

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.

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)

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 ADEL (CITY OF) WPCP

Mailing Address 112 N Parrish Ave
Cook Adel GA 31620

Contact person Thomas E Rice

Title Supt

Telephone number 229-896-4707

Facility Address 1325 Honeymoon Ln
(not P.O. Box) Cook Adel GA 31620

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

Applicant name ADEL (CITY OF) WPCP

Mailing Address 112 N Parrish Ave
Adel GA 31620

Contact person Thomas E Rice

Title Supt

Telephone number 229-896-4707

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 Ga0024911 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>City of Adel</u>	<u>5334</u>	<u>sanitary</u>	<u>Adel</u>
<u>Town of Cecil</u>	<u>286</u>	<u>sanitary</u>	<u>Cecil</u>
Total population served	<u>5620</u>		

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?

FACILITY NAME AND PERMIT NUMBER:

ADEL (CITY OF) WPCP

Form Approved 1/14/99
OMB Number 2040-0086**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 001
- b. Location Adel 31620
(City or town, if applicable) (Zip Code)
Cook GA
(County) (State)
31.119397 -83.387618
(Latitude) (Longitude)
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Average daily flow rate 1.5 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: 60
- Average duration of each discharge: 30
- Average flow per discharge: 3.3 mgd
- Months in which discharge occurs: Dec-March
- g. Is outfall equipped with a diffuser?
_____ Yes No

A.10. Description of Receiving Waters.

- a. Name of receiving water Bear Creek
- b. Name of watershed (if known) Suwanee
United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
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

FACILITY NAME AND PERMIT NUMBER:
ADEL (CITY OF) WPCP

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

A.11. Description of Treatment.

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

Primary Secondary
 Advanced Other. Describe: Aerated lagoon with polishing pond

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

Design BOD₅ removal or Design CBOD₅ removal _____ %
Design SS removal _____ %
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.

chlorination-dechlorination

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: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s.u.			
pH (Maximum)	9.7	s.u.			
Flow Rate	5.0	MGD	2.5	MGD	3
Temperature (Winter)	NA	NA	NA	NA	NA
Temperature (Summer)	NA	NA	NA	NA	NA

* 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	55	MGL	29	MGL	3	sm5210b	NA
	CBOD-5							
FECAL COLIFORM		153	100ml	20	100ml	3	sm9222d	NA
TOTAL SUSPENDED SOLIDS (TSS)		110	MGL	42	MGL	3	sm5210b	NA

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

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 \geq 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.

5000 gpd

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

We have been smoke testing, repairing broken lines and are relining manholes as we find problems.

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.)

- a. 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.
- d. 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.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. 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.)

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

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

Yes No

FACILITY NAME AND PERMIT NUMBER:
ADEL (CITY OF) WPCP

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

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: 001 _____

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)	5.1	mgl	2.2	mgl	3	350.1	NA
CHLORINE (TOTAL RESIDUAL, TRC)	.03	mgl	.02	mgl	3	408 E	NA
DISSOLVED OXYGEN	20	mgl	10.0	mgl	3	421 F	NA
TOTAL KJELDAHL NITROGEN (TKN)	13	mgl	11.2	mgl	3	351.2	NA
NITRATE PLUS NITRITE NITROGEN	1.3	mgl	.8	mgl	3	353.2	NA
OIL and GREASE	4.3	mgl	4	mgl	3	1664A	NA
PHOSPHORUS (Total)	1.3	mgl	.6	mgl	3	365.1	NA
TOTAL DISSOLVED SOLIDS (TDS)	430	mgl	383	mgl	3	2540C	NA
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:
ADEL (CITY OF) WPCP

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 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 _____
Signature _____
Telephone number _____
Date signed _____

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:

FACILITY NAME AND PERMIT NUMBER:
ADEL (CITY OF) WPCP

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

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information 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 analyses conducted using 40 CFR Part 136 methods. In addition, these 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. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. 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: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		

METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.

ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO ₃)											

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.

FACILITY NAME AND PERMIT NUMBER:
ADEL (CITY OF) WPCP

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

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

FACILITY NAME AND PERMIT NUMBER:

ADEL (CITY OF) WPCP

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

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
1,1,1-TRICHLOROETHANE												
1,1,2-TRICHLOROETHANE												
TRICHLOROETHYLENE												
VINYL CHLORIDE												

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

ACID-EXTRACTABLE COMPOUNDS

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												

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

BASE-NEUTRAL COMPOUNDS.

ACENAPHTHENE												
ACENAPHTHYLENE												
ANTHRACENE												
BENZIDINE												
BENZO(A)ANTHRACENE												
BENZO(A)PYRENE												

FACILITY NAME AND PERMIT NUMBER:

ADEL (CITY OF) WPCP

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

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
3,4 BENZO-FLUORANTHENE												
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-CHLORPHENYL PHENYL ETHER												
CHRYSENE												
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												

FACILITY NAME AND PERMIT NUMBER:
ADEL (CITY OF) WPCP

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

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
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												

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

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

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. 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.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity 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.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

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

4 chronic 0 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. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: Adl-_____ Test number: _____ Test number: _____

a. Test information.

Test species & test method number	Water Flea-Minnow		
Age at initiation of test	<24 hrs		
Outfall number	001		
Dates sample collected	03/11/2014		
Date test started	03/11/2014		
Duration			

b. Give toxicity test methods followed.

Manual title	EPA-821-R-02-013		
Edition number and year of publication	1002.0-1000.1		
Page number(s)	14-28		

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab	x		

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination	✓		

FACILITY NAME AND PERMIT NUMBER:
ADEL (CITY OF) WPCP

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

Test number: Adl-_____ Test number: _____ Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	HCR effluent		
-----------------------	--------------	--	--

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity	x		
Acute toxicity			

g. Provide the type of test performed.

Static	x		
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	x		
Receiving water			

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	x		
Salt water			

j. Give the percentage effluent used for all concentrations in the test series.

	0,6,25,14,25,50,100		

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH	x		
Salinity	x		
Temperature	x		
Ammonia			
Dissolved oxygen	x		

l. Test Results.

Acute:

Percent survival in 100% effluent	100	%	%	%
LC ₅₀	NA			
95% C.I.	100	%	%	%
Control percent survival	100	%	%	%
Other (describe)				

FACILITY NAME AND PERMIT NUMBER:

ADEL (CITY OF) WPCP

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

Chronic:

NOEC	100	%	%	%
IC ₂₅	100	%	%	%
Control percent survival	100	%	%	%
Other (describe)				

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	<input checked="" type="checkbox"/>		
Was reference toxicant test within acceptable bounds?	<input checked="" type="checkbox"/>		
What date was reference toxicant test run (MM/DD/YYYY)?	03/14/2014		
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

Yes No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

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

FACILITY NAME AND PERMIT NUMBER:
ADEL (CITY OF) WPCP

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

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

___ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (___ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (___ continuous or ___ intermittent)

F.7. 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?

FACILITY NAME AND PERMIT NUMBER:

ADEL (CITY OF) WPCP

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

F.8. 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.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. 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 (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

Truck Rail Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

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

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. 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).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. 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):

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

Continuous Intermittent If intermittent, describe discharge schedule.

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete 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 G.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.
- e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- a. Outfall number _____
- b. Location _____
(City or town, if applicable) (Zip Code)

(County) (State)

(Latitude) (Longitude)
- 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
- f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

- a. Give the number of CSO events in the last year.
_____ events (___ actual or ___ approx.)
- b. Give the average duration per CSO event.
_____ hours (___ actual or ___ approx.)

FACILITY NAME AND PERMIT NUMBER:
ADEL (CITY OF) WPCP

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

- c. Give the average volume per CSO event.
_____ million gallons (____ actual or ____ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.
_____ inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: _____
- b. Name of watershed/river/stream system: _____
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: _____
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

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

Additional information, if provided, will appear on the following pages.

FACILITY NAME AND PERMIT NUMBER:

ADEL (CITY OF) WPCP

SLUDGE ADDENDUM

Complete this part if you have an effective NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

For purposes of this form, the term “you” refers to the applicant. “This facility” and “your facility” refer to the facility for which application information is submitted.

APPLICATION OVERVIEW – SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

1. **PART A: SEWAGE SLUDGE GENERATION AND MANAGEMENT**
Part A must be completed by all applicants.
2. **PART B: DISPOSAL IN A SOLID WASTE LANDFILL**
Part B must be completed by applicants that dispose sludge in a solid waste landfill.
3. **PART C: LAND APPLICATION OF SEWAGE SLUDGE**
Part C must be completed by applicants who either:
 - 1) Apply bulk sewage to the land, or
 - 2) Sell or give away sewage sludge in a bag or other container for application to the land.
4. **PART D: OFFSITE TREATMENT OR BLENDING**
Part D must be completed by applicants who send sewage sludge offsite for treatment or blending.
5. **PART E: INCINERATION**
Part E must be completed by applicants who incinerate sewage sludge.

PART A: SEWAGE SLUDGE GENERATION AND MANAGEMENT

A.1. Sewage Sludge Management.

Indicate the sludge use or disposal method(s) used at the facility (check all that apply):

Landfill	<input checked="" type="checkbox"/>
Send offsite for treatment or blending	<input type="checkbox"/>
Land Application	<input type="checkbox"/>
Incineration	<input type="checkbox"/>
Sell or giveaway in bag or other container	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/> _____ _____ _____ _____ _____

A.2. Description. Provide a narrative that identifies all sewage sludge processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating sewage sludge.

Sludge is only disposed when dredging lagoon

A.3. Contractor Information.

Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ___ Yes ___ No

If yes, provide the following for each contractor (attach additional pages if necessary):

- a. Name _____
- b. Mailing Address _____

- c. Telephone Number _____
- d. Responsibilities of contractor _____

PART A: SEWAGE SLUDGE GENERATION AND MANAGEMENT CONTINUED

A.4. Sewage Sludge Amount.

Provide the total dry tons per latest 365 day period of sewage sludge handled at your facility:

1. Amount generated at your facility	0 _____ dry tons
2. Amount received from off site facility(s)	0 _____ dry tons
3. Total amount treated or blended on site	0 _____ dry tons

A.5. Amount Received from Off Site.

If your facility receives sewage sludge from another facility on a routine basis for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. Do not include information on septage. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility Name _____

b. Facility Permit Number _____

c. Mailing Address _____

d. Contact person _____

Title _____

Telephone Number _____

e. Facility Address (not P.O. Box) _____

f. Describe, on this form or on another sheet of paper, how the sludge received from off site is handled at your facility:

PART B: DISPOSAL IN A MUNICIPAL SOLID WASTE LANDFILL

B. Disposal in a Solid Waste Landfill.

Provide the following information for each solid waste landfill that accepts sewage sludge from your facility for disposal. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

1. Name of landfill _____

2. Contact person _____

Title _____

Telephone Number _____

Contact is _____ Landfill Owner _____ Landfill Operator

3. Mailing Address _____

4. Location of solid waste landfill:
Street or Route # _____
County _____
City or Town _____
State & Zip _____

5. List, on this form or on another sheet of paper, the numbers of all other State permits that regulate the operation of this solid waste landfill:

Permit Number	Type of Permit

PART C: LAND APPLICATION OF SEWAGE SLUDGE

Complete Part C.1. if sewage sludge from your facility is applied to the land in bulk or sold or given away in a bag or other container for application to the land.

C.1. Treatment Provided At Your Facility.

a. Which class of pathogen does the sewage sludge meet at your facility?

_____ Class A _____ Class B _____ Neither or Unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

Complete Part C.2. thru C.5. for sewage sludge applied in bulk to land application sites. If sewage sludge is applied to more than one site, attach additional pages as necessary.

C.2. Identification of Land Application Sites.

a. Site name or identification number _____

b. Site location (Complete 1 and 2)

1. Street or Route # _____

County _____ City or Town _____

State _____ Zip _____

2. Latitude _____ Longitude _____

Method of latitude/longitude determination

_____ USGS map _____ Field survey _____ Other

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

PART C: LANDFILL APPLICATION OF SEWAGE SLUDGE CONTINUED

Complete Part C.2. thru C.5. for sewage sludge applied in bulk to land application sites. If sewage sludge is applied to more than one site, attach additional pages as necessary.

C.3. Owner Information.

a. Are you the owner of the land application site? Yes No

b. If no, provide the following information about the owner:

Name _____

Telephone number _____

Mailing Address _____

C.4. Applier Information.

a. Are you the person who applies, or is responsible for the application of sewage sludge to the land application site?

Yes No

b. If no, provide the following information for the person who applies:

Name _____

Telephone number _____

Mailing Address _____

C.5. Site Type.

Identify the type of land application site from among the following:

Agricultural land Forest Public contact site (such as parks,
ball fields, etc.)

Reclamation site Other (Describe) _____

PART D: OFFSITE TREATMENT OR BLENDING

Complete Part D if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application site. If you provide sewage sludge to more than one facility, attach additional pages as necessary.

D. Shipment Offsite for Treatment or Blending.

1. Receiving facility name _____
2. Mailing Address _____

3. Contact person _____
Title _____
Telephone number _____
4. Total dry tons per 365-day period of sewage sludge provided to receiving facility:
_____ (total dry tons per 365 day period)

PART E: INCINERATION

Complete Part E if sewage sludge from your facility is fired in a sewage sludge incinerator.

E. Incineration.

1. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No

If no, complete (2) for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

2. Incinerator facility name or identification number: _____

3. Contact person _____

Title _____

Telephone number _____

Contact is: Incinerator owner Incinerator operator