AZPDES FORM 2A APPLICATION
For Discharge from Wastewater Treatment Plants (WWTPs) Treating Domestic Sewage

NOTE: Complete all blanks; put 'N/A' where applicable. All applicants must also complete and submit AZPDES FORM 2S along with Form 2A. Please submit 3 copies of your completed application.

FACILITY NAME _____

AZPDES (NPDES) PERMIT NO. _____

PART A. BASIC APPLICATION INFORMATION

Complete each section below.

A.1 Facility Information.

Facility (plant) name _____ County where located _____

Facility mailing address _____

_____

Facility physical address _____

A.2. Facility Owner/Operator Information.

Facility owner _____

Owner's address _____

Contact person _____

Title _____ Phone number _____

Facility operator _____

Operator's address _____

Contact person _____

Title _____ Phone number _____

A.3 Landowner(s).

Name and address of owner of land where the WWTP is located (such as National Forest, State Land, Bureau of Land Management, private land):

Land owner _____

Owner's address _____

Name and address of owner(s) of land where the WWTP pipes flow to the outfall and the outfall discharges:

Land owner _____

Owner's address _____

A.4. Person/Entity Preparing Application. If the person/entity preparing the application is different from the above, provide the following:

Name _____

Mailing address _____

Contact person _____

Title _____ Phone number _____

*** Indicate to whom correspondence regarding this application should be directed.

_____ Owner (contact person) _____ Operator (contact person) _____ Person/entity preparing application

A.5. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state issued permits).

AZPDES _____ (NPDES- include Stormwater permits)

UIC _____ (Underground injection control)

RCRA _____ (Hazardous waste)

PSD _____ (Air emission from proposed sources)

APP _____ (Aquifer Protection Permit)

Reuse _____

Other (Specify) _____

Other (Specify) _____

A.6. 208 Consistency. For new facilities, facilities with new AZPDES outfalls, or applications for expansion, is the proposal to discharge under an AZPDES permit consistent with the current 208 Regional Water Quality Plan?

_____ Yes _____ No. ***NOTE: An AZPDES application can not be considered administratively complete until a finding of consistency is documented and confirmed by ADEQ.***

_____ Pending. Permittee has contacted and is working with Regional Planning Board.

A.7. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
_____	_____	_____	_____
_____	_____	_____	_____

Total population served _____

A.8. Indian Country.

a. Is the treatment works located in Indian Country? ____ No ____ Yes (Give name) _____

b. Does the treatment works discharge to a receiving water in Indian Country or that is upstream from (and/or eventually flows through) Indian Country? ____ No ____ Yes

If 'yes," give name of Tribe _____

If 'yes," give approximate distance from discharge to Indian Country boundary _____

A.9. Is the facility located within 100 km (62 miles) of the Arizona-Mexico border? _____ Yes _____ No

If yes, provide the following information:

1. A description of the area into which the effluent discharges from the facility may flow _____

_____

_____

2. Is the discharge expected to cross the Arizona-Mexico border? ____ Yes ____ No

A.10. Flow. Indicate the design flow rate of the treatment plant *(i.e., the wastewater flow rate that the plant was built to treat on a daily basis – not including peak flows).* Also provide the average daily flow rate and the maximum daily flow rate for each of the last three years. Each year's data must be based on a 12 month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate _____ mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily influent flow rate	_____ mgd	_____ mgd	_____mgd
c. Maximum daily influent flow rate	_____ mgd	_____ mgd	_____mgd

d. Describe how you measure (or estimate) flow:

_____

A.11. Discharges and Other Disposal Methods.

a. List how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent _____

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____

b. Does the treatment works discharge effluent to basins, ponds or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes _____ No

If yes, provide the following for each surface impoundment:

Location _____

How far is the impoundment from the closest water of the U.S? _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent or _____ periodic (seasonal)?

If intermittent or periodic, 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 _____

c. Does the treatment works land apply (excluding direct reuse) treated wastewater? ____ Yes ____ No

If 'yes," provide the following <u>for each land application site</u>:

Location _____

Number of acres _____ Annual average daily volume applied to site _____ mgd

Frequency of application _____

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

_____ Yes _____ No

If 'yes,' describe the means by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide the following:

Transporter name _____

Mailing address _____

_____

Contact person _____

Title _____ Phone number _____

For each treatment works that receives this discharge, provide the following:

Name _____

Mailing address _____

_____

Contact person _____

Title _____ Phone number _____

If known, provide the NPDES/AZPDES permit number of the treatment works that receives this discharge

_____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above. (e.g., underground recharge, well injection)? _____ Yes _____ No

If 'yes," provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable): _____

_____

_____

Annual average daily volume disposed by this method _____ mgd Frequency of disposal _____

WASTEWATER OUTFALLS.

Copy this page and complete Items A.12, and A.13 ***once for every outfall through which effluent is discharged, or is proposed to be, discharged*** *to a wash or other water of the U.S.*

A.12. Description of Outfall.

a. Outfall number _____

b. Location _____

City or Town _____ County _____

State _____ Zip code _____

Latitude _____ º _____ ' _____ " N Longitude _____ º _____ ' _____ " W

Township _____ Range _____ Section _____

c. Distance from shore, if applicable _____ ft.

d. Depth below surface, if applicable _____ ft.

e. Average daily discharge flow through outfall _____ mgd. (Determine this by dividing the annual discharge through the outfall by the number of days in a year that discharge occurs.)

f. Is/will discharge from this outfall be _____ continuous or _____ Intermittent/periodic?

If discharge is or is expected to be intermittent or periodic, describe the discharge pattern below. Include 1) the number of times per year the facility is expected to discharge under the terms of the AZPDES permit, 2) the frequency of discharge, 3) the average duration of each discharge, 4) the flow per period of discharge in MGD and 5) include the months over which discharge is typically expected. Estimations are acceptable for this information.

_____

_____

_____

_____

g. Is the outfall equipped designed to, or equipped with a device, to mix and/or disperse the effluent in the receiving water? _____ Yes _____ No

A.13. Description of Receiving Waters. (Fill in all blanks. Put 'not known' if applicable.)

a. Name of receiving waters _____

b. Name of watershed, if known _____

U.S. Natural Resources Conservation Service 14 digit watershed code, if known _____

c. Name of River Basin, if known _____

d. United States Geological Survey 8 digit hydrologic cataloging unit code, if known _____

e. Critical low flow of receiving stream, if applicable. acute _____cfs chronic _____cfs

f. Total hardness of receiving stream at critical low flow, if applicable. _____mg/l of $CaCO_3$

A.14. Description of WWTP Treatment.

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

_____ Primary _____ Secondary _____ Advanced (with filtration)

Other (Describe) _____

b. Indicate the following removal rates, as applicable:

Design BOD_5 removal or design $CBOD_5$ removal_____ %

Design SS removal _____ %

Design P removal _____ %

Design N removal _____ %

Other _____ _____ %

Other _____ _____ %

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

_____

_____

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes _____ No

d. Does the treatment plant have post aeration? _____ Yes _____ No

e. Provide a topographic map extending at least one mile beyond property boundaries of the treatment plant that shows the location of the plant and the outfall(s). {Note Part B of this application requires additional detail on the map for facilities with a design flow >100,000 gpd.]

f. Provide a process flow diagram or schematic of the treatment plant and include a brief description. Depict any areas where the sewage sludge produced by the treatment works is stored, treated or disposed of, if applicable. {Note Part B of this application requires additional process detail for facilities with a design flow >100,000 gpd.]

A.15. Effluent Testing. All applicants are to provide effluent testing data for the following parameters if the WWTP is operational. Provide the effluent testing results for discharges from the facility or data from representative samples of the effluent if the facility is not yet discharging. For plants not yet constructed, provide an estimate based on the design or on similar plants and indicate 'estimated' in the Number of Samples column.

All information reported must be based on data analyzed using 40 CFR 136 methods for wastewater samples by a laboratory certified in Arizona to use those methods. If no 136 methods exist, any other method approved for analyses of the parameters in 9 A.A.C. 14, Article 6 may be used. In addition, all data must comply with QA/QC requirements per 40 CFR 136 and/or 9 A.A.C. 14, Article 6. ***Note: Effluent data collected under the facility's aquifer protection or reuse permit is also required to be reported if it is representative of the effluent and meets these requirements.***

All effluent testing data collected over the last 4.5 years is to be included in the response. (If data was collected at a frequency of monthly or greater for any parameter, you are only required to summarize at least the last year.) If data can be tabulated and made available electronically, ADEQ requests submission in this format. **Laboratory sheets supporting any Table 3 and Table 4 data are also to be submitted.** If you are collecting data solely to support this application, a minimum of 3 sampling events must be submitted. You are to provide seasonally representative samples when possible.

If the facility may discharge through several outfalls and there are different treatment trains, different wastewater sources, or other sources of variation in the effluent from one outfall to another, you must provide data for each outfall.

⇒ ***IT IS IMPORTANT THAT YOU REPORT THE DATA USING THE CORRECT UNITS! PLEASE RE-CHECK THE UNITS THE LABORATORY REPORTED.***

Indicate the timeframe covered by the following data _____

TABLE 1 PARAMETERS	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		Number of Samples
	Value	Units	Value	Units	
pH (minimum) *		s.u.			
pH (maximum)*		s.u.			
Flow Rate					
Temperature (Oct.-Mar.)					
Temperature (Apr.-Sep.)					
* For pH please report a minimum and a maximum daily value.					

Indicate the timeframe covered by the following data _____

TABLE 2 PARAMETERS	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					LAB METHOD	Indicate highest detection levels
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples		
CONVENTIONAL & NONCONVENTIONAL COMPOUNDS.											
AMMONIA (as N)											
BIOCHEMICAL OXYGEN DEMAND **or** CBOD, 5-Day											
CHLORINE, TOTAL RESIDUAL (TRC)											
DISSOLVED OXYGEN											
E-coli (Fecal coliform if not available)											
TOTAL SUSPENDED SOLIDS (TSS)											
TOTAL KJELDAHL NITROGEN (TKN)											
NITRATE PLUS NITRITE NITROGEN											
OIL and GREASE											
PHOSPHORUS (Total)											
TOTAL DISSOLVED SOLIDS (TDS)											

Indicate the timeframe covered by the following data _____

TABLE 3 POLLUTANTS	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					LAB METHOD	Indicate highest detection levels
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS AND HARDNESS											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
CHROMIUM VI											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											

SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											

Describe the sampling point(s) where effluent was collected at the facility to obtain the data in Tables 1-3:

_____

_____

_____

Detail HOW the samples were collected (i.e., manual, automatic sampler) and composited (when applicable. i.e., 8 samples taken hourly over 8 hours, 4 samples taken over 24 hours, etc.):

_____

_____

_____

⇒ ***REMEMBER TO ATTACH TABULATED DATA AND LABORATORY SHEETS!***

PART B. ADDITIONAL INFORMATION FOR WWTPs WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day)

⇒ ***All applicants with a design flow rate greater than or equal to 0.1 mgd must complete Items B.1 through B.6. All others go to Part C).***

B.1. Inflow and Infiltration (I &I). Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. _____ gpd

Infiltration *is the water entering a sewer system, including sewer service connections, from the ground, through such means as, but not limited to defective pipes, pipe joints, connections, or manhole walls. Infiltration does not include, and is distinguished from, inflow.*

Inflow *is the water discharged into a sewer system, including service connections, from such sources as, but not limited to, roof leaders, cellar, yard, and area drains, foundation drains, cooling-water discharges, drains from springs and swampy areas, manhole covers, cross connections from storm sewers and combined sewers, catch basins, storm waters, surface runoff, street wash waters, or drainage. Inflow does not include, and is distinguished from, infiltration.*

I & I *means the total quantity of water from both infiltration and inflow without distinguishing the source.*

Briefly explain any steps underway or planned to minimize inflow and infiltration.

_____

_____

_____

B.2. Detailed Topographic Map. Show the following on the topographic map submitted pursuant to Item A.14.e (You may submit more than one map if one map does not show the entire area.)

a. The outline of the facility and the area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground, if applicable.

d. Wells, including drinking water wells, springs and other surface water bodies listed in public records or otherwise known to the applicant that are located within 1/4 mile of the discharge points or outfalls.

e. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail or dedicated pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored and/or disposed.

B.3. Detailed Process Flow Diagram or Schematic. Show the following on the process flow diagram or schematic of the treatment works submitted pursuant to Item A.14.f.

a. All bypass piping

b. All backup power sources or redundancy in the system.

c. A water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination), daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units.

d. A brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s). Are any operational or maintenance aspects (other than those performed by the operator listed under Item A.2) of the treatment works the responsibility of a contractor?
_____ Yes _____ No

If yes, list the name, address and telephone number of each contractor and describe the contractor's responsibilities. Attach additional pages if necessary.

Name _____

Mailing address _____

_____

Telephone number _____

Responsibilities of contractor _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide a schedule on plans for implementing improvements that will affect the wastewater treatment, effluent quality or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to Item B.5 for each.

a. List the outfall number (assigned in Item A.12) for each outfall that is covered by this implementation schedule. _____

b. Indicate whether the planned improvements or their implementation schedule are required by local, state or federal agencies. _____ Yes _____ No

c. Briefly describe the improvements to be made for the outfall (s) listed in Item B.5.a and include new maximum daily flow rate, if applicable.

_____

d. Provide dates imposed by any compliance schedule or planned independently of local, state or federal agencies. Also provide any actual dates of completion for the implementation steps listed below, as applicable. Indicate dates as accurately as possible. Place an (*) in front of the improvements required by a governmental agency.

	Schedule	
Implementation Stage	Planned or Imposed MM/DD/YYYY	Actual Completion 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 _____

PART C. EFFLUENT CHARACTERIZATION TESTING for Organics

Effluent Characterization Testing: All applicants for a treatment works listed below (except those not yet constructed), must provide effluent testing data for the following parameters:

1. A design flow greater than or equal to 1.0 mgd
2. The treatment works has or is required to have, a pretreatment program
3. The treatment works is or was required to collect such data under a prior NPDES or AZPDES permit, or
4. The treatment works have the results of such testing due to requirements under an Aquifer Protection Permit,

Provide the effluent testing results for discharges from the facility or representative samples of the effluent if the facility is not yet discharging. If data can be tabulated and made available electronically, ADEQ requests submission in this format.

All information reported must be based on data analyzed using 40 CFR 136 methods for wastewater samples by a laboratory certified in Arizona to use those methods. In addition, this data must comply with QA/QC requirements per 9 A.A.C. 14, Article 6 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 9 A.A.C. 14, Article 6. Effluent testing data collected over the last 4.5 years is to be included in the response. If data can be tabulated and made available electronically, ADEQ requests submission in this format. If you are collecting data solely to support this application, **a minimum of 3 sampling events** must be submitted. You are to provide seasonally representative samples when possible.

If the facility may discharge through several outfalls and there is a different treatment train, different wastewater sources, or other reason for potential variation in the effluent from one outfall to another, you must provide data for each outfall.

TABLE 4 POLLUTANTS	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					LAB METHOD	Indicate highest detection levels
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples		
VOLATILE ORGANIC COMPOUNDS											
ACROLEIN											
ACRYLONTRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CHLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLRORETHANE											
TRANS-1,2-DICHLOROETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLOROPROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLOROETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLOROETHYLENE											
VINYL CHLORIDE											

TABLE 4 POLLUTANTS	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					LAB METHOD	Indicate highest detection levels
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples		
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											
3,4-BENZOFLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS(2-CHLOROETHOXY) METHANE											
BIS(2-CHLOROETHYL) ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS(2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLOROPHENYL PHENYL ETHER											
CHRYSENE											

TABLE 4 POLLUTANTS	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					LAB METHOD	Indicate highest detection levels
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	# of Samples		
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4 –DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD) PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI-METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											

Part D. Expanded Effluent Testing Data

⇒ ***PER R18-9-A905 and 40 CFR 122.21(j) (4)(iv), YOU ARE ALSO TO TEST YOUR EFFLUENT FOR ANY OTHER SURFACE WATER QUALITY STANDARD APPLICABLE TO YOUR RECEIVING WATER AS INDICATED IN AAC 18-11, ARTICLE 1. PLEASE ATTACH THIS DATA TO YOUR APPLICATION.***

PART E. TOXICITY TESTING DATA

E. **Toxicity Testing**. All applicants for a treatment works (except those not yet constructed), must provide the results of whole effluent toxicity (WET) tests for acute and/or chronic toxicity for each of the facility's discharge points.

1. A design flow greater than or equal to 1.0 mgd,
2. The treatment works has or is required to have, a pretreatment program, or
3. The treatment works is or was required to collect such data under a current AZPDES or AZPDES permit.

⇒ Applicants completing Part E must submit **ALL** WET data acquired during the past 4.5 years. For facilities with a design flow greater than or equal to 1.0 MGD or that have been designated as a "Major" by the permitting authority, these results must include at least four (4) quarterly tests for a 12-month period within the past 1 year, or the results from four (4) tests performed at least annually in the four and one-half years prior to the application. All WET tests conducted must use multiple species (2 species for acute and 3 species for chronic) unless otherwise specified in an active AZPDES permit. All information reported must be based on data collected through analyses conducted by a laboratory licensed by ADHS to conduct WET testing using 40 CFR 136 methods for wastewater samples. In addition, this data must comply with QA/QC requirements of 9 A.A.C. 14, Article 6 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 9 A.A.C. 14, Article 6.

⇒ If a WET test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.

E.1. Number of Tests.
Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.
_____ chronic _____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years for which the applicant has not previously submitted a full WET report to ADEQ. Complete one column for each species that was used in the test. (A single WET 'test' consists of 2-3 species). Copy and complete the following table for each WET test performed. In lieu of completing this chart for WET reports previously not submitted, the applicant may opt to submit full WET reports with this application.

WET TEST NUMBER _____

Test species and Test Method Number			
a. Test information.			
Outfall number (or indicate other representative location where sample was collected)			
Date and time sample collected			
Date and time test started			
Date and time test ended			
Manual title			
Edition number and year of publication			
b. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used. For composite samples, indicate the length of the compositing period.			
x-hour composite / Grab			
c. Indicate where the sample was taken in relation to disinfection. Check all that apply for each.			
Before disinfection			
After disinfection			
After dechlorination			
Was the effluent sample dechlorinated at the lab?			
d. Describe the point in the treatment process at which the sample was collected.			

e. Indicate whether the test was intended to assess chronic toxicity, acute toxicity or both.			
Chronic / Acute / or Both			
f. Indicate the type of test performed.			
Static / Static-renewal / Flow-through			
g. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water /Receiving water			
h. Give the dilution series used.			
i. Parameters measured during the test. State whether parameter meets test method specifications.			
Ph			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
j. Test results.			
Acute:			
Percent test species survival in 100% effluent			
LC_{50}			
95% Confidence Interval.			
Control percent survival			
Significant difference from control?			
Chronic:			
Survival NOEC			
Growth/ reproduction NOEC			
Survival IC_{25}			
Growth/ reproduction IC_{25}			
Control percent survival			

% biostimulatory effect (algae)			
k. Quality Control/Quality Assurance.			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (WW/DD/YYYY)?			
Did effluent samples arrive at the lab between 0 - 6°C?			
Were all test acceptability criteria met?			
List the effluent test PMSD			
l. Additional Controls / Test Alterations			
Describe any deviations from normal testing conditions such as pH control, ammonia removal, dechlorination.			

E.3 Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

_____ Yes _____ No If yes, describe. _____

_____

E.4 Summary of Submitted WET Test Information. If you have previously submitted WET test information or information regarding the cause of toxicity to ADEQ within the past four and one-half years, provide a summary of the results for each WET report previously submitted. Each WET test summary should include the outfall #, sample collection dates, test dates, test methods used, species tested, and the test results. All endpoints given in the WET reports should be listed in these summaries.

Date(s) submitted _____ (MM/DD/YYYY)

Summary of results (see instructions). You may wish to attach a separate table summarizing your test results:

_____

_____

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PART F. INDUSTRIAL USER DISCHARGES & Wastes from Remedial Activities

F.1. Industrial User Discharges and RCRA/CERCLA Wastes. Does the treatment works accept process wastewater from any significant industrial user (SIU) or receive RCRA, CERCLA, or other remediation wastes (including WQARF or UST remediations)?

_____ Yes _____ No. If 'yes,' complete the rest of Part E. If 'no,' skip to Part F.

An SIU is defined as:

1. *An industrial user subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) Part 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and*
2. *Any other industrial user that:*
   a. *Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (excluding sanitary, non-contact cooling and boiler blowdown wastewater); or*
   b. *Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment works; or*
   c. *Is designated as an SIU by the control authority as defined in 40 CFR Part 403.12(a).*

F.2. Pretreatment Program. Does the treatment works have or is it subject to, an approved pretreatment program?

_____ Yes _____ No

F.3. Number of Significant Industrial Users (SIUs). Provide the number of each of the following types of SIUs that discharge to the treatment works.

a. Number of non-categorical SIUs _____

b. Number of categorical SIUs _____

c. Total number of SIUs _____

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy question E.3 through E.9 and provide the information required for each SIU.

F.4. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name _____

Mailing address _____

_____

F.5. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

_____

F.6. Principal Product(s) and Raw Material(s). List principal products that the SIU generates and the raw materials used to manufacture them.

Principal product(s) _____

Raw material(s) _____

F.7. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____ continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. _____ gpd (_____ continuous or _____ intermittent)

F.8. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits _____ Yes _____ No

b. Categorical pretreatment standards _____ Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.9. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

_____ Yes _____ No If 'yes," describe each episode: _____

F.10. RCRA Waste. Does the treatment works receive or has it in the past three years, received **RCRA Hazardous Waste by truck, rail or dedicated pipe**?

_____ Yes _____ No (if 'no,' go to F.12)

F.11. Waste Transport. Method by which RCRA waste is received. Check all that apply.

_____ Truck _____ Rail _____ Dedicated Pipe

F.12. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

F.13. Remediation Waste. Does the treatment works (or has it been notified that in the next five years it will) receive waste from **CERCLA (SUPERFUND) wastewater, RCRA OR WQARF REMEDIATION/CORRECTIVE ACTION wastewater or OTHER REMEDIAL activities?**

_____ Yes (complete E.13 through F.15) _____ No

Provide a list of sites and the required information (E.14 - E.16) for each current and future site.

F.14. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years). Also, provide the EPA identification number if one exists.

_____

_____

F.15. Pollutants. List the hazardous constituents that are received (or are expect to be received). Include data on volume and concentration, if known. Attach additional sheets as necessary.

_____

_____

_____

F.16. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

_____ Yes _____ No

If 'yes,' describe the treatment (provide information about the removal efficiency):

_____

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

_____ Continuous _____ Intermittent If intermittent, describe discharge schedule

_____

PART G. COMBINED SEWER SYSTEMS

G. Does the treatment works have a combined sewer system? _____ Yes _____ No If 'no' skip to Part G.

G.1. System Map. Provide a map indicating the following (may be included with Basic Application Information).

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in F.1 or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices, and pump stations.

CSO OUTFALLS- *Complete questions F.3 through F.6 once for each CSO discharge point.*

G.3. Description of Outfall.

a. Outfall number _____

b. Location _____

City/County _____

State/Zip Code _____

Latitude _____ ° _____ ' _____ " N Longitude _____ ° _____ ' _____ " W

c. Distance from shore, if applicable _____ ft.

d. Depth below surface, if applicable _____ ft.

e. Which of the following were monitored during the last year for this CSO?

_____ Rainfall _____ CSO pollutant concentrations _____ CSO frequency

_____ CSO flow volume _____ Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events

a. Give the number of CSO events in the last year. _____ events (_____ actual or _____ approximate)

b. Give the average duration per CSO event. _____ hours (_____actual or _____ approximate)

c. Give the average volume per CSO event. _____ million gallons (____actual or ____ approximate)

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 waters _____

b. Name of watershed _____

U.S. NRCS 14-digit watershed code, if known: _____

c. Name of River Basin _____

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 shellfish bed closings, fish kills, fish advisories, other recreational loss or violation of any applicable State water quality standards).

_____

_____

_____

PART H. CERTIFICATION

All applicants must complete the Certification. Federal Regulations are specific concerning application signatories. The application may not be signed by a consultant. **Refer to instructions to determine who is authorized to sign this certification.** By signing this certification statement, applicants confirm that they have reviewed this Form 2A and attachments for accuracy, and have completed all parts that apply to the facility.

ALL APPLICANTS MUST COMPLETE THE FOLLOWING 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 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.

Name and Official Title _____

Signature _____ Date Signed _____

Telephone Number _____

⇒ ***Upon request of the ADEQ, you must submit any other information necessary to assess wastewater treatment practices at the treatment works to identify appropriate permitting requirements.***

⇒ ***REMEMBER TO ALSO SUBMIT AS APPLICABLE:***

- ☐ Form 2S (all facilities)
- ☐ Anti-degradation information
- ☐ Mixing Zone information
- ☐ Information supporting requests for variances under R11-18-122
- ☐ Photodocumentation, reports, ambient monitoring, or other information required by special conditions in your existing AZPDES/NPDES permit.