

**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 \_\_\_\_\_
- 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. Average daily flow rate \_\_\_\_\_ 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: \_\_\_\_\_  
Average duration of each discharge: \_\_\_\_\_  
Average flow per discharge: \_\_\_\_\_ mgd  
Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser? \_\_\_\_\_ Yes \_\_\_\_\_ No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water \_\_\_\_\_
- b. Name of watershed (if known) \_\_\_\_\_  
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 CaCO<sub>3</sub>