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

## **FACILITY NAME AND PERMIT NUMBER:**

LAKELAND (CITY OF) WPCP

## **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."

9. D	escription of Outfall					
a.	Outfall number	_1				
b.	Location	Lakeland			31635	
		(City or town, if applicable	•)		GA	(Zip Code)
		(County)				(State)
		31.04789 (Latitude)			-83.1218	(Longitude)
C.	Distance from shor	re (if applicable)	0		ft.	
d.	Depth below surface (if applicable)				ft.	
e.	Average daily flow rate		0.25		mgd	
f.	Does this outfall ha	ave either an intermittent or a ?		Yes	•	No (go to A.9.g.)
	If yes, provide the	following information:				<del></del>
	Number of times po	er year discharge occurs:				
	Average duration of	of each discharge:				
	Average flow per d	ischarge:				mgd
	Months in which di	scharge occurs:				
g.	Is outfall equipped	with a diffuser?		Yes		No
10. D	escription of Receiv	ring Waters.				
a.	Name of receiving	water <u>Big Creek</u>				
b.	Name of watershed	d (if known)	Suwanee			
	United States Soil	Conservation Service 14-digit	watershed code	(if known):	unkno	own
C.	c. Name of State Management/River Basin (if known):unknown					
	United States Geol	ogical Survey 8-digit hydrolog	gic cataloging uni	t code (if know	/n):	unknown
d.	Critical low flow of acute NA	receiving stream (if applicable		ronic <sub>NA</sub>	cfs	
		eceiving stream at critical low				
e.	rutar naturiess of f	eceiving surantial chilical low	now (ii applicabl	c)	mg/	i ui cacuz