

FACILITY NAME AND PERMIT NUMBER:
LAKELAND (CITY OF) WPCP

- c. Give the average volume per CSO event.
_____ million gallons (____ actual or ____ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.
_____ inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: _____
- b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

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