



State of Oregon
Department of
Environmental
Quality

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

DEQ USE ONLY

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

A. REFERENCE INFORMATION

1. Legal Name: Netarts-Oceanside Sanitary District	2. Common Name: Netarts-Oceanside Sanitary District
3. Permit #: 1011783 DEQ File#: 60420 Permit Expiration Date: 12/31/2016	
4. Facility Physical Address: 1755 Cape Meares Loop Rd W City, State, Zip Code: 97141 County: Tillamook	
5. Responsible Official: Daniel A. Mello Title: District Superintendent Mailing Address, City, State, Zip Code: 1755 Cape Meares Loop Rd. W. Email Address: nosd-dan@embarqmail.com Telephone #: 503-842-8231 ext: 4	
6. Facility Contact: Daniel A. Mello Title: District Superintendent Mailing Address, City, State, Zip Code: 1755 Cape meares Loop Rd. W Email Address: nosd-dan@embarqmail.com Telephone #: 503-842-8231 ext: 4	
7. Invoice to: Yvonne Blaser Title: Office Manager Mailing Address, City, State, Zip Code: 1755 Cape Meares Loop Rd. W Email Address: nosd-vona@embarqmail.com Telephone #: 503-842-8231 ext: 2	

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.

Daniel A. Mello
Name of Legally Authorized Representative (Type or Print)

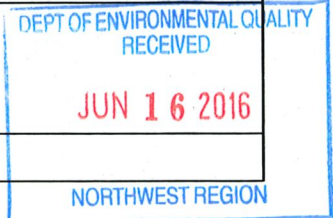
District Superintendent

Title

Signature of Legally Authorized Representative

6-14-2016

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 <http://www.deq.state.or.us/wq/wqpermit/docs/forms/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 []
<ul style="list-style-type: none"> ◆ 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 <i>[list of general partners, their addresses and telephone numbers]</i>. ◆ Sole Proprietorship – Owner(s) <i>[each owner must sign the application]</i>. ◆ City, County, State, Federal, or other Public Facility – Principal executive officer or ranking elected official. ◆ Limited Liability Company – Member. ◆ Trusts – Acting trustee <i>[list of trustees, their addresses and telephone numbers]</i>.

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

NETARTS-OCEANSIDE SANITARY DISTRICT
1755 CAPE MEARES LP. RD. W.
TILLAMOOK, OR. 97141
PHONE (503) 842-8231
FAX (503) 842-3759
TTY Relay Service: (800)-877-8973
www.n-o-s-d.com

B. Required Information, Question #1,

The Netarts-Oceanside Sanitary District owns and operates a 0.5 MGD activated sludge treatment plant in Tillamook County. It is a 3 basin style Sequencing Batch Reactor (SBR) treatment facility that incorporates headworks with a Parkson fine screen, manual bar screen, grit remover, 9" Parshall flume, ISCO flow meter and ISCO refrigerated composite sampler. After the headworks influent flow is directed into a splitter box that splits flow to any or all three basins as needed. The flow then enters the basin(s) pre-react chamber(s) and then into the main basin for a 4 hour treatment process. The decant is then sent to the Equalization basin and then into the Ultra Violet Radiation chamber through flow control valve to maintain an even discharge flow. After disinfection the treated effluent is then sent over a 60 degree V notch weir where another ISCO flow meter then records the effluent flow prior to the outfall in the Pacific Ocean.

At this time Netarts-Oceanside Sanitary District treats domestic sewage only, since we have no industrial customers discharging into our system.

Questions 2 through 6 is, no changes or alterations since the New Wastewater Treatment Plant came on line in November 2012.

"This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov"

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NOSD Biosolids Management Plan

The NOSD Wastewater Treatment Plant utilizes facultative sludge storage lagoons for long-term sludge storage. These lagoons were placed into service in November of 2012 and sludge has been accumulating ever since. The lagoons are sized to provide many years of sludge storage. Eventually, the sludge will need to be removed. However, based on current wastewater flows and loading, sludge removal is not likely to be needed for at least another five to ten years. Sometime during the next permit renewal cycle the NOSD will measure the depth of sludge in the lagoons to verify the accumulation rates. The Department may wish to include the requirement for a sludge survey as a special condition of the renewed permit. The NOSD's sludge management strategy is to periodically measure the sludge depths on three to five year intervals. When it is determined that sludge removal is required, the NOSD will notify the Department and prepare a formal Biosolids Management Plan for the Department's review and approval. The Department may wish to include a condition in the renewed permit that requires the submission of a formal Biosolids Management Plan six months prior to the removal of any sludge from the storage lagoons.

“This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov”

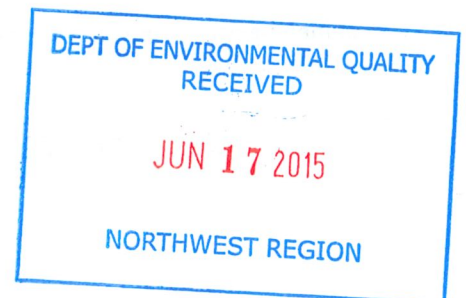
Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

Instructions:

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.



FACILITY NAME AND PERMIT NUMBER:

Netarts-Oceanside Sanitary District #101783

Form Approved 1/14/89
OMB Number 2040-0086

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow \geq 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:
Netarts-Oceanside Sanitary District #101783

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Netarts-Oceanside Sanitary District

Mailing Address 1755 Cape Meares Loop Rd. W.
Tillamook Oregon 97141

Contact person Daniel A. Mello

Title District Superintendent

Telephone number (503) 842-8231

Facility Address 1755 Cape Meares Loop Rd. W.
(not P.O. Box) Tillamook Oregon 97141

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name N/A

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

_____ owner operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES 101783 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Netarts</u>	<u>874</u>	<u>Separate</u>	<u>Municipal</u>
<u>Oceanside</u>	<u>734</u>	<u>Separate</u>	<u>Municipal</u>
Total population served <u>1,608</u>			

FACILITY NAME AND PERMIT NUMBER:

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Netarts-Oceanside Sanitary District #101783

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

Yes No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

Yes No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.50 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.20</u>	<u>0.19</u>	<u>0.23</u> mgd
c. Maximum daily flow rate	<u>0.80</u>	<u>1.65</u>	<u>0.71</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

Separate sanitary sewer 100.00 %
 Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? Yes No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 2
 ii. Discharges of untreated or partially treated effluent 0
 iii. Combined sewer overflow points 0
 iv. Constructed emergency overflows (prior to the headworks) 0
 v. Other _____ 0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? Yes No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge continuous or intermittent?

c. Does the treatment works land-apply treated wastewater? Yes No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application continuous or intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? Yes No

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 1
 - b. Location Oceanside 97141
(City or town, if applicable) (Zip Code)
Tillamook Oregon
(County) (State)
45.453 degrees N 123.982 Degrees W
(Latitude) (Longitude)
 - c. Distance from shore (if applicable) 4,300.00 ft.
 - d. Depth below surface (if applicable) 50.00 ft.
 - e. Average daily flow rate 0.16 mgd
 - f. Does this outfall have either an intermittent or a periodic discharge?
 Yes No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
 - Average duration of each discharge: _____
 - Average flow per discharge: _____ mgd
 - Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? Yes No

A.10. Description of Receiving Waters.

- a. Name of receiving water Pacific Ocean
- b. Name of watershed (if known) _____
 United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): North Coast
 United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
 acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

Primary Secondary
 Advanced Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 85.00 _____ %
 Design SS removal 85.00 _____ %
 Design P removal _____ %
 Design N removal _____ %
 Other _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

UV Radiation

If disinfection is by chlorination, is dechlorination used for this outfall? Yes No

d. Does the treatment plant have post aeration? Yes No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 1

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.00	s.u.			
pH (Maximum)	7.00	s.u.			
Flow Rate	0.96	mgd	0.16	mgd	851.00
Temperature (Winter)	13.40	Celcius	12.30	Celcius	851.00
Temperature (Summer)	20.80	Celcius	19.50	Celcius	851.00

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	18.00	mg/L	8.00	mg/L	242.00	SM 5210 B.
	CBOD-5						
FECAL COLIFORM		120.00	per 100 mL	1.00		138.00	SM 9222 D.
TOTAL SUSPENDED SOLIDS (TSS)		33.00	mg/L	6.00	mg/L	242.00	SM 2540 D.

**END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:
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BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

20,000.00 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

The District purchased it's own camera inspection equipment in 2014. We began repairing I/I into manholes and home laterals that are a large contributor to the I/I in 2014-15. The District has dedicated \$40k per year for repair.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? Yes No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

N/A

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes No

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c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? Yes No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 1

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	3.20	mg/L	1.44	mg/L	3.00	SM 4500-NH3 D	
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN	9.50	mg/L	7.00	mg/L	851.00		
TOTAL KJELDAHL NITROGEN (TKN)	5.00	mg/L	3.20	mg/L	3.00	SM 4500-Norg C	
NITRATE PLUS NITRITE NITROGEN	10.00	mg/L	8.70	mg/L	3.00	EPA 300	
OIL and GREASE	0.00	mg/L	0.00	mg/L	3.00	EPA 1664 A	
PHOSPHORUS (Total)	4.30	mg/L	3.00	mg/L	3.00	EPA 365.3	
TOTAL DISSOLVED SOLIDS (TDS)	240.00	mg/L	210.00	mg/L	3.00	SM 2540 C	
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Netarts-Oceanside Sanitary District #101783

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

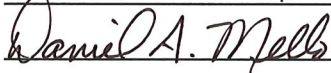
Indicate which parts of Form 2A you have completed and are submitting:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Basic Application Information packet | Supplemental Application Information packet: |
| | <input type="checkbox"/> Part D (Expanded Effluent Testing Data) |
| | <input type="checkbox"/> Part E (Toxicity Testing: Biomonitoring Data) |
| | <input type="checkbox"/> Part F (Industrial User Discharges and RCRA/CERCLA Wastes) |
| | <input type="checkbox"/> Part G (Combined Sewer Systems) |

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

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

Name and official title Daniel A. Mello District Superintendent

Signature 

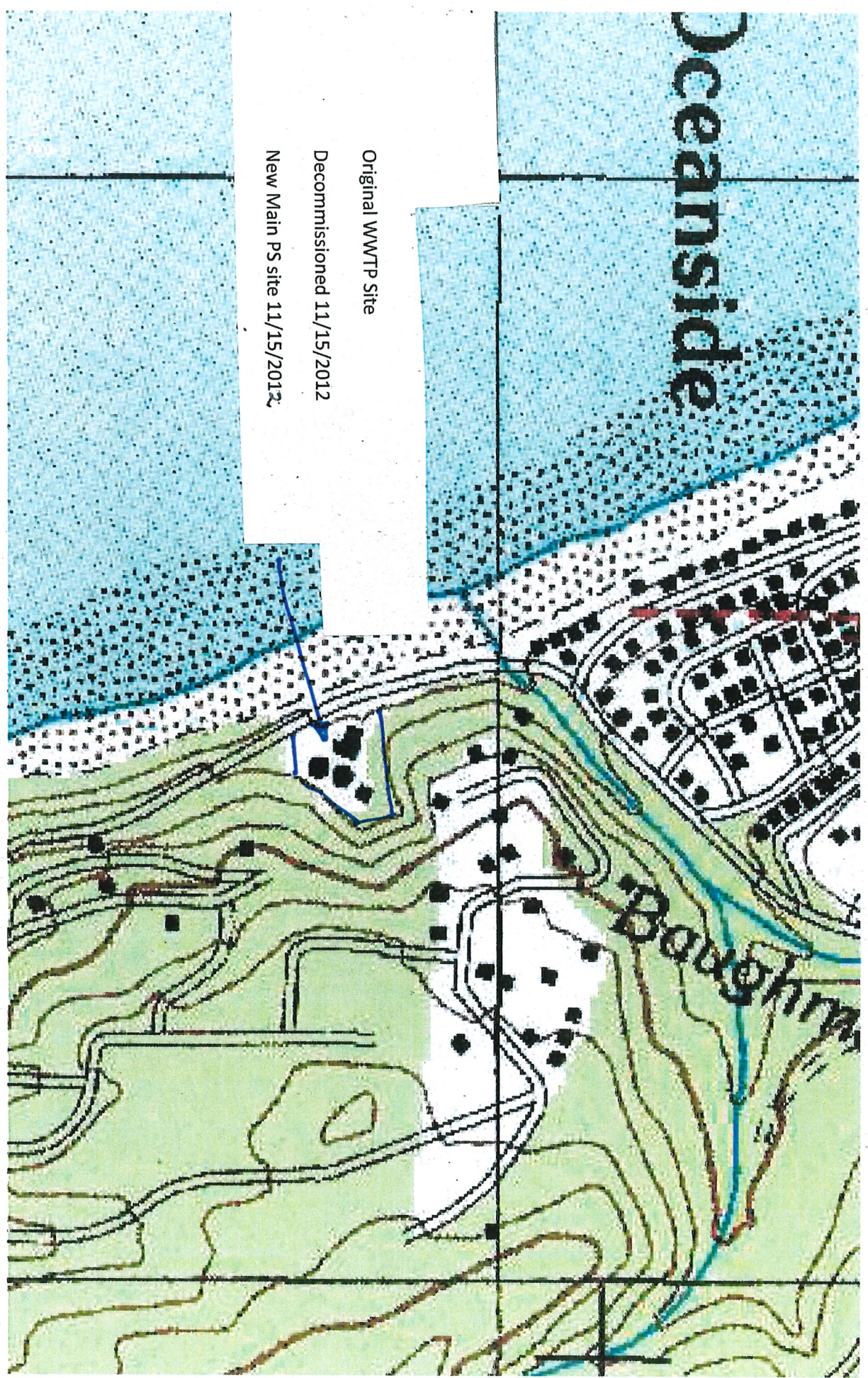
Telephone number (503) 842-8231

Date signed 6-14-2016

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

1409

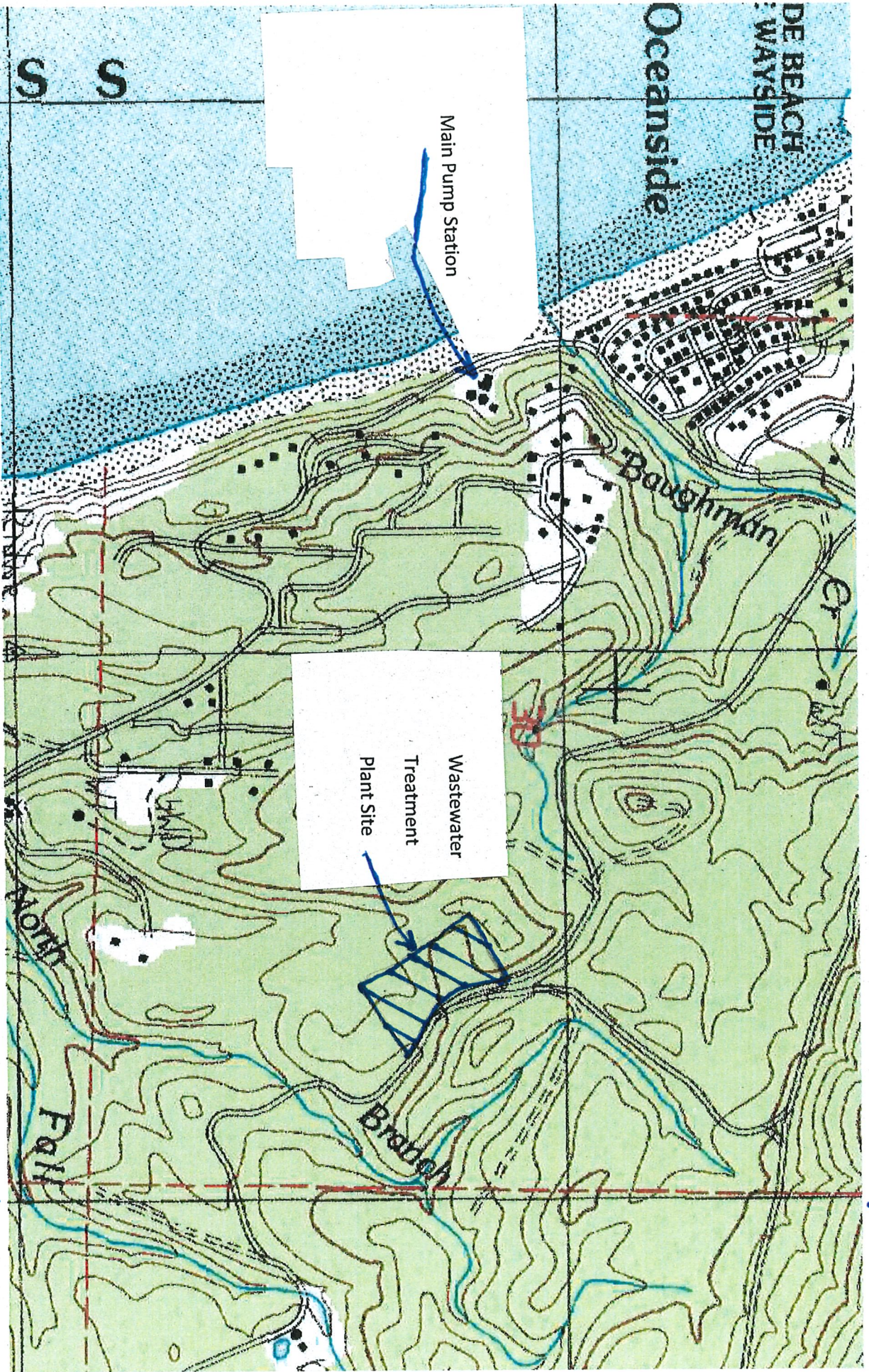


Original WWTP Site

Decommissioned 11/15/2012

New Main PS site 11/15/2012





1 MILE

2

