



# AZPDES FORM 2A APPLICATION

## For Discharge from Wastewater Treatment Plants (WWTPs) Treating Domestic Sewage

**NOTE: Complete all blanks; put 'N/A' where applicable. All applicants must also complete and submit AZPDES FORM 2S along with Form 2A. Please submit 3 copies of your completed application.**

FACILITY NAME \_\_\_\_\_

AZPDES (NPDES) PERMIT NO. \_\_\_\_\_

### PART A. BASIC APPLICATION INFORMATION

*Complete each section below.*

#### A.1 Facility Information.

Facility (plant) name \_\_\_\_\_ County where located \_\_\_\_\_

Facility mailing address \_\_\_\_\_

Facility physical address \_\_\_\_\_

#### A.2. Facility Owner/Operator Information.

Facility owner \_\_\_\_\_

Owner's address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_ Phone number \_\_\_\_\_

Facility operator \_\_\_\_\_

Operator's address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_ Phone number \_\_\_\_\_

#### A.3 Landowner(s).

Name and address of owner of land where the WWTP is located (such as National Forest, State Land, Bureau of Land Management, private land):

Land owner \_\_\_\_\_

Owner's address \_\_\_\_\_

Name and address of owner(s) of land where the WWTP pipes flow to the outfall and the outfall discharges:

Land owner \_\_\_\_\_

Owner's address \_\_\_\_\_







- d. Depth below surface, if applicable \_\_\_\_\_ ft.
- e. Average daily discharge flow through outfall \_\_\_\_\_ mgd. (Determine this by dividing the annual discharge through the outfall by the number of days in a year that discharge occurs.)
- f. Is/will discharge from this outfall be \_\_\_\_\_ continuous or \_\_\_\_\_ Intermittent/periodic?

**If discharge is or is expected to be intermittent or periodic, describe the discharge pattern below.** Include 1) the number of times per year the facility is expected to discharge under the terms of the AZPDES permit, 2) the frequency of discharge, 3) the average duration of each discharge, 4) the flow per period of discharge in MGD and 5) include the months over which discharge is typically expected. Estimations are acceptable for this information.

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- g. Is the outfall equipped designed to, or equipped with a device, to mix and/or disperse the effluent in the receiving water? \_\_\_\_\_ Yes \_\_\_\_\_ No

**A.13. Description of Receiving Waters.** (Fill in all blanks. Put 'not known' if applicable.)

- a. Name of receiving waters \_\_\_\_\_
- b. Name of watershed, if known \_\_\_\_\_  
U.S. Natural Resources Conservation Service 14 digit watershed code, if known \_\_\_\_\_
- c. Name of River Basin, if known \_\_\_\_\_
- d. United States Geological Survey 8 digit hydrologic cataloging unit code, if known \_\_\_\_\_
- e. Critical low flow of receiving stream, if applicable. acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- f. Total hardness of receiving stream at critical low flow, if applicable. \_\_\_\_\_ mg/l of CaCO<sub>3</sub>

**A.14. Description of WWTP Treatment.**

- a. What levels of treatment are provided? Check all that apply.  
 \_\_\_\_\_ Primary      \_\_\_\_\_ Secondary      \_\_\_\_\_ Advanced (with filtration)  
 Other (Describe) \_\_\_\_\_
- b. Indicate the following removal rates, as applicable:  
 Design BOD<sub>5</sub> removal or design CBOD<sub>5</sub> removal \_\_\_\_\_ %  
 Design SS removal \_\_\_\_\_ %  
 Design P removal \_\_\_\_\_ %  
 Design N removal \_\_\_\_\_ %  
 Other \_\_\_\_\_ %  
 Other \_\_\_\_\_ %
- c. What type of disinfection is used for the effluent? If disinfection varies by season, please describe.  
 \_\_\_\_\_  
 \_\_\_\_\_

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

- d. Does the treatment plant have post aeration? \_\_\_\_\_ Yes \_\_\_\_\_ No
- e. Provide a topographic map extending at least one mile beyond property boundaries of the treatment plant that shows the location of the plant and the outfall(s). {Note Part B of this application requires additional detail on the map for facilities with a design flow >100,000 gpd.}
- f. Provide a process flow diagram or schematic of the treatment plant and include a brief description. Depict any areas where the sewage sludge produced by the treatment works is stored, treated or disposed of, if applicable. {Note Part B of this application requires additional process detail for facilities with a design flow >100,000 gpd.}

**A.15. Effluent Testing. All applicants are to provide effluent testing data for the following parameters if the WWTP is operational.** Provide the effluent testing results for discharges from the facility or data from representative samples of the effluent if the facility is not yet discharging. For plants not yet constructed, provide an estimate based on the design or on similar plants and indicate 'estimated' in the Number of Samples column.

All information reported must be based on data analyzed using 40 CFR 136 methods for wastewater samples by a laboratory certified in Arizona to use those methods. If no 136 methods exist, any other method approved for analyses of the parameters in 9 A.A.C. 14, Article 6 may be used. In addition, all data must comply with QA/QC requirements per 40 CFR 136 and/or 9 A.A.C. 14, Article 6. **Note: Effluent data collected under the facility's aquifer protection or reuse permit is also required to be reported if it is representative of the effluent and meets these requirements.**

All effluent testing data collected over the last 4.5 years is to be included in the response. (If data was collected at a frequency of monthly or greater for any parameter, you are only required to summarize at least the last year.) If data can be tabulated and made available electronically, ADEQ requests submission in this format. **Laboratory sheets supporting any Table 3 and Table 4 data are also to be submitted.** If you are collecting data solely to support this application, a minimum of 3 sampling events must be submitted. You are to provide seasonally representative samples when possible.

**If the facility may discharge through several outfalls and there are different treatment trains, different wastewater sources, or other sources of variation in the effluent from one outfall to another, you must provide data for each outfall.**

⇒ **IT IS IMPORTANT THAT YOU REPORT THE DATA USING THE CORRECT UNITS! PLEASE RE-CHECK THE UNITS THE LABORATORY REPORTED.**

Indicate the timeframe covered by the following data \_\_\_\_\_

TABLE 1 PARAMETERS	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		Number of Samples
	Value	Units	Value	Units	
pH (minimum) *		s.u.			
pH (maximum)*		s.u.			
Flow Rate					
Temperature (Oct.-Mar.)					
Temperature (Apr.-Sep.)					

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

Indicate the timeframe covered by the following data \_\_\_\_\_

TABLE 2 PARAMETERS	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					LAB METHOD	Indicate highest detection levels
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples		
<b>CONVENTIONAL &amp; NONCONVENTIONAL COMPOUNDS.</b>											
AMMONIA (as N)											
BIOCHEMICAL OXYGEN DEMAND or CBOD, 5-Day											
CHLORINE, TOTAL RESIDUAL (TRC)											
DISSOLVED OXYGEN											
<i>E-coli</i> (Fecal coliform if not available)											
TOTAL SUSPENDED SOLIDS (TSS)											
TOTAL KJELDAHL NITROGEN (TKN)											
NITRATE PLUS NITRITE NITROGEN											
OIL and GREASE											
PHOSPHORUS (Total)											
TOTAL DISSOLVED SOLIDS (TDS)											

Indicate the timeframe covered by the following data \_\_\_\_\_

TABLE 3 POLLUTANTS	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					LAB METHOD	Indicate highest detection levels
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples		
<b>METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS AND HARDNESS</b>											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
CHROMIUM VI											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											

SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO <sub>3</sub> )											

**Describe the sampling point(s) where effluent was collected at the facility to obtain the data in Tables 1-3:**

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**Detail HOW the samples were collected (i.e., manual, automatic sampler) and composited (when applicable, i.e., 8 samples taken hourly over 8 hours, 4 samples taken over 24 hours, etc.):**

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⇒ **REMEMBER TO ATTACH TABULATED DATA AND LABORATORY SHEETS!**

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

⇒ **All applicants with a design flow rate greater than or equal to 0.1 mgd must complete Items B.1 through B.6. All others go to Part C).**

**B.1. Inflow and Infiltration (I &I).** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. \_\_\_\_\_ gpd

***Infiltration** is the water entering a sewer system, including sewer service connections, from the ground, through such means as, but not limited to defective pipes, pipe joints, connections, or manhole walls. Infiltration does not include, and is distinguished from, inflow.*

***Inflow** is the water discharged into a sewer system, including service connections, from such sources as, but not limited to, roof leaders, cellar, yard, and area drains, foundation drains, cooling-water discharges, drains from springs and swampy areas, manhole covers, cross connections from storm sewers and combined sewers, catch basins, storm waters, surface runoff, street wash waters, or drainage. Inflow does not include, and is distinguished from, infiltration.*

***I & I** means the total quantity of water from both infiltration and inflow without distinguishing the source.*

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

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**B.2. Detailed Topographic Map.** Show the following on the topographic map submitted pursuant to Item A.14.e (You may submit more than one map if one map does not show the entire area.)

- a. The outline of the facility and the area surrounding the treatment plant, including all unit processes.
- b. 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.
- c. Each well where wastewater from the treatment plant is injected underground, if applicable.
- d. Wells, including drinking water wells, springs and other surface water bodies listed in public records or otherwise known to the applicant that are located within 1/4 mile of the discharge points or outfalls.
- e. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail or dedicated pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored and/or disposed.

**B.3. Detailed Process Flow Diagram or Schematic.** Show the following on the process flow diagram or schematic of the treatment works submitted pursuant to Item A.14.f.

- a. All bypass piping
- b. All backup power sources or redundancy in the system.
- c. A water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination), daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units.
- d. A brief narrative description of the diagram.

**B.4. Operation/Maintenance Performed by Contractor(s).** Are any operational or maintenance aspects (other than those performed by the operator listed under Item A.2) of the treatment works the responsibility of a contractor?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the name, address and telephone number 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 a schedule on plans for implementing 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 Item B.5 for each.

- a. List the outfall number (assigned in Item A.12) for each outfall that is covered by this implementation schedule. \_\_\_\_\_
- b. Indicate whether the planned improvements or their implementation schedule are required by local, state or federal agencies. \_\_\_\_\_ Yes \_\_\_\_\_ No

c. Briefly describe the improvements to be made for the outfall (s) listed in Item B.5.a and include new maximum daily flow rate, if applicable.

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d. Provide dates imposed by any compliance schedule or planned independently of local, state or federal agencies. Also provide any actual dates of completion for the implementation steps listed below, as applicable. Indicate dates as accurately as possible. Place an (\*) in front of the improvements required by a governmental agency.

Implementation Stage	Schedule	
	Planned or Imposed MM/DD/YYYY	Actual Completion 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 \_\_\_\_\_

## PART C. EFFLUENT CHARACTERIZATION TESTING for Organics

**Effluent Characterization Testing:** All applicants for a treatment works listed below (except those not yet constructed), must provide effluent testing data for the following parameters:

1. A design flow greater than or equal to 1.0 mgd
2. The treatment works has or is required to have, a pretreatment program
3. The treatment works is or was required to collect such data under a prior NPDES or AZPDES permit, or
4. The treatment works have the results of such testing due to requirements under an Aquifer Protection Permit,

Provide the effluent testing results for discharges from the facility or representative samples of the effluent if the facility is not yet discharging. If data can be tabulated and made available electronically, ADEQ requests submission in this format.

All information reported must be based on data analyzed using 40 CFR 136 methods for wastewater samples by a laboratory certified in Arizona to use those methods. In addition, this data must comply with QA/QC requirements per 9 A.A.C. 14, Article 6 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 9 A.A.C. 14, Article 6. Effluent testing data collected over the last 4.5 years is to be included in the response. If data can be tabulated and made available electronically, ADEQ requests submission in this format. If you are collecting data solely to support this application, **a minimum of 3 sampling events** must be submitted. You are to provide seasonally representative samples when possible.

**If the facility may discharge through several outfalls and there is a different treatment train, different wastewater sources, or other reason for potential variation in the effluent from one outfall to another, you must provide data for each outfall.**

TABLE 4 POLLUTANTS	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					LAB METHOD	Indicate highest detection levels
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples		
<b>VOLATILE ORGANIC COMPOUNDS</b>											
ACROLEIN											
ACRYLONTRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CHLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYL VINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2- DICHLOROETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLOROPROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLOROETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLOROETHYLENE											
VINYL CHLORIDE											

TABLE 4 POLLUTANTS	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					LAB METHOD	Indicate highest detection levels	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples			
P-CHLORO-M-CRESOL												
2-CHLOROPHENOL												
2,4-DICHLOROPHENOL												
2,4-DIMETHYLPHENOL												
4,6-DINITRO-O-CRESOL												
2,4-DINITROPHENOL												
2-NITROPHENOL												
4-NITROPHENOL												
PENTACHLOROPHENOL												
PHENOL												
2,4,6-TRICHLOROPHENOL												
ACENAPHTHENE												
ACENAPHTHYLENE												
ANTHRACENE												
BENZIDINE												
BENZO(A)ANTHRACENE												
BENZO(A)PYRENE												
3,4-BENZOFUORANTHENE												
BENZO(GHI)PERYLENE												
BENZO(K)FLUORANTHENE												
BIS(2-CHLOROETHOXY) METHANE												
BIS(2-CHLOROETHYL) ETHER												
BIS (2-CHLOROISO-PROPYL) ETHER												
BIS(2-ETHYLHEXYL) PHTHALATE												
4-BROMOPHENYL PHENYL ETHER												
BUTYL BENZYL PHTHALATE												
2-CHLORONAPHTHALENE												
4-CHLOROPHENYL PHENYL ETHER												
CHRYSENE												

TABLE 4 POLLUTANTS	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					LAB METHOD	Indicate highest detection levels	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples			
DI-N-BUTYL PHTHALATE												
DI-N-OCTYL PHTHALATE												
DIBENZO(A,H) ANTHRACENE												
1,2-DICHLOROBENZENE												
1,3-DICHLOROBENZENE												
1,4-DICHLOROBENZENE												
3,3-DICHLOROBENZIDINE												
DIETHYL PHTHALATE												
DIMETHYL PHTHALATE												
2,4 -DINITROTOLUENE												
2,6-DINITROTOLUENE												
1,2-DIPHENYLHYDRAZINE												
FLUORANTHENE												
FLUORENE												
HEXACHLOROBENZENE												
HEXACHLOROBUTADIENE												
HEXACHLOROCYCLO-PENTADIENE												
HEXACHLOROETHANE												
INDENO(1,2,3-CD) PYRENE												
ISOPHORONE												
NAPHTHALENE												
NITROBENZENE												
N-NITROSODI-N-PROPYLAMINE												
N-NITROSODI-METHYLAMINE												
N-NITROSODI-PHENYLAMINE												
PHENANTHRENE												
PYRENE												
1,2,4-TRICHLOROBENZENE												

## Part D. Expanded Effluent Testing Data

⇒ *PER R18-9-A905 and 40 CFR 122.21(j) (4)(iv), YOU ARE ALSO TO TEST YOUR EFFLUENT FOR ANY OTHER SURFACE WATER QUALITY STANDARD APPLICABLE TO YOUR RECEIVING WATER AS INDICATED IN AAC 18-11, ARTICLE 1. PLEASE ATTACH THIS DATA TO YOUR APPLICATION.*

## PART E. TOXICITY TESTING DATA

**E. Toxicity Testing.** All applicants for a treatment works (except those not yet constructed), must provide the results of whole effluent toxicity (WET) tests for acute and/or chronic toxicity for each of the facility's discharge points.

1. A design flow greater than or equal to 1.0 mgd,
2. The treatment works has or is required to have, a pretreatment program, or
3. The treatment works is or was required to collect such data under a current AZPDES or AZPDES permit.

⇒ Applicants completing Part E must submit **ALL** WET data acquired during the past 4.5 years. For facilities with a design flow greater than or equal to 1.0 MGD or that have been designated as a "Major" by the permitting authority, these results must include at least four (4) quarterly tests for a 12-month period within the past 1 year, or the results from four (4) tests performed at least annually in the four and one-half years prior to the application. All WET tests conducted must use multiple species (2 species for acute and 3 species for chronic) unless otherwise specified in an active AZPDES permit. All information reported must be based on data collected through analyses conducted by a laboratory licensed by ADHS to conduct WET testing using 40 CFR 136 methods for wastewater samples. In addition, this data must comply with QA/QC requirements of 9 A.A.C. 14, Article 6 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 9 A.A.C. 14, Article 6.

⇒ If a WET test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.

### E.1. Number of Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

\_\_\_\_\_ chronic                      \_\_\_\_\_ acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years for which the applicant has not previously submitted a full WET report to ADEQ. Complete one column for each species that was used in the test. (A single WET 'test' consists of 2-3 species). Copy and complete the following table for each WET test performed. In lieu of completing this chart for WET reports previously not submitted, the applicant may opt to submit full WET reports with this application.

WET TEST NUMBER \_\_\_\_\_

<b>Test species and Test Method Number</b>			
<b>a. Test information.</b>			
Outfall number (or indicate other representative location where sample was collected)			
Date and time sample collected			
Date and time test started			
Date and time test ended			
Manual title			
Edition number and year of publication			
<b>b. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used. For composite samples, indicate the length of the compositing period.</b>			
x-hour composite / Grab			
<b>c. Indicate where the sample was taken in relation to disinfection. Check all that apply for each.</b>			
Before disinfection			
After disinfection			
After dechlorination			
Was the effluent sample dechlorinated at the lab?			
<b>d. Describe the point in the treatment process at which the sample was collected.</b>			

<b>e. Indicate whether the test was intended to assess chronic toxicity, acute toxicity or both.</b>			
Chronic / Acute / or Both			
<b>f. Indicate the type of test performed.</b>			
Static / Static-renewal / Flow-through			
<b>g. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.</b>			
Laboratory water /Receiving water			
<b>h. Give the dilution series used.</b>			
<b>i. Parameters measured during the test. State whether parameter meets test method specifications.</b>			
Ph			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
<b>j. Test results.</b>			
<b>Acute:</b>			
Percent test species survival in 100% effluent			
LC <sub>50</sub>			
95% Confidence Interval.			
Control percent survival			
Significant difference from control?			
<b>Chronic:</b>			
Survival NOEC			
Growth/ reproduction NOEC			
Survival IC <sub>25</sub>			
Growth/ reproduction IC <sub>25</sub>			
Control percent survival			





**F.8. Pretreatment Standards.** Indicate whether the SIU is subject to the following:

- a. Local limits  Yes  No
- b. Categorical pretreatment standards  Yes  No

If subject to categorical pretreatment standards, which category and subcategory?

\_\_\_\_\_

**F.9. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes  No If 'yes,' describe each episode: \_\_\_\_\_

**F.10. RCRA Waste.** Does the treatment works receive or has it in the past three years, received **RCRA Hazardous Waste by truck, rail or dedicated pipe?**

Yes  No (if 'no,' go to F.12)

**F.11. Waste Transport.** Method by which RCRA waste is received. Check all that apply.

Truck  Rail  Dedicated Pipe

**F.12. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

**F.13. Remediation Waste.** Does the treatment works (or has it been notified that in the next five years it will) receive waste from **CERCLA (SUPERFUND) wastewater, RCRA OR WQARF REMEDIATION/CORRECTIVE ACTION wastewater or OTHER REMEDIAL activities?**

Yes (complete E.13 through F.15)  No

*Provide a list of sites and the required information (E.14 - E.16) for each current and future site.*

**F.14. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years). Also, provide the EPA identification number if one exists.

\_\_\_\_\_  
\_\_\_\_\_

**F.15. Pollutants.** List the hazardous constituents that are received (or are expect to be received). Include data on volume and concentration, if known. Attach additional sheets as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.16. Waste Treatment.**

- a. Is this waste treated (or will it be treated) prior to entering the treatment works?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If 'yes,' describe the treatment (provide information about the removal efficiency):

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- b. Is the discharge (or will the discharge be) continuous or intermittent?

\_\_\_\_\_ Continuous \_\_\_\_\_ Intermittent If intermittent, describe discharge schedule

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**PART G. COMBINED SEWER SYSTEMS**

- G.** Does the treatment works have a combined sewer system? \_\_\_\_\_ Yes \_\_\_\_\_ No If 'no' skip to Part G.

**G.1. System Map.** Provide a map indicating the following (may be included with Basic Application Information).

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

**G.2. System Diagram.** Provide a diagram, either in the map provided in F.1 or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices, and pump stations.

**CSO OUTFALLS-** Complete questions F.3 through F.6 once for each CSO discharge point.

**G.3. Description of Outfall.**

- a. Outfall number \_\_\_\_\_
- b. Location \_\_\_\_\_  
City/County \_\_\_\_\_  
State/Zip Code \_\_\_\_\_  
Latitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " N Longitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " W
- c. Distance from shore, if applicable \_\_\_\_\_ ft.
- d. Depth below surface, if applicable \_\_\_\_\_ ft.
- e. Which of the following were monitored during the last year for this CSO?  
\_\_\_\_\_ Rainfall                      \_\_\_\_\_ CSO pollutant concentrations                      \_\_\_\_\_ CSO frequency  
\_\_\_\_\_ CSO flow volume                      \_\_\_\_\_ Receiving water quality

