



December 06, 2024

Trinh Hanson, Water Quality Permit Coordinator
DEQ Western Region
4026 Fairview Industrial Dr. SE, Salem, OR 97302

NPDES Permit no. 101919 Renewal

The City of Monmouth has a facultative lagoon system that is disinfected by chlorine gas and reduced chlorination prior to discharge to the Willamette River.

There has been no alterations to treatment, disposal methods, quantity, quality, management of biosolids, recycled water, since the last application was submitted.

The City of Monmouth does anticipate working with Oregon DEQ to expand effluent reuse sites.

The City of Monmouth has done very well meeting requirements, limitations and compliance schedules of our current NPDES permit.

Respectfully,



Mark A. Landau

Operations Manager

City of Monmouth, Public Works





December 09, 2024

Trinh Hanson, Water Quality Permit Coordinator
DEQ Western Region
4026 Fairview Industrial Dr. SE, Salem, OR, 97302

NPDES-R Form, Section B

The City of Monmouth has a raw sewage wastewater Facultative Lagoon System, which is disinfected by chlorine gas and reduced prior to discharge with the use of Calcium Thiosulfate. The treated wastewater is then is discharged to the Willamette River (Outfall 001).

The City of Monmouth prior to issuance of its current NPDES permit issued January 1, 2021 installed a screen press in the head works, installed aeration in the two primary lagoons and installed a de-chlorination system.

There has been no significant changes in the quantity or quality of the wastewater since the last application.

There has been no significant changes in the management of the biosolids, recycled water since the last application. The City of Monmouth does not have industrial solids.

The City of Monmouth does anticipate working with Oregon DEQ to expand effluent reuse sites.

The City of Monmouth has done very well meeting requirements, limitations and compliance schedules of our current NPDES permit.

Respectfully,

A handwritten signature in black ink that reads "Mark A. Landau".

Mark A. Landau
Operations Manager
City of Monmouth, Public Works





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

DEQ USE ONLY

Application #: **947963**
 Annual Fee Paid: _____
 IND DOM OSS UIC: _____
 DOC Conf.: _____

A. REFERENCE INFORMATION

- | | |
|---|---|
| 1. Legal Name: City of Monmouth | 2. Common Name: Monmouth Sewage Treatment Plant |
| 3. Permit #: 101919
DEQ File#: 57871
Permit Expiration Date: July 31, 2025 | |
| 4. Facility Physical Address: 151 Main Street West
City, State, Zip Code: Monmouth, Oregon, 97361
County: Polk | |
| 5. Responsible Official: Rochelle Roaden Title: City Manager
Mailing Address, City, State, Zip Code: 151 Main Street West, Monmouth, Oregon, 97361
Email Address: rroaden@ci.monmouth.or.us Telephone #: 503-838-0722 | |
| 6. Facility Contact: Mark Landau Title: Operation Manager
Mailing Address, City, State, Zip Code: 401 Hogan Road North, Monmouth, Oregon, 97361
Email Address: mlandau@ci.monmouth.or.us Telephone #: 503-838-2173 | |
| 7. Invoice to: Russ Cooper Title: Public Works Director
Mailing Address, City, State, Zip Code: 401 Hogan Road North, Monmouth, Oregon, 97361
Email Address: rcooper@ci.monmouth.or.us Telephone #: 503-838-2173 | |

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.

Rochelle Roaden

 Name of Legally Authorized Representative (Type or Print)

City Manager


 Title

Rochelle Roaden

 Signature of Legally Authorized Representative

12/4/2024

 Date

EPA Identification Number OR0020613		NPDES Permit Number 101919		Facility Name City of Monmouth		OMB No. 2040-0004 Expires 07/31/2026	
Form 2A NPDES				U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS			
SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(J)(1) AND (9))							
Facility Information	<u>1.1</u>		Facility name City of Monmouth				
	Mailing address (street or P.O. box) 151 Main Street West						
	City or town Monmouth			State Oregon		ZIP code 97361	
	Contact name (first and last) Russell Cooper		Title PublicWorksDirector		Phone number (503) 838-2173		Email address rcooper@ci.monmouth.or.us
	Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 401 Hogan Road North						
	City or town Monmouth			State Oregon		ZIP code 97361	
	<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				
Applicant Information	<u>1.3</u>		Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.				
	Applicant name						
	Applicant address (street or P.O. box)						
	City or town			State		ZIP code	
	Contact name (first and last)		Title		Phone number		Email address
	<u>1.4</u>		Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both				
<u>1.5</u>		To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)					
Existing Environmental Permits	<u>1.6</u>		Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)				
	Existing Environmental Permits						
	<input checked="" type="checkbox"/> NPDES (discharges to surface water) <u>101919</u>		<input type="checkbox"/> RCRA (hazardous waste)		<input type="checkbox"/> UIC (underground injection control)		
	<input type="checkbox"/> PSD (air emissions)		<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)		
<input type="checkbox"/> Ocean dumping (MPRSA)		<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input type="checkbox"/> Other (specify)			

Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
	Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status	
	100%	11,019	<u>100</u> % separate sanitary sewer <u>0</u> % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
			____ % separate sanitary sewer ____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
			____ % separate sanitary sewer ____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
			____ % separate sanitary sewer ____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain	
	Total Population Served	11,019				
	Total percentage of each type of sewer line (in miles)		Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer		
		100 %	0 %			
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.			Design Flow Rate	
					0.6 mgd	
	Annual Average Flow Rates (Actual)					
	Two Years Ago		Last Year		This Year	
	1.187 mgd		1.258 mgd		1.545 mgd	
	Maximum Daily Flow Rates (Actual)					
Two Years Ago		Last Year		This Year		
2.723 mgd		2.345 mgd		3.060 mgd		
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		Total Number of Effluent Discharge Points by Type				
		Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows
	1					

EPA Identification Number
OR0020613

NPDES Permit Number
101919

Facility Name
City of Monmouth

OMB No. 2040-0004
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Outfalls Other Than to Waters of the United States

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?
 Yes No → SKIP to Item 1.14.

1.13 Provide the location of each surface impoundment and associated discharge information in the table below.

Surface Impoundment Location and Discharge Data

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.14 Is wastewater applied to land?
 Yes No → SKIP to Item 1.16.

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

Land Application Site and Discharge Data

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
Tax Lot 218375	116.4 acres	0.428 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

1.16 Is effluent transported to another facility for treatment prior to discharge?
 Yes No → SKIP to Item 1.21.

1.17 Describe the means by which the effluent is transported (e.g., tank truck, pipe).

1.18 Is the effluent transported by a party other than the applicant?
 Yes No → SKIP to Item 1.20.

1.19 Provide information on the transporter below.

Transporter Data

Entity name	Mailing address (street or P.O. box)	
City or town	State	ZIP code
Contact name (first and last)	Title	
Phone number	Email address	

Outfalls and Other Discharge or Disposal Methods

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

Design Flow	Outfalls to Waters of the United States					
	<u>2.1</u>	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	<u>2.2</u>	Provide the treatment works' current average daily volume of inflow and infiltration.	Average Daily Volume of Inflow and Infiltration			
			0.525 gpd			
		Indicate the steps the facility is taking to minimize inflow and infiltration. Clean and inspect basins in tow. Identify major problems and repair those areas. Smoke testing, Grouting, Point repairs, Construction QA?QC				
Topographic Map	<u>2.3</u>	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	<u>2.4</u>	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	<u>2.5</u>	Are improvements to the facility scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.				
	Briefly list and describe the scheduled improvements.					
	1.					
	2.					
	3.					
	4.					
		<u>2.6</u> Provide scheduled or actual dates of completion for improvements.				
Scheduled or Actual Dates of Completion for Improvements						
	Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
	1.					
	2.					
	3.					
	4.					
	<u>2.7</u>	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable				
		Explanation:				

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	Polk	Polk	
	City or town	Monmouth	Monmouth	
	Distance from shore	20+ ft.	N/A ft.	ft.
	Depth below surface	5-6 ft.	N/A ft.	ft.
	Average daily flow rate	2.184 mgd	0.671 mgd	mgd
	Latitude	44.858026	44 49 08	
	Longitude	124.286786	123 14 09	
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>001</u>	Outfall Number <u>002</u>	Outfall Number _____
	Number of times per year discharge occurs	1	1	
	Average duration of each discharge (specify units)	7 months	5 months	
	Average flow of each discharge	2.184 mgd	0.671 mgd	mgd
Months in which discharge occurs	Nov-May	June-Oct		
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.		

EPA Identification Number
OR0020613

NPDES Permit Number
101919

Facility Name
City of Monmouth

OMB No. 2040-0004
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Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number ⁰⁰¹	Outfall Number	Outfall Number
	Receiving water name	Willamette River		
	Name of watershed, river, or stream system	Luckiamute Watershed		
	Natural Resources Conservation Service 14-digit watershed code	N/A		
	Name of state management/river basin	Mid Willamette Basin		
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	N/A		
	Critical low flow (acute)	6280 cfs	cfs	cfs
	Critical low flow (chronic)	6650 cfs	cfs	cfs
	Total hardness at critical low flow	25 mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.		
		Outfall Number ⁰⁰¹	Outfall Number	Outfall Number
	Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)
	Design Removal Rates by Outfall			
	BOD ₅ or CBOD ₅	85 %	%	%
	TSS	65 %	%	%
	Phosphorus	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify)	<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

EPA Identification Number OR0020613		NPDES Permit Number 101919		Facility Name City of Monmouth		OMB No. 2040-0004 Expires 07/31/2026	
Treatment Description Continued	3.9 Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe in the table below.						
		Outfall Number <u>001</u>		Outfall Number <u>002</u>		Outfall Number _____	
	Disinfection type	Chlorine Gas		Chlorine Gas			
	Seasons used	Fall, Winter, Spring		Summer			
	Dechlorination used?	<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input 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	
Effluent Testing Data	3.10 Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes						
	3.11 Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.13.						
	3.12 Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.						
		Outfall Number _____		Outfall Number _____		Outfall Number _____	
		Acute	Chronic	Acute	Chronic	Acute	Chronic
	Number of tests of discharge water						
	Number of tests of receiving water						
	3.13 Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.						
	3.14 Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine.						
	3.15 Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes						
3.16 Does one or more of the following conditions apply? <ul style="list-style-type: none"> The facility has a design flow greater than or equal to 1 mgd. The POTW has an approved pretreatment program or is required to develop such a program. The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input checked="" type="checkbox"/> No → SKIP to Section 4.							
3.17 Have you completed monitoring for all Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes							
3.18 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.							

Effluent Testing Data Continued

3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.				
3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.				
3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.				
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width: 50%;">Summary of Results</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> </tr> </tbody> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
3.23	Describe the cause(s) of the toxicity:				
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
3.25	Provide details of any toxicity reduction evaluations conducted.				
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.				

SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(J)(6) AND (7))

Industrial Discharges and Hazardous Wastes

4.1	Does the POTW receive discharges from SIUs or NSCIUs? (See instructions for definitions of SIUs and NSCIUs.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7.				
4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.				
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Number of SIUs</th> <th style="width: 50%;">Number of NSCIUs</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>	Number of SIUs	Number of NSCIUs		
Number of SIUs	Number of NSCIUs				
4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.6.				
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.				
4.6	Have you completed and attached Table F to this application package? <input type="checkbox"/> Yes				

Industrial Discharges and Hazardous Wastes Continued	4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9.			
	4.8	If yes, provide the following information:			
		Hazardous Waste Number	Waste Transport Method (check all that apply)		Annual Amount of Waste Received
			<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
			<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____		
		<input type="checkbox"/> Truck	<input type="checkbox"/> Rail		
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____		
	4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.			
	4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No			
	4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes			

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


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

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

CSO Receiving Waters	<u>5.7</u>	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____
	Receiving water name			
	Name of watershed/ stream system			
	Natural Resources Conservation Service 14- digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Name of state management/river basin			
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(A) AND (D))

Checklist and Certification Statement	<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.		
		Column 1	Column 2	
	<input checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input 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 checked="" 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 checked="" type="checkbox"/> w/ attachments	

<u>6.2</u>	Provide the following certification. (See instructions to determine the appropriate person to sign the application.)	
	Certification Statement	
	<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
	Name (print or type first and last name) Rochelle Roaden	Official title City Manager
	Signature 	Date signed 12/4/2024

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)	27	MG/L	12.10	MG/L	91	SM5210B	MG/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	N/A	N/A	N/A	N/A	N/A	N/A	N/A <input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	2.709	MGD	1.33	MGD	34		
pH (minimum)	7.5	S.U.					
pH (maximum)	8.2	S.U.					
Temperature (winter)	20	C	10.38	C	470		
Temperature (summer)	26	C	14.7	C	256		
Total suspended solids (TSS)	41	MG/L	16.21	MG/L	91	SM2540 D	MG/L <input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	12.2	MG/L	4.0	MG/L	36	SM4500-NH3C	MG/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	0.1	MG/L	0.05	MG/L	602	Colorimeter	MG/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	9.03	MG/L	6.16	MG/L	4	SM4500-OG	MG/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	.880	MG/L N	0.515	MG/L N	4	EPA300.0	MG/L N <input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	14.4	MG/L N	11.78	MG/L N	4	H8190	MG/L N <input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	2.7	MG/L	0.95	MG/L	4	EPA1664 A HEM	MG/L <input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	4.88	MG/L P	2.70	MG/L P	4	H8190	MG/L P <input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	330	MG/L	237.5	MG/L	4	SM2540C	MG/L <input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

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

N/A

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorodibromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloroethylvinyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroform							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dichlorobromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
trans-1,2-dichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichloropropylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl bromide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,1,2-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

N/A

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Vinyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acid-Extractable Compounds							
p-chloro-m-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol				N/A			<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Base-Neutral Compounds							
Acenaphthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acenaphthylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzidine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,4-benzofluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	/						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(k)fluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethoxy) methane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethyl) ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-bromophenyl phenyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Butyl benzyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloronaphthalene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-chlorophenyl phenyl ether				N/A			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chrysene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-octyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dibenzo(a,h)anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Diethyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dimethyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrotoluene						<input type="checkbox"/> ML <input type="checkbox"/> MDL	
2,6-dinitrotoluene						<input type="checkbox"/> ML <input type="checkbox"/> MDL	

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluorene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclo-pentadiene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone				N/A			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodi-n-propylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodimethylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

Test Information

	Test Number _____	Test Number _____	Test Number _____
Test species			
Age at initiation of test			
Outfall number			
Date sample collected			
Date test started			
Duration			

Toxicity Test Methods

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

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY						
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.						
	Test Number _____		Test Number _____		Test Number _____	
Acute Test Results Continued						
Other (describe)						
Chronic Test Results						
NOEC		%		%		%
IC ₂₅		%		%		%
Control percent survival		%		%		%
Other (describe)			N/A			
Quality Control/Quality Assurance						
Is reference toxicant data available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?						
Other (describe)						

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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

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

	SIU ____	SIU ____	SIU ____
Name of SIU			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
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.		N/A	
Indicate the average daily volume of wastewater discharged by the SIU.	gpd	gpd	gpd
How much of the average daily volume is attributable to process flow?	gpd	gpd	gpd
How much of the average daily volume is attributable to non-process flow?	gpd	gpd	gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Facility Name

City of Monmouth

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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

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

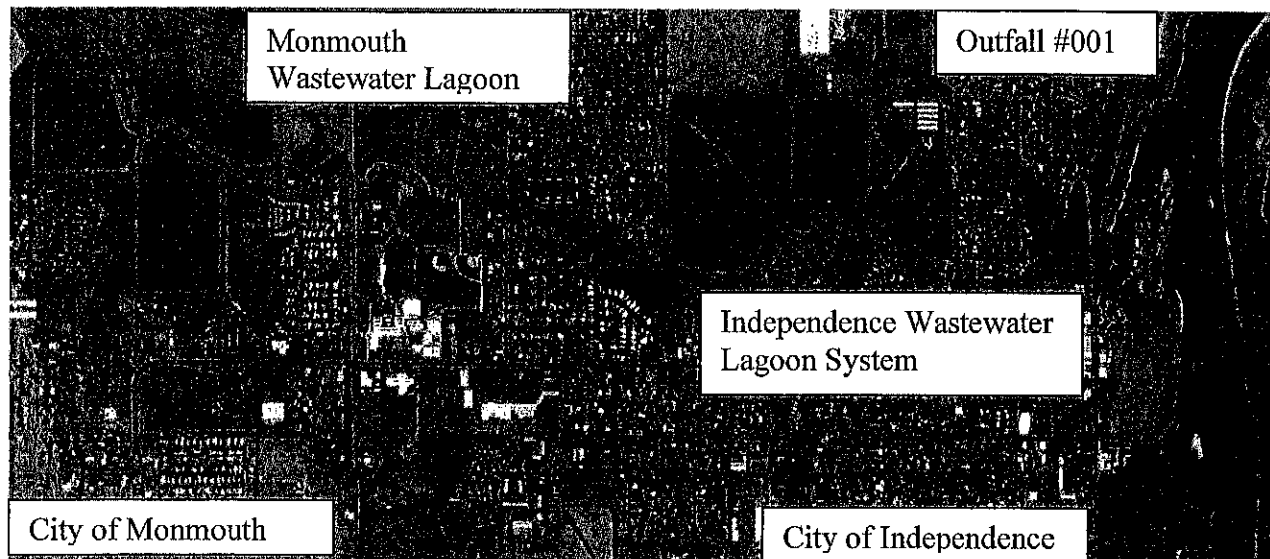
	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.		N/A	

4. Facility Description

4.1 Wastewater Facilities Description

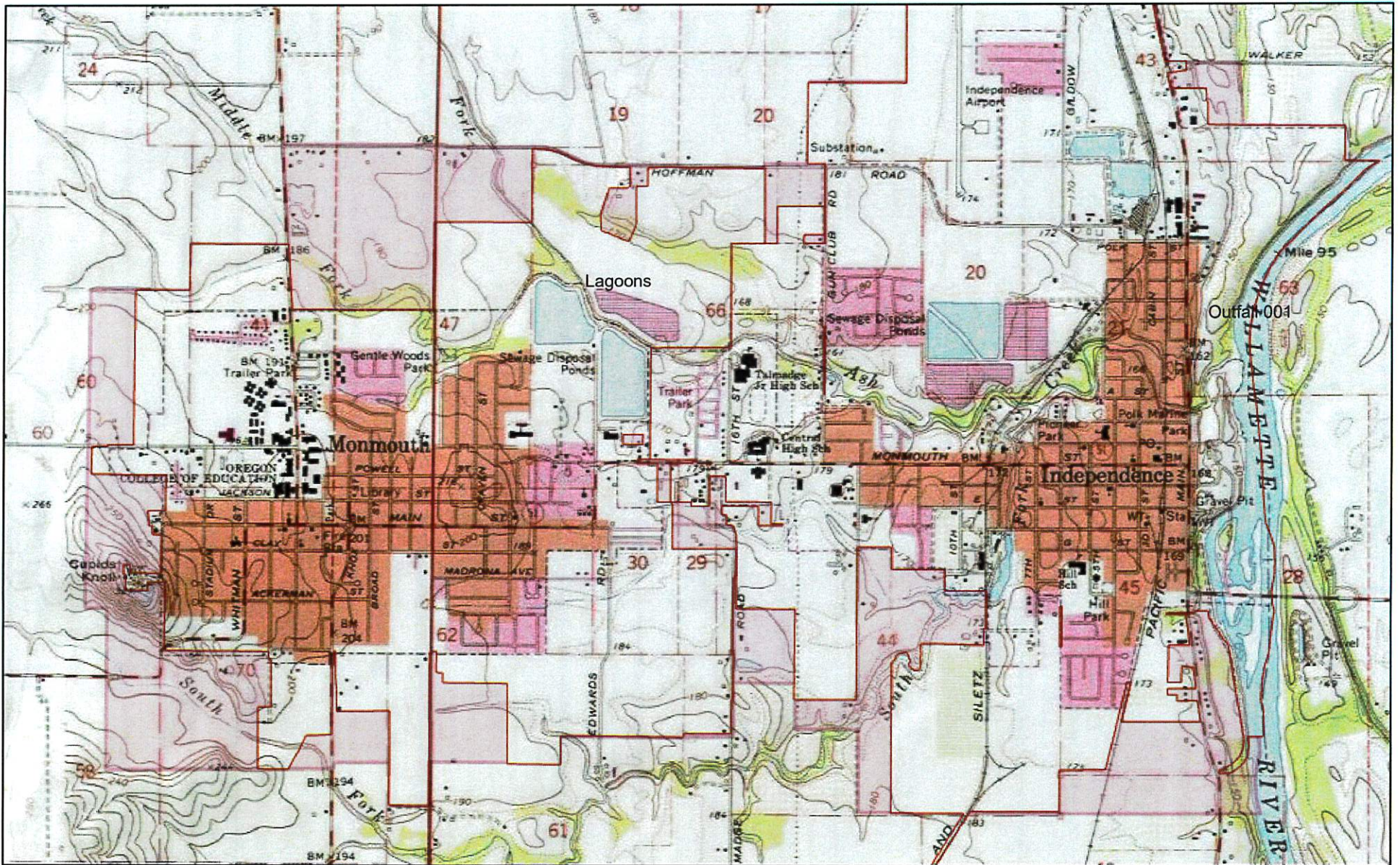
The City of Monmouth operates a wastewater treatment system that serves a population of approximately 9,920 people (according to Portland University 2019 certified estimate). The wastewater treatment system consists of two primary lagoons and one secondary lagoon. The system is designed for a dry-weather design flow of 0.6 million gallons per day.

Figure 1: Facility Location



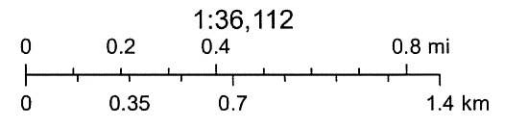
Wastewater enters the facility through a gravity main. At the headworks, wastewater is screened and then passes through a parshall flume to measure the influent flow. From the flow meter, wastewater is pumped to treatment lagoons 1 and 2. The lagoons are run in parallel. Lagoons 1 and 2 are equipped with aerators to aid with the removal of organic material. The retention times in the lagoons range from 10 to 45 days and 12 to 54 days, respectively, depending on the influent flow rate and the lagoon water depth. Wastewater is then pumped to Lagoon 3 for additional oxidation and storage prior to discharge. Lagoon 3 is not aerated. Effluent from Lagoon 3 enters a chlorine contact basin for disinfection. The current permit (issued in 2000) does not require dechlorination. A dechlorination system has been installed and tested. The system will be ready to come online when the proposed permit is issued. From November to May, effluent is discharged through Outfall 001 to the Willamette River. From June to October, effluent is irrigated on cedar, alder, hybrid poplar, black walnut, ponderosa pine, tall fescue and ryegrass.

Polk County Webmap

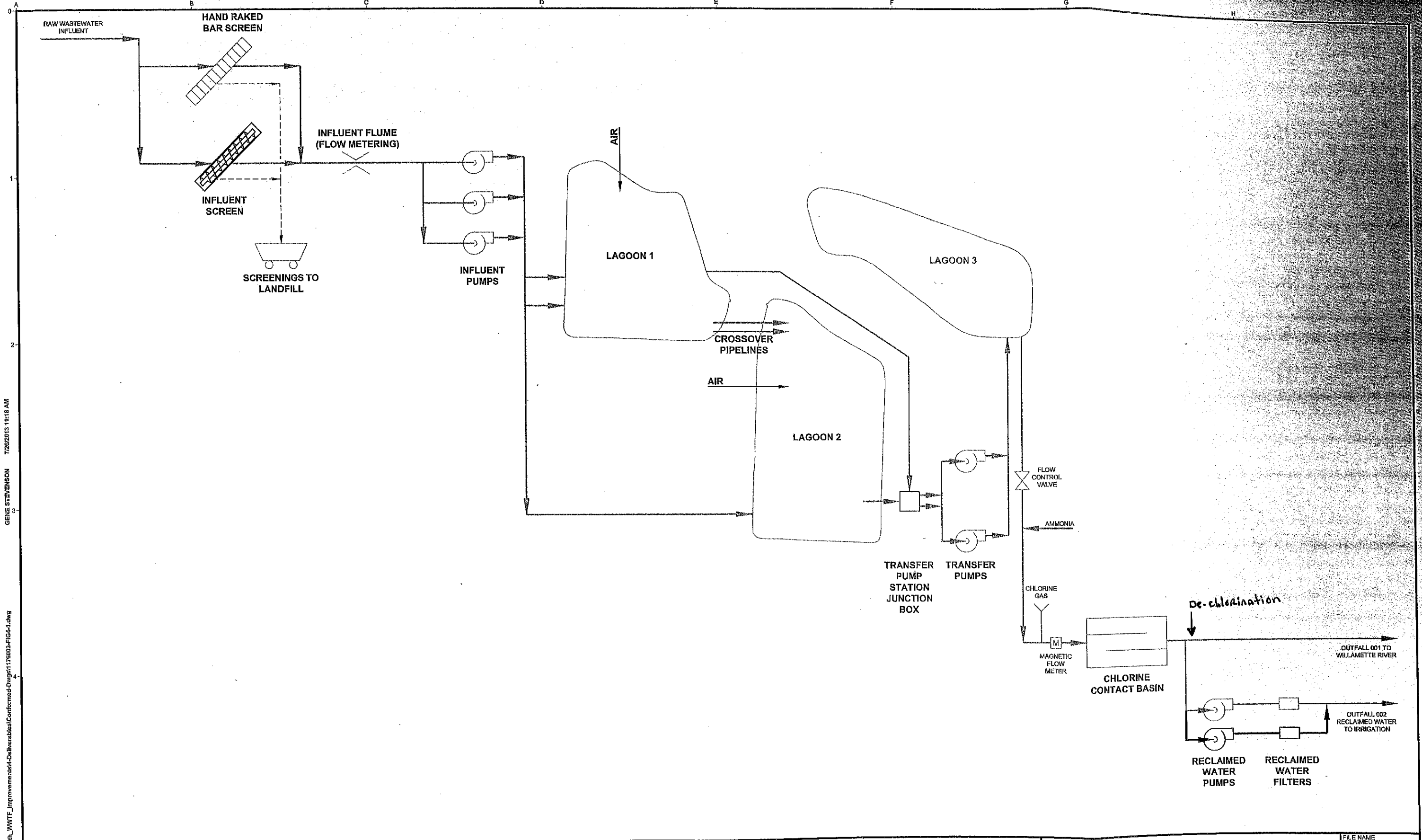


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-  Urban Growth Boundary
-  City Limits



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 GENE STEVENSON 7/26/2013 11:18 AM

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NO.	REVISION	DATE	BY

SCALES
 0 1"
 0 25mm
 IF THIS BAR IS NOT DIMENSION SHOWN, ADJUST SCALES ACCORDINGLY.



DESIGNED: WMH
 DRAWN: GAS
 CHECKED: SJG

CITY OF MONMOUTH
 POLK COUNTY, OREGON
MONMOUTH WASTEWATER TREATMENT FACILITY IMPROVEMENTS
 Kennedy/Jenks Consultants
 EUGENE, OREGON

PROCESS FLOW DIAGRAM

FILE NAME: 1176003-FIG4-1
 JOB NO.: 1176003
 DATE: DECEMBER 2011
 SHEET OF: **FIG 4-1**