A.11. Description of Treatment.

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

_____ Primary ✔ Secondary

_____ Advanced _____ Other. Describe: Three Cell lagoon; first two aerated; chlorination; de-chlorination

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

Design BOD_5 removal or Design $CBOD_5$ removal 85 %

Design SS removal 85 %

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

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)	7.5	s.u.			
pH (Maximum)	8.0	s.u.			
Flow Rate	0.120	mgd	0.043	mgd	3
Temperature (Winter)	NT	NT	NT	NT	NT
Temperature (Summer)	NT	NT	NT	NT	NT

* 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	BOD-5	30	mg/l	15	mg/l	3	5210B	2
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM		50	MPN	10	MPN	3	9222D	20
TOTAL SUSPENDED SOLIDS (TSS)		55	mg/l	42	mg/l	3	2540D	NA

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