

**A.11. Description of Treatment.**

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

Primary  Secondary

Advanced  Other. Describe: Aeration, treatment wetlands, disinfection

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

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal 85 %

Design SS removal 85 %

Design P removal \_\_\_\_\_ %

Design N removal \_\_\_\_\_ %

Other NA \_\_\_\_\_ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorine Gas

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)	6.1	s.u.			
pH (Maximum)	8.33	s.u.			
Flow Rate	0.62	mgd	0.25	mgd	260
Temperature (Winter)	NA	NA	NA	NA	NA
Temperature (Summer)	NA	NA	NA	NA	NA

\* 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 DEMAND (Report one)	BOD-5	4.70	mg/l	2.26	mg/l	104	SM 5210 B	2
	CBOD-5							
FECAL COLIFORM		140	#/100ml	3.99	#100/ml	52	SM18 9222 D	NA
TOTAL SUSPENDED SOLIDS (TSS)		10.8	mg/l	3.21	mg/l	104	SM18 2540 D	2

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