

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved, OMB No. 2040-0086.
Approval expires 5-31-92.

FORM
2E
NPDES



Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
001	36.00	10.00	10.00	92.00	9.00	29.00	Unnamed tributary of Moccasin Creek thence into the White River

II. DISCHARGE DATE (if a new discharger, the date you expect to begin discharging)

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

- Sanitary Wastes
 Restaurant or Cafeteria Wastes
 Noncontact Cooling Water
 Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3)	(or)	(4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)	
Biochemical Oxygen Demand (BOD)	20.2 lb/d	22.0 mg/l	3.45 lb/d	5.85 mg/l	12.00		
Total Suspended Solids (TSS)	32.3 lb/d	25.0 mg/l	5.84 lb/d	10.33 mg/l	12.00		
Fecal Coliform (if believed present or if sanitary waste is discharged)		1263 per 100		227 per 100	12.00		
Total Residual Chlorine (if chlorine is used)							
Oil and Grease		<5 mg/l		<5 mg/l	1.00		
*Chemical oxygen demand (COD)							
*Total organic carbon (TOC)							
Ammonia (as N)	4.2 lb/d	4.6 mg/l	1.0 lb/d	1.95 mg/l	12.00		
Discharge Flow	Value 0.155 MGD		0.064 MGD		12.00		
pH (give range)	Value 7.28-8.00 su		7.58-7.58 su		12.00		
Temperature (Winter)		°C		°C			
Temperature (Summer)		°C		°C			

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? Yes No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)

Grease trap, Manually operated bar screen, flowmeter, oxidation ditch, 2 clarifiers, sludge drying beds, tertiary filter, UV disinfection, outfall

VII. OTHER INFORMATION (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Note, Average Plant temperature readings 2005, Winter 8.0 degrees C, Summer 25 degrees C. Number samples 10. Note, BOD results are CBOD results.

There are only one Oil & Grease results for submittal review. See attached sample results from 9/2'2015
The MCE Laboratory will continue testing and will submit the O&G results as they become available.

Please note that a grease trap is installed in the sewer collection line from the NCU to the treatment plant process and has been added to the treatment system.

VIII. 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 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

A. Name & Official Title

GAIL MAINARD, ADC Assistant DIRECTOR

B. Phone No. (area code & no.)

870-367-6625

C. Signature

Gail Mainard

D. Date Signed

10/1/15