

FACILITY NAME AND PERMIT NUMBER:

ALAPAHA, TOWN OF (ALAPAHA WPCP)

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

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? Yes No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

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 pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001 _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	15.1	mg/L	8.34	mg/L	12	Grab	NA
CHLORINE (TOTAL RESIDUAL, TRC)	NA	mg/L	NA	mg/L	NA	NA	NA
DISSOLVED OXYGEN	NA	mg/L	4.81	mg/L	12	Grab	NA
TOTAL KJELDAHL NITROGEN (TKN)	13	mg/L	8.9	mg/L	6	Grab	NA
NITRATE PLUS NITRITE NITROGEN	3.5	mg/L	1.43	mg/L	6	Grab	NA
OIL and GREASE	NA	mg/L	1.3	mg/L	1	Grab	NA
PHOSPHORUS (Total)	6.4	mg/L	3.79	mg/L	6	Grab	NA
TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	72	mg/L	1	Grab	NA
OTHER		mg/L		mg/L			

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