

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
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TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

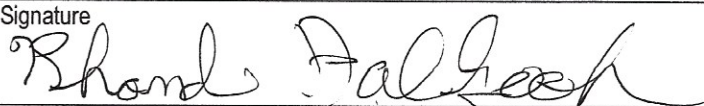
Pollutant	Maximum Daily Discharge		Average Daily Discharge		Number of Samples	Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units			
Ammonia (as N)	0.3	mg/l	0.2	mg/l	3	SM500 NH3-D-2011	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	<0.03	mg/l	<0.03	mg/l	3	SM4500 CL-G-2011	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	10.3	mg/l	9.52	mg/l	3	SM 4500-OG-C-2011	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite	13.48	mg/l	10.82	mg/l	3	SM 4500-NO3-E-201	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	0.8	mg/l	0.63	mg/l	3	SM 4500-NH3-NORG	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	<5	mg/l	<5	mg/l	3	EPA 1664 REV 842	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	2.3	mg/l	1.8	mg/l	3	SM 4500-P-E-2011	<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	370	mg/l	297.7	mg/l	3	SM 2540-C-2011	<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

CSO Receiving Waters	5.7	Provide the information in the table below for each of your CSO outfalls.			
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____	
		Receiving water name			
		Name of watershed/ stream system			
		U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		Name of state management/river basin			
		U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
	<input checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/>	Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram
	<input type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments
	6.2	Certification Statement	
		<i>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.</i>	
	Name (print or type first and last name) Mayor Rhonda Halbrook	Official title Mayor	
	Signature 	Date signed 05-12-2020	

5. FLOW AND SAMPLE MEASUREMENT

How are effluent samples collected?

Grab sample below cascade aeration

How is flow measured, i.e., v-notch weir, totalizing meter, Parshall flume, etc.?

Parshall flume with digital recorder

6. Is the proposed or existing facility located above the 100-year flood level? Yes No

NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov.

If "No", what measures are (or will be) used to protect the facility? _____

7. Population for Municipal and Domestic Sewer Systems: 1803

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes No

If Yes, how many? 1 Total Horsepower (hp)? 100+ (350 kW)

If no, please explain. Include a description of how the WWTP will be restarted and actions taken to ensure compliance with permit limits once power is restored.
