIXED LIQUOR SUSPENDED SOLIDS  
 WAS - WASTE ACTIVATED SLUDGE  
 WDS - WASTE DIGESTED SLUDGE  
 N.O. - NORMALLY OPEN



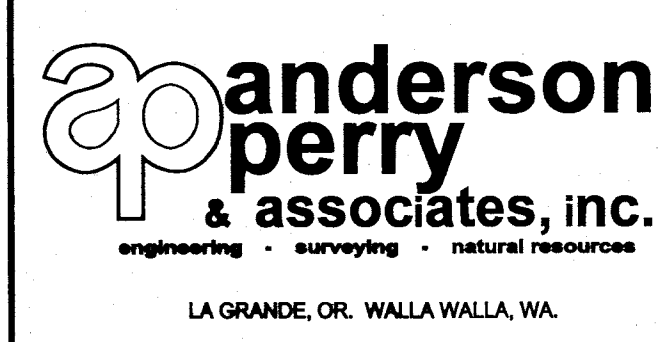
**LEGEND**

- NEW CONSTRUCTION
- - - FUTURE CONSTRUCTION
- LIQUID FLOW PATH
- SOLIDS FLOW PATH
- AIR PATH
- ⊕ ELECTRIC MOTOR DRIVEN PUMP(S)
- Ⓐ AIRLIFT PUMP
- AIR BLOWER
- ⌞ CHECK VALVE
- ⌞ BUTTERFLY VALVE
- ⌞ PLUG VALVE
- ⊙ GLOBE VALVE
- ⊗ GENERAL PURPOSE VALVE
- ⌈ CAP
- Ⓜ MOTORIZED VALVE OPERATOR
- ⌞ NORMALLY OPEN GATE
- ⌞ NORMALLY CLOSED GATE
- ⌞ WEIR



REVISION	BY	DATE	HORIZ. SCALE	VERT. SCALE
DESIGNED BY T. BAKER				
DRAWN BY L. HUBOF				
REVIEWED BY H. PERRY				
XREFS: WWTP-TD-Asbuilt.DWG		JOB NUMBER 608-41	DATE 2010	
		ACAD FILE: P-Schematic.dwg		
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**CITY OF ENTERPRISE**  
**WASTEWATER SYSTEM IMPROVEMENTS**  
 SCHEDULE B  
**TREATMENT FACILITY**  
 GENERAL  
 PROCESS SCHEMATIC

## PIPING AND MANHOLE SCHEDULE

NO.	DESCRIPTION	INVERT ELEVATION	NORTHING	EASTING
①	14" PE 45° ELBOW	3712.35	660486.9	9026195.8
②	14" PE 45° WYE WITH CLEANOUT	3712.40	660484.3	9026194.5
③	14" PE 45° WYE WITH CLEANOUT	3712.82	660391.5	9026226.5
④	14" PE 45° WYE WITH CLEANOUT	3712.99	660381.5	9026247.0
⑤	14" PE 45° WYE WITH CLEANOUT	3713.21	660405.1	9026312.4
⑥	14" PE 45° ELBOW	3713.21	660403.8	9026311.8
⚠ ⑦	8" x 8" x 4" PR WYE WITH 45° ELBOW	3707.50	660408.7	9026287.7
⚠ ⑦A	8" x 8" x 8" PR WYE WITH 8" CLEANOUT AND IN-LINE CAP			
⑧	8" x 8" x 4" PR WYE WITH 4" 45° ELBOW	3707.33	660396.7	9026255.7
⑨	8" PR 45° ELBOW	3707.27	660392.6	9026244.1
⑩	8" PR 45° ELBOW	3707.20	660398.8	9026231.3
⑪	8" x 8" x 4" PR WYE WITH 4" 45° ELBOW	3707.00	660435.4	9026218.8
⑫	8" x 8" x 4" PR WYE WITH 4" 45° ELBOW	3706.90	660446.6	9026214.9
⑬	4" A 90° ELBOW	3711.83	660512.2	9026198.7
⑭	4" A 90° ELBOW	3713.00	660459.9	9026216.7
⑮	2" IW TEE		LOCATION AS REQUIRED	
⑯	2" IW, MIN. 5' RADIUS		LOCATION AS REQUIRED	
⑰	2" IW, MIN. 5' RADIUS		LOCATION AS REQUIRED	
⑱	2" x 2" x 3/4" IW TEE		LOCATION AS REQUIRED	
⑲	FIRE HYDRANT, SEE DETAIL SHEET TD17	660448.2	9026081.5	
⑳	6" C900 PVC PW		LOCATION AS REQUIRED	
㉑	CONNECTION TO EXISTING 4" WATER. PROVIDE FITTINGS AS REQUIRED (TRANSITION COUPLINGS, TEE, SPOOLS, ECT.). PLACE 3 FT <sup>2</sup> CONCRETE THRUST BLOCK AT CONNECTION.		LOCATION AS REQUIRED	
㉒	2" IW, MIN. 5' RADIUS		LOCATION AS REQUIRED	
㉓	4" A (CROSS UNDER 14" PE)	3711.83	660490.4	9026206.1
㉔	4" A WDS WYE WITH CLEANOUT	3711.50	660535.8	9026260.2
㉕	4" A WDS WYE	3711.50	660549.9	9026269.7

**NOTES:**

- LAY ALL PIPING ON STRAIGHT GRADES BETWEEN INDICATED ELEVATIONS
- LAY ALL I.W., P.W. AND LP LINES AS REQUIRED TO AVOID OTHER PIPING AND DUCT BANK. MAINTAIN A MINIMUM 3'-0" COVER. ANY PLACE WHERE 3'-0" COVER IS NOT POSSIBLE, THESE LINES SHALL BE PLACED DEEPER.
- MAINTAIN MINIMUM 12" CLEARANCE BETWEEN CROSSING PIPES. PIPES WITH LESS THAN 12" SHALL BE WRAPPED WITH 1" FOAM.
- SEE DETAIL SHEET TD11 FOR CLEANOUT REQUIREMENTS.

**LEGEND**

A - LOW PRESSURE AIR PIPE (4")	----
CLEANOUT	⊙
HYDRANT	⊙
IW - IMPURE WATER PIPE (3/4", 2")	----
NPW - NON-POTABLE WATER (1")	----
LP - PROPANE GAS PIPE (1 1/4")	----
RO - RIVER OUTFALL PIPE 15" / 18"	----
PE - PRELIMINARY EFFLUENT PIPE (14")	----
PLUG	●
PR - PLANT RECYCLE/DRAIN PIPE (4", 8")	.....
PW - POTABLE WATER PIPE (1 1/2")	----
PW - POTABLE WATER PIPE (6")	----
RS - RAW SEWAGE PIPE (4", 14", 15")	----
SE - SECONDARY EFFLUENT PIPE (8", 14")	----
VALVE	⊙
WDS - WASTE DIGESTED SLUDGE PIPE (4")	----
MANHOLE	⊙
MANHOLE NUMBER	⚠

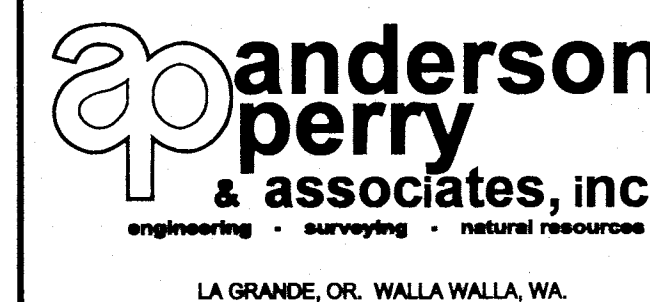
MH NO.	MH TYPE (SEE SHT. TD10)	IE NORTH	IE SOUTH	IE EAST	IE WEST	NORTHING	EASTING	RIM ELEV.
⚠ 1	C	---	⚠ 3715.24	3715.01	---	660364.1	9026081.9	3720.00
⚠ 2	B	3714.00	3711.35 (SE)	3711.35	3711.25 (SW)	660596.3	9026281.4	3716.00 - SEE SHEET 5D1
⚠ 3	B	---	3710.57	3710.67	---	660534.4	9026184.7	3715.50
⚠ 4	A	3710.26	3706.7	3706.60	---	660475.1	9026205.1	3716.50
⚠ 5	A	SEE OUTFALL PROFILE SHEET P5						
⚠ 6	A	SEE OUTFALL PROFILE SHEET P5						
⚠ 7	A	SEE OUTFALL PROFILE SHEET P5						
<del>⚠ 8</del>	<del>A</del>	<del>SEE OUTFALL PROFILE SHEET P5 - DELETED</del> ⚠						
⚠ 9	A	SEE OUTFALL PROFILE SHEET P5						
⚠ 10	C	SEE OUTFALL PROFILE SHEET P5						



RECORD DRAWINGS		T.D.	5/10
DESIGNED BY	A. LINDSEY	XREFS:	WWTB-TB-Asbuilt.DWG
DRAWN BY	P. RICHARDSON	JOB NUMBER	608-41
REVIEWED BY	T. BAKER	ACAD FILE:	Piping Plan.dwg
		HORIZ. SCALE	NONE
		VERT. SCALE	
		DATE	2010
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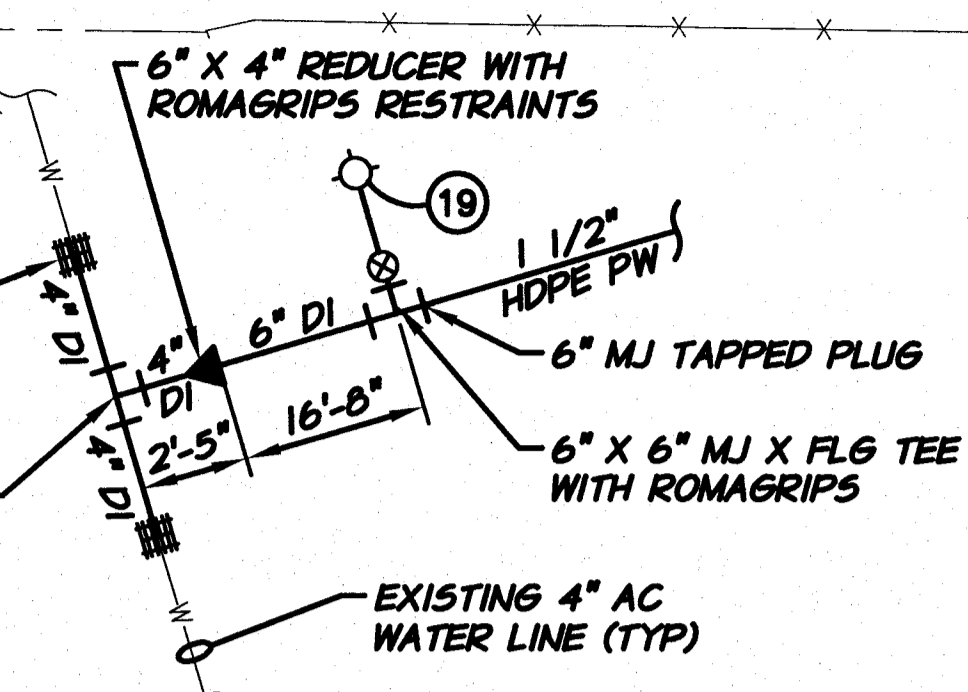
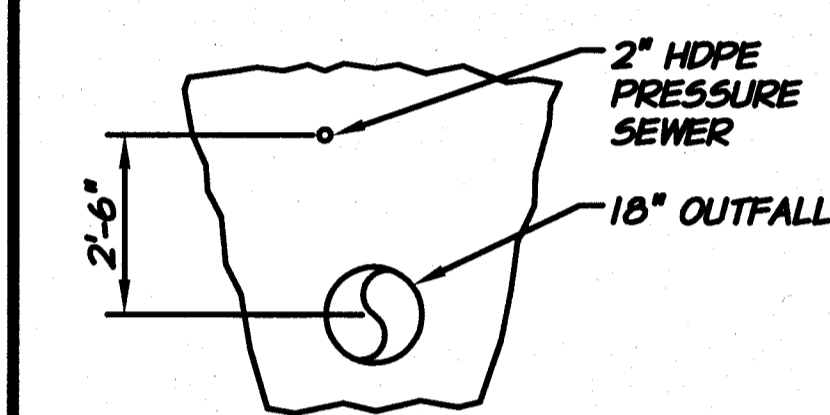
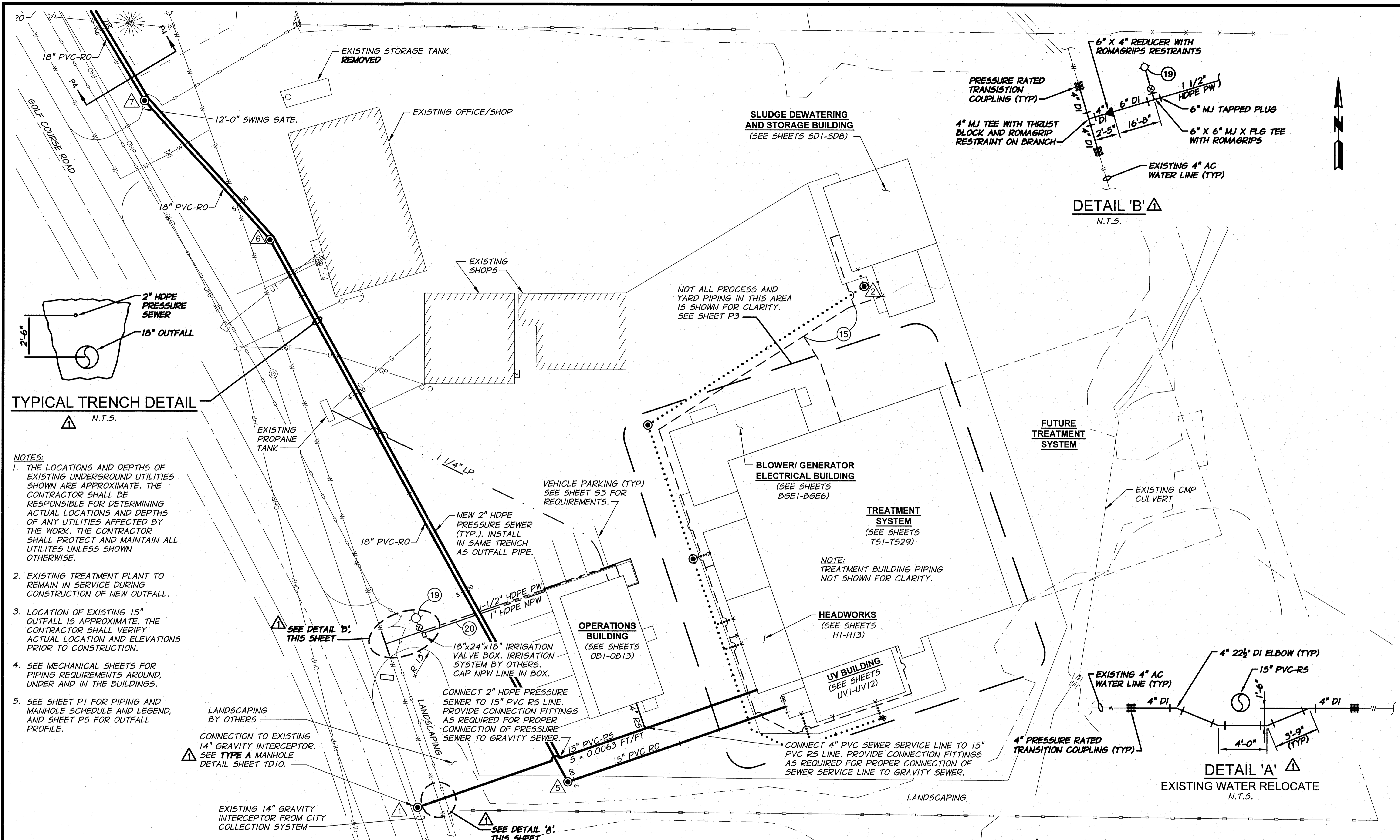


**CITY OF ENTERPRISE**  
**WASTEWATER SYSTEM IMPROVEMENTS**  
 SCHEDULE B  
 TREATMENT FACILITY  
 PIPING  
 LEGEND AND DETAILS

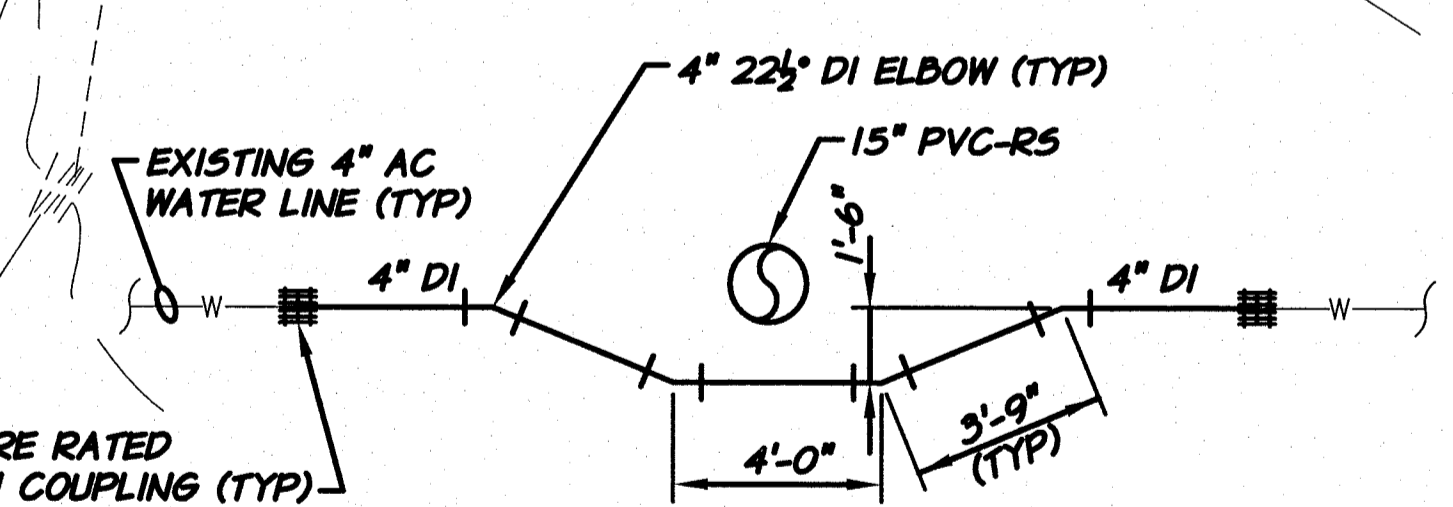
SHEET

**P1**

12 OF 163



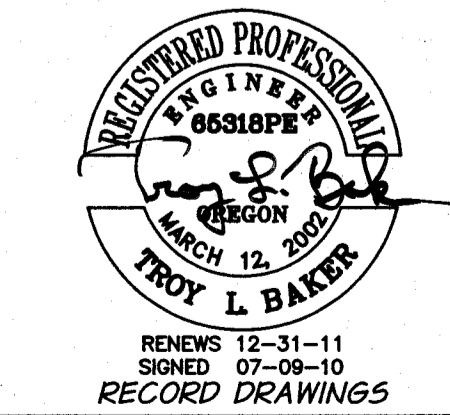
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N.T.S.



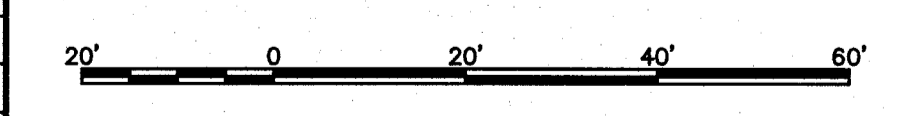
**DETAIL 'A'**  
EXISTING WATER RELOCATE  
N.T.S.

**TYPICAL TRENCH DETAIL**  
N.T.S.

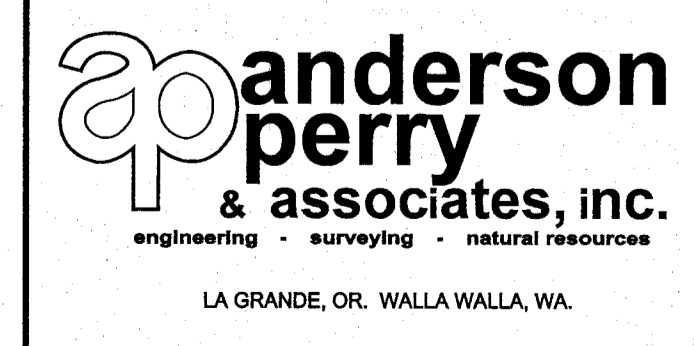
- NOTES:**
1. THE LOCATIONS AND DEPTHS OF EXISTING UNDERGROUND UTILITIES SHOWN ARE APPROXIMATE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR DETERMINING ACTUAL LOCATIONS AND DEPTHS OF ANY UTILITIES AFFECTED BY THE WORK. THE CONTRACTOR SHALL PROTECT AND MAINTAIN ALL UTILITIES UNLESS SHOWN OTHERWISE.
  2. EXISTING TREATMENT PLANT TO REMAIN IN SERVICE DURING CONSTRUCTION OF NEW OUTFALL.
  3. LOCATION OF EXISTING 15" OUTFALL IS APPROXIMATE. THE CONTRACTOR SHALL VERIFY ACTUAL LOCATION AND ELEVATIONS PRIOR TO CONSTRUCTION.
  4. SEE MECHANICAL SHEETS FOR PIPING REQUIREMENTS AROUND, UNDER AND IN THE BUILDINGS.
  5. SEE SHEET P1 FOR PIPING AND MANHOLE SCHEDULE AND LEGEND, AND SHEET P5 FOR OUTFALL PROFILE.



REVISION		DATE	BY	DATE	REVISION
RECORD DRAWINGS		5/10	T.B.		
DESIGNED BY	A. LINDSEY	XREFS:	WWTP-TB-Asbuilt.DWG	JOB NUMBER	608-41
DRAWN BY	P. RICHARDSON	ACAD FILE:	Piping Plan.dwg	DATE	2010
REVIEWED BY	T. BAKER	COPYRIGHT 2010 BY ANDERSON-PERRY & ASSOC., INC.			



**RECORD DRAWINGS**  
These record drawings have been prepared, in part, on the basis of information compiled and furnished by others. They may contain some discrepancies and omissions, and do not necessarily represent "exact" field conditions. The Owner and the Engineer accept no responsibility for their accuracy.



**CITY OF ENTERPRISE  
WASTEWATER SYSTEM IMPROVEMENTS  
SCHEDULE B  
TREATMENT FACILITY**

**PIPING  
PROCESS PIPING AND OUTFALL PLAN I**

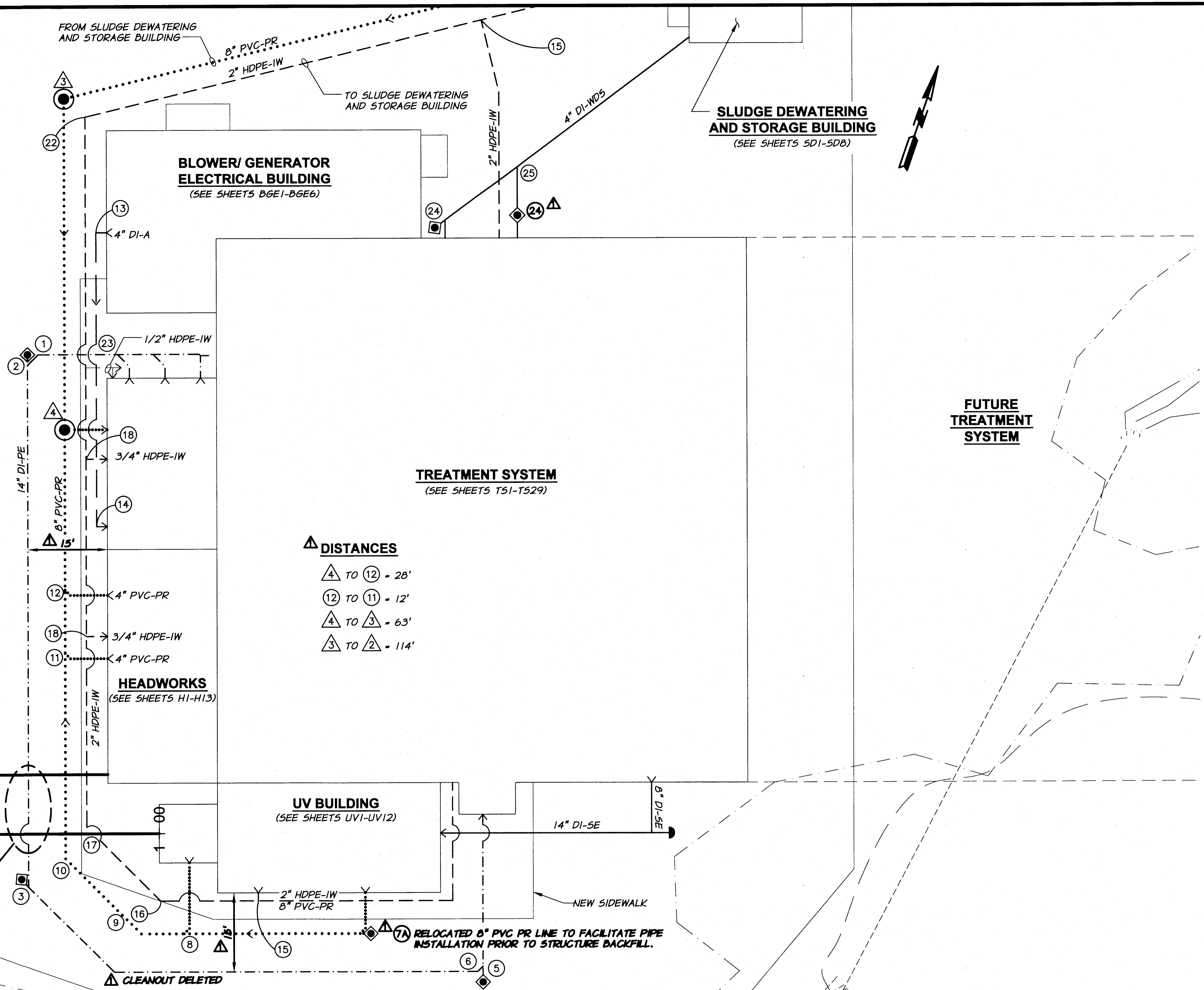
SHEET  
**P2**  
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**NOTES:**

- LAY ALL PIPING ON STRAIGHT GRADES BETWEEN INDICATED ELEVATIONS
- LAY ALL I.W., P.W. AND LP LINES AS REQUIRED TO AVOID OTHER PIPING AND DUCT BANK. MAINTAIN A MINIMUM 3'-0" COVER. ANY PLACE WHERE 3'-0" COVER IS NOT POSSIBLE, THESE LINES SHALL BE PLACED DEEPER.
- MAINTAIN MINIMUM 12" CLEARANCE BETWEEN CROSSING PIPES. PIPES WITH LESS THAN 12" SHALL BE WRAPPED WITH 1" FOAM.
- SEE DETAIL SHEET TD11 FOR CLEANOUT REQUIREMENTS.
- SEE SHEET P1 FOR PIPING AND MANHOLE SCHEDULE AND SHEET P5 FOR OUTFALL PROFILE.

**LEGEND**

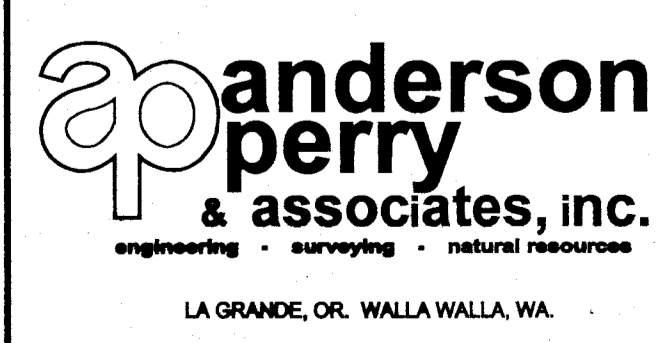
A - LOW PRESSURE AIR PIPE (4")	
CLEANOUT	
HYDRANT	
IW - IMPURE WATER PIPE (3/4", 2")	
NPW - NON-POTABLE WATER (1")	
LP - PROPANE GAS PIPE (1 1/4")	
RO - RIVER OUTFALL PIPE 15" / 18"	
PE - PRELIMINARY EFFLUENT PIPE (14")	
PLUG	
PR - PLANT RECYCLE/DRAIN PIPE (4", 8")	
PW - POTABLE WATER PIPE (1 1/2")	
PW - POTABLE WATER PIPE (6")	
RS - RAW SEWAGE PIPE (4", 14", 15")	
SE - SECONDARY EFFLUENT PIPE (8", 14")	
VALVE	
WDS - WASTE DIGESTED SLUDGE PIPE (4")	
MANHOLE	
MANHOLE NUMBER	



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DRAWN BY	L. HUBOF	ACAD FILE:	Piping Plan.dwg	DATE	2010
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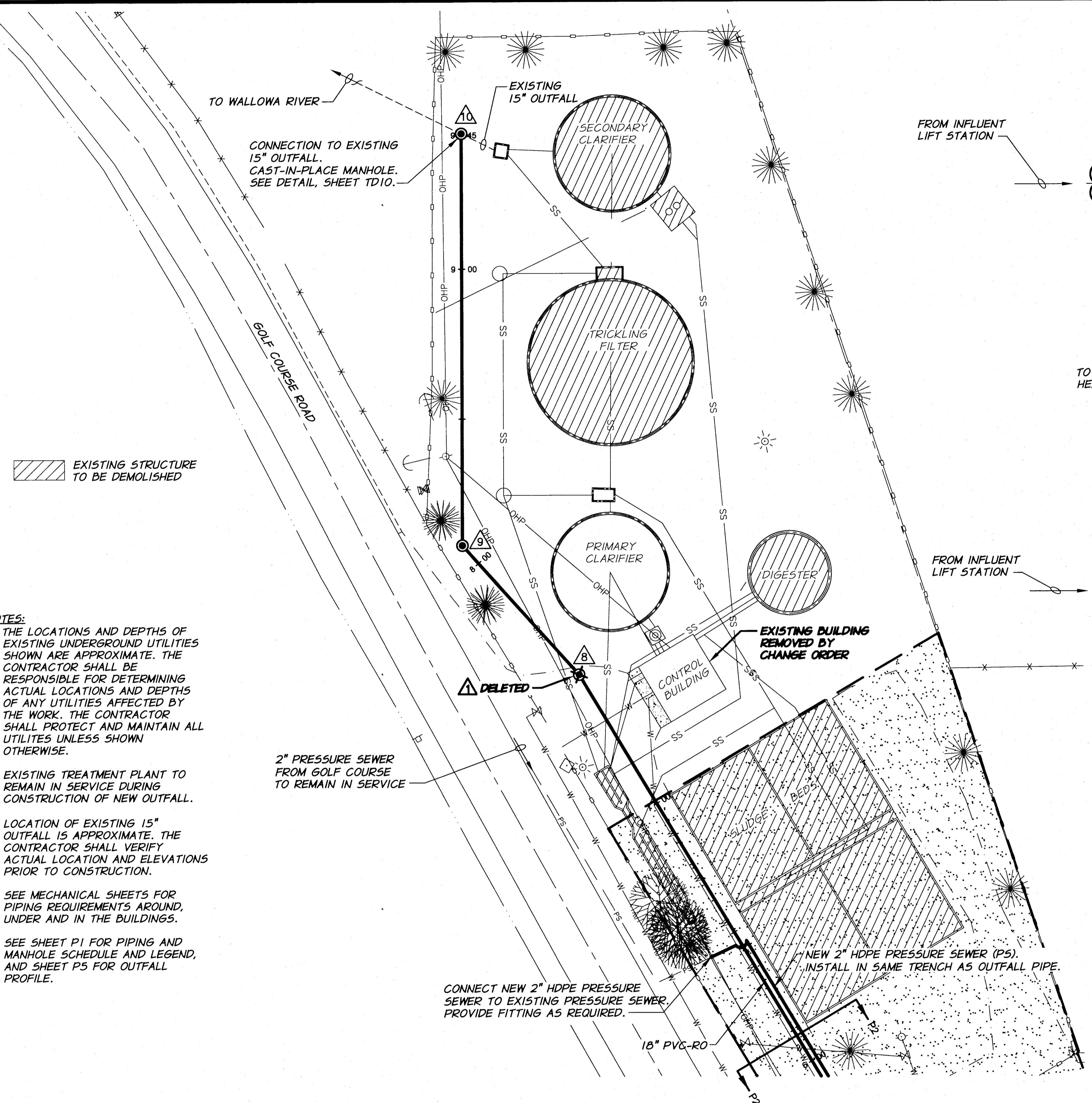
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**CITY OF ENTERPRISE**  
WASTEWATER SYSTEM IMPROVEMENTS  
SCHEDULE B  
TREATMENT FACILITY

PIPING  
PROCESS PIPING AND OUTFALL PLAN II



EXISTING STRUCTURE TO BE DEMOLISHED

- NOTES:**
1. THE LOCATIONS AND DEPTHS OF EXISTING UNDERGROUND UTILITIES SHOWN ARE APPROXIMATE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR DETERMINING ACTUAL LOCATIONS AND DEPTHS OF ANY UTILITIES AFFECTED BY THE WORK. THE CONTRACTOR SHALL PROTECT AND MAINTAIN ALL UTILITIES UNLESS SHOWN OTHERWISE.
  2. EXISTING TREATMENT PLANT TO REMAIN IN SERVICE DURING CONSTRUCTION OF NEW OUTFALL.
  3. LOCATION OF EXISTING 15" OUTFALL IS APPROXIMATE. THE CONTRACTOR SHALL VERIFY ACTUAL LOCATION AND ELEVATIONS PRIOR TO CONSTRUCTION.
  4. SEE MECHANICAL SHEETS FOR PIPING REQUIREMENTS AROUND, UNDER AND IN THE BUILDINGS.
  5. SEE SHEET P1 FOR PIPING AND MANHOLE SCHEDULE AND LEGEND, AND SHEET P5 FOR OUTFALL PROFILE.

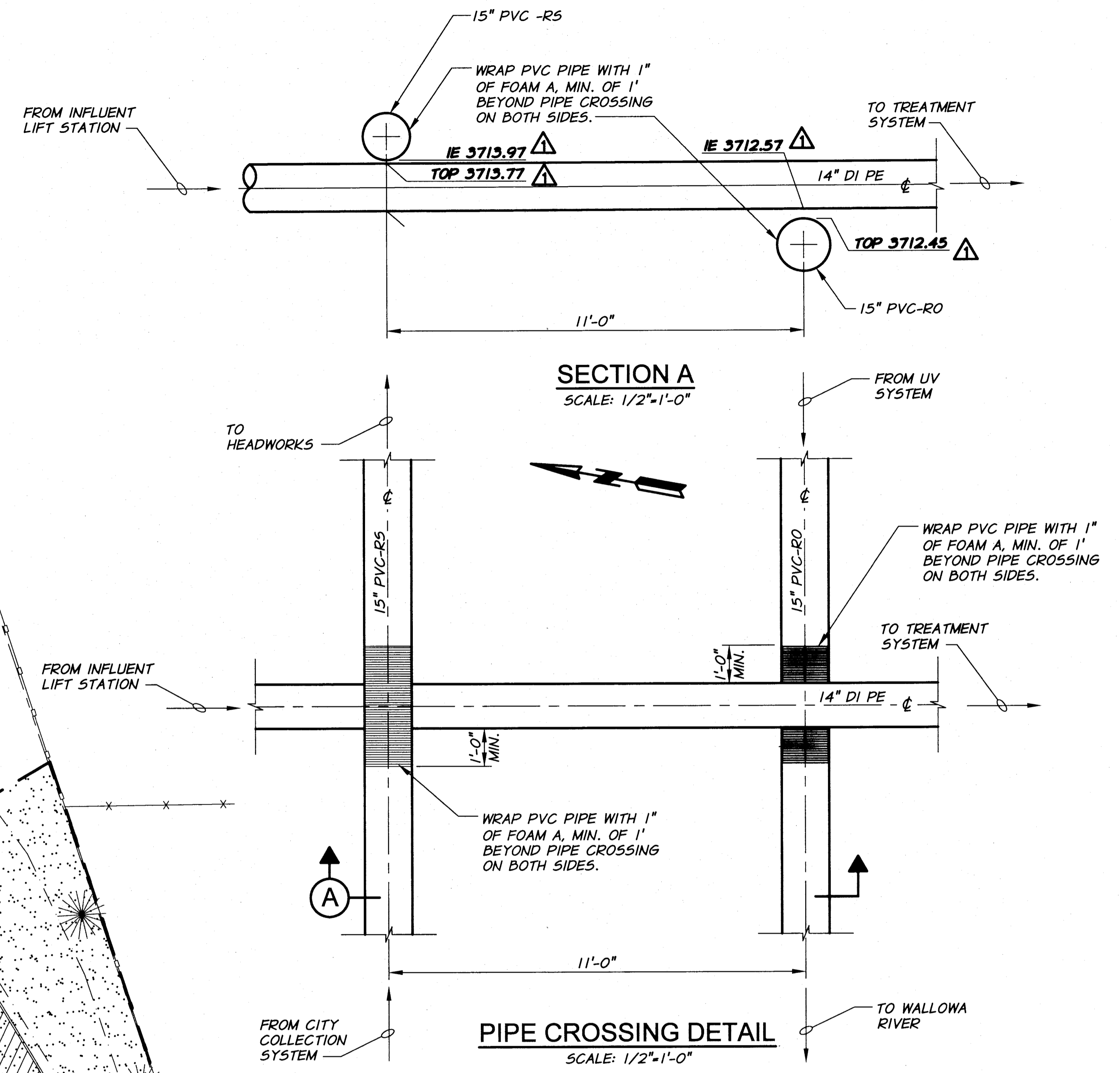
TO WALLOWA RIVER  
 CONNECTION TO EXISTING 15" OUTFALL. CAST-IN-PLACE MANHOLE. SEE DETAIL, SHEET TD10.

2" PRESSURE SEWER FROM GOLF COURSE TO REMAIN IN SERVICE

EXISTING BUILDING REMOVED BY CHANGE ORDER

CONNECT NEW 2" HDPE PRESSURE SEWER TO EXISTING PRESSURE SEWER. PROVIDE FITTING AS REQUIRED.

NEW 2" HDPE PRESSURE SEWER (PS). INSTALL IN SAME TRENCH AS OUTFALL PIPE.



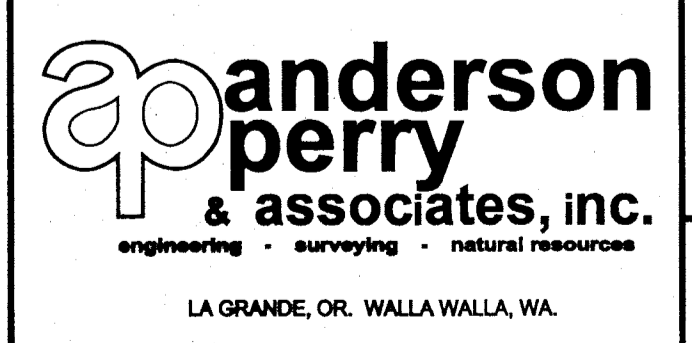
**SECTION A**  
SCALE: 1/2"=1'-0"

**PIPE CROSSING DETAIL**  
SCALE: 1/2"=1'-0"



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**CITY OF ENTERPRISE**  
**WASTEWATER SYSTEM IMPROVEMENTS**  
 SCHEDULE B  
 TREATMENT FACILITY  
 PIPING  
 PROCESS PIPING AND OUTFALL PLAN III

SHEET  
**P4**  
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# Oregon

Tina Kotek, Governor

Department of Environmental Quality  
Eastern Region Pendleton Office  
800 SE Emigrant Ave., Ste. 330  
Pendleton, OR 97801  
541-276-4063

September 30, 2024

Lacey McQuead, City Administrator  
City of Enterprise  
102 E North St.  
Enterprise, OR 97828  
[lmcquead@enterpriseoregon.gov](mailto:lmcquead@enterpriseoregon.gov)  
[dwilkie@enterpriseoregon.gov](mailto:dwilkie@enterpriseoregon.gov)

**Re: NPDES-DOM-Da permit renewal application complete**  
File #: 27514  
Permit #: 101659  
Facility: Enterprise STP, 905 Golf Course Rd., Enterprise  
Wallowa County

Lacey and Dave,

DEQ received your application on 9-30-2024 for National Pollutant Discharge Elimination System Permit #101659. DEQ has determined your application is complete and assigned it application #948040.

Pursuant to Oregon Administrative Rule 340-045-0040(2), your current permit will remain in effect after its March 31, 2025 date until DEQ acts on your renewal application.

DEQ has not assigned a permit writer to your application at this time. DEQ will notify you when such an assignment has been made and may contact you if additional information is required. Please include the above-referenced file number in any correspondence with DEQ.

If you have any questions about this letter, please contact me at 541-613-1125 or [patty.isaak@deq.oregon.gov](mailto:patty.isaak@deq.oregon.gov). Please contact Anna Morgan-Hayes at 541-246-4562 or [anna.morgan-hayes@deq.oregon.gov](mailto:anna.morgan-hayes@deq.oregon.gov) if you have any technical questions about your permit.

Sincerely,

Patty Isaak  
Water Quality Permit Coordinator  
Eastern Region, Pendleton Office

cc: E file, ORMS