



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

DEQ USE ONLY

Application #: **947919**
 Annual Fee Paid: _____
 IND DOM OSS UIC: _____
 DOC Conf.: _____

A. REFERENCE INFORMATION

1. Legal Name: City of Lafayette	2. Common Name: Lafayette WWTP
3. Permit #: 10147 DEQ File#: 48279 Permit Expiration Date: August 31, 2025	
4. Facility Physical Address: 260 S Madison City, State, Zip Code: Lafayette, OR 97132 County: Yamhill	
5. Responsible Official: Greg Robinson Title: Public Works Manager Mailing Address, City, State, Zip Code: 486 3rd Street P.O. Box 55 Lafayette, OR 97132 Email Address: gregr@ci.lafayette.or.us Telephone #: 503-437-0401	
6. Facility Contact: Greg Robinson Title: Public Works Supervisor Mailing Address, City, State, Zip Code: 486 3rd Street Lafayette, OR 97132 Email Address: gregr@ci.lafayette.or.us Telephone #: 503-437-0401	
7. Invoice to: Jamie Rhodes Title: Administrative Services Manager Mailing Address, City, State, Zip Code: 486 3rd Street Lafayette, OR 97132 Email Address: jamier@ci.lafayette.or.us Telephone #: 503-864-2451	

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.

Branden Dross

City Administrator

Name of Legally Authorized Representative (Type or Print)

Title

January 6, 2025

Signature of Legally Authorized Representative

Date

NPDES INDIVIDUAL PERMIT RENEWAL APPLICATION INSTRUCTIONS

Please answer all questions. An incomplete application will not be processed.
If the information requested is not applicable, please indicate as such.

A. REFERENCE INFORMATION:

1. Enter the legal name of the applicant. The permit will be issued to the legal name of the applicant and must be the **legal** Oregon name (for example, Acme Products, Inc.) or the **legal** representative of the company if it operates under an assumed business name (for example, John Smith, dba Acme Products).
*** The name must be a legal, active name registered with the Oregon Secretary of State's Corporation Division unless otherwise exempt from regulation. Visit the Corporation Division website at <http://www.filinginoregon.com/> or call 503-986-2200.*
*** If the legal name of the applicant has changed since the initial permit was issued or the permit needs to be transferred to a new owner, a Name Change/Transfer of Ownership form (enclosed) must also be submitted with this application. This form is also available by contacting a DEQ regional office listed below or at <https://www.oregon.gov/deq/FilterPermitsDocs/pmttfrappl.pdf>.*
2. Enter the common name of the facility or operation if different than the legal name.
3. Enter the permit number, DEQ file number (also known as the facility number or site ID number; this number may be found on the first page of your permit), and expiration date of your current permit.
4. Enter the physical location of the facility (not mailing address), including city, state, zip code, and county.
5. Enter information for the Responsible Official. The Responsible Official is the person that receives official correspondence from DEQ, such as renewal notices or notices of noncompliance, and may be contacted if there are questions about this application.
6. Enter information for the Facility Contact if different from the Responsible Official. The Facility Contact is the person located at the facility that has specific knowledge of the facility or operation under permit (for example, the treatment plant operator), and may be contacted if there are specific questions about this application.
7. Enter invoicing information for billing purposes if different from the Responsible Official (for example, "Invoice To: Business Office - Accounts Payable").

B. REQUIRED INFORMATION:

1 - 5. Attach additional information as indicated.

In addition, EPA Form 2A, 2B, 2C, 2E, or 2F must be submitted with this application depending on the type of facility or operation to be permitted. The correct form is enclosed in this application packet or may be obtained by contacting the appropriate DEQ regional office listed at the bottom of this page.

C. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE:

The signature of a legally authorized representative must be provided in order to process this application.

Definition of Legally Authorized Representative:

See 40 CFR § 122.22 for more detail. Please also provide the information requested in brackets []

- ◆ **Corporation** – President, secretary, treasurer, vice-president, or any person who performs principal business functions; or a manager of one or more facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million that is authorized in accordance to corporate procedure to sign such documents.
- ◆ **Partnership** – General partner [list of general partners, their addresses and telephone numbers].
- ◆ **Sole Proprietorship** – Owner(s) [each owner must sign the application].
- ◆ **City, County, State, Federal, or other Public Facility** – Principal executive officer or ranking elected official.
- ◆ **Limited Liability Company** – Member.
- ◆ **Trusts** – Acting trustee [list of trustees, their addresses and telephone numbers].

FEE AND APPLICATION SUBMITTAL:

Please see the cover letter enclosed with this form or call the appropriate regional office below for fee information and to determine where to send this application. This application must be submitted at least 180 days prior to the expiration date of your current permit.

Send this form and fee to the appropriate DEQ regional office:

Make your check payable to the Oregon Department of Environmental Quality

DEQ Northwest Region	DEQ Western Region	DEQ Eastern Region
700 NE Multnomah St., Suite 600 Portland, OR 97232 503-229-5263 or 1-800-452-4011	4026 Fairview Industrial Dr. SE Salem, OR 97302 503-378-8240 or 1-800-349-7677	800 SE Emigrant Ave., Suite 330 Pendleton, OR 97801 541-276-4063 or 1-800-304-3513

City Of Lafayette Permit Renewal Section B questions 1-6

1. City Of Lafayette, Permit Number 10147. Wastewater is domestic sewage. Wastewater treatment method SBR With U.V disinfection. And Aerobic digestion with storage lagoons on site for sludge. Sludge is removed as needed and land applied on approved sites.
2. No alterations have been made.
3. No
4. No
5. No
6. All permit-required activities have been done. The city is working with Tetra Tec Engineering on a Wastewater Master Plan to ensure the City's wastewater collection system and treatment facility will meet the future requirements for conveyance and treatment of wastewater

Water Permits Division



Application Form 2A

New and Existing Publicly Owned Treatment Works

NPDES Permitting Program

Note: Complete this form if your facility is a new or existing publicly owned treatment works.

EPA Identification Number		NPDES Permit Number		Facility Name		
Form 2A NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS				
SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(J)(1) AND (9))						
Facility Information	1.1	Facility name Lafayette WWTP				
		Mailing address (street or P.O. box) 486 3rd Street P.O. BOX 55				
		City or town Lafayette		State OR	ZIP code 97127	
		Contact name (first and last) Greg Robinson	Title Public Works Manager	Phone number (503) 437-0401	Email address gregr@ci.lafayette.or.us	
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 260 Madison				
		City or town Lafayette		State OR	ZIP code 971257	
		1.2		Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No		
Applicant Information	1.3	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	
		1.4		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		
1.5		To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)				
Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)				
		Existing Environmental Permits				
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) 101147	<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)		

Outfalls and Other Discharge or Disposal Methods	Outfalls Other Than to Waters of the United States			
	1.12	Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.14.		
	1.13	Provide the location of each surface impoundment and associated discharge information in the table below.		
	Surface Impoundment Location and Discharge Data			
		Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	1.14	Is wastewater applied to land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.16.		
	1.15	Provide the land application site and discharge data requested below.		
Land Application Site and Discharge Data				
	Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
1.16	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.21.			
1.17	Describe the means by which the effluent is transported (e.g., tank truck, pipe).			
1.18	Is the effluent transported by a party other than the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.20.			
1.19	Provide information on the transporter below.			
Transporter Data				
Entity name		Mailing address (street or P.O. box)		
City or town		State	ZIP code	
Contact name (first and last)		Title		
Phone number		Email address		

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Expires 07/31/2026

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 270,872 gpd				
	Indicate the steps the facility is taking to minimize inflow and infiltration. the city has budgeted to have 2 miles of the collection system tv,and inspected to identify any issues with the collection system and then fix the issues. The city is also actively inspecting manholes and recoating as defects are found.						
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:							

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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 _____	Outfall Number _____
	State	Oregon		
	County	Yamhill		
	City or town	Lafayette		
	Distance from shore	51 ft.	ft.	ft.
	Depth below surface	15 ft.	ft.	ft.
	Average daily flow rate	0.318 mgd	mgd	mgd
	Latitude	45.23903		
	Longitude	-123.113683		
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.		
	<u>3.3</u>	If so, provide the following information for each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
	Average flow of each discharge	mgd	mgd	mgd
Months in which discharge occurs				
Diffuser Type	<u>3.4</u>	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.6.		
	<u>3.5</u>	Briefly describe the diffuser type at each applicable outfall.		
		Outfall Number <u>001</u>	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.		
		Outfall Number ⁰⁰¹ _____	Outfall Number _____	Outfall Number _____
	Receiving water name	Yamhill River		
	Name of watershed, river, or stream system	Sub basin- Yamhill		
	Natural Resources Conservation Service 14-digit watershed code	17090008000015		
	Name of state management/river basin	Willamette		
	U.S. Geological Survey 8-digit hydrologic cataloging unit code			
	Critical low flow (acute)	cfs	cfs	cfs
	Critical low flow (chronic)	cfs	cfs	cfs
	Total hardness at critical low flow	mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃
Treatment Description	<u>3.8</u>	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	91.66 %	%	%
	TSS	90.57 %	%	%
	Phosphorus	<input type="checkbox"/> Not applicable 70.59 %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input type="checkbox"/> Not applicable 95.54 %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify) _____	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

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 _____	Outfall Number _____		
		Disinfection type	U.V				
		Seasons used	Year Round				
		Dechlorination used?	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

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 type="checkbox"/> Yes → Complete Table B, including chlorine. <input checked="" 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.							

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Effluent Testing Data Continued	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.				
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.				
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.				
		<table border="1"> <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				
	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"> <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				
	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					

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Industrial Discharges and Hazardous Wastes Continued	4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input 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"/> 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) _____	
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		

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

CSO Receiving Waters	5.7	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
		Receiving water name		
		Name of watershed/ stream system		
		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))

Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
		<input checked="" type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments
		<input checked="" type="checkbox"/> Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
		<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments
		<input type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
		<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram
		<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments

	6.2	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) Branden Dross	Official title City Administrator
		Signature 	Date signed 02/28/2025

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)	16.0	MG/L	2.68	MG/L	186	SM5210 B	MG/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fecal coliform	184.0	MPN	16.57	MPN	199	9223B	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	1.72	MGD	0.318	MGD	989		
pH (minimum)	6.25	SU					
pH (maximum)	7.70	SU					
Temperature (winter)	18.69	Degrees C	14.73	Degrees C	262		
Temperature (summer)	26.0	Degrees C	22.51	Degrees C	294		
Total suspended solids (TSS)	31.0	MG/L	6.43	MG/L	189	I-3765-85	MG/L <input type="checkbox"/> ML <input checked="" 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		Number of Samples	Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units			
Ammonia (as N)	7.22	MG/L	0.433	MG/L	185	350.1	.0045 MG/ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	N/A	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	6.1	MG/L	71.64	MG/L	4		<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	5.92	MG/L	3.165	MG/L	174	SM4500-NO3 F	<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	43.60	MG/L	2.20	MG/L	178	351.2	.0848 MG/ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Oil and grease	1.9	MG/L	1.8	MG/L	4	1664	1.3 MG/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phosphorus	4.0	MG/L	1.28	MG/L	86	SM4500-P F/SM4500	0.021 mg/ <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids	280	MG/L	127.5	MG/L	4	SM2540 C	<input type="checkbox"/> ML <input checked="" 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		
Metals, Cyanide, and Total Phenols						
Hardness (as CaCO ₃)						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Arsenic, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cadmium, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chromium, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Copper, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Lead, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Mercury, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Selenium, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Silver, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cyanide						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total phenolic compounds						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Volatile Organic Compounds						
Acrolein						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acrylonitrile						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bromoform						<input type="checkbox"/> ML <input type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

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

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

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

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

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

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

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

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

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

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

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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

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

	Test Number _____	Test Number _____	Test Number _____
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<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.

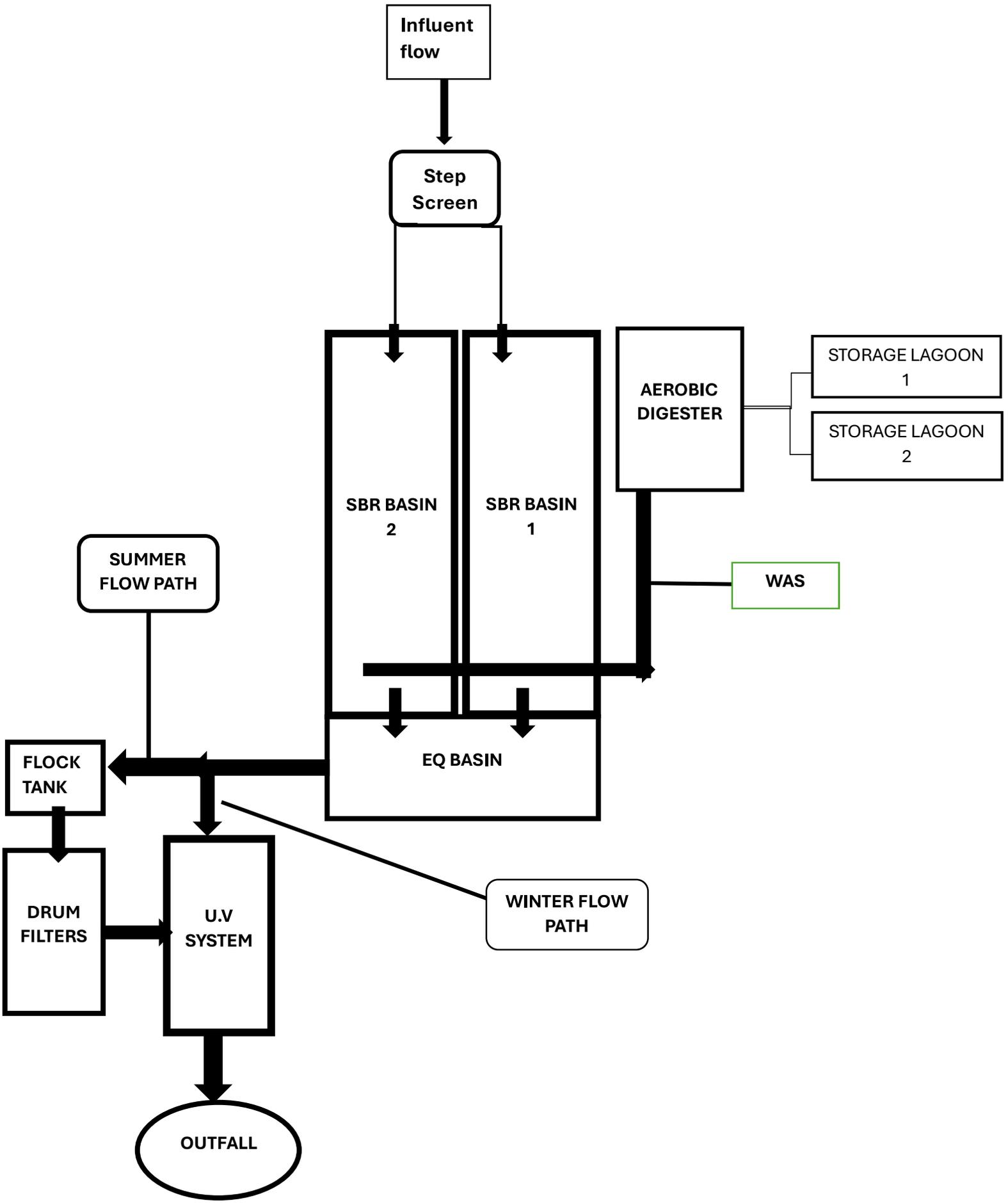
	SIU ____	SIU ____	SIU ____
Name of SIU			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Describe all industrial processes that affect or contribute to the discharge.			
List the principal products and raw materials that affect or contribute to the SIU's discharge.			
Indicate the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

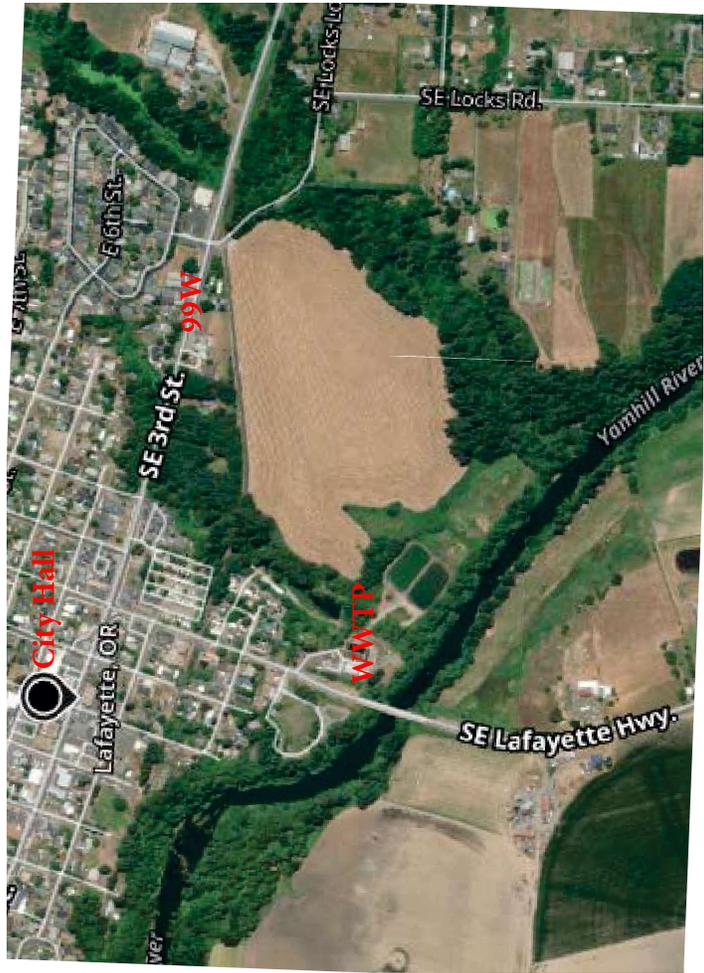
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TABLE F. INDUSTRIAL DISCHARGE INFORMATION

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

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







Office

Lab

Headworks

SBR's

Aerobic Digsters

UV

Disinfection

FSL's

Outfall

Elevat