KPDES FORM 1

AI: 2894

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

NOV 30 2007

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☐ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	9	0	7	1	9

A. Name of business, municipality, company, etc. requesting permit

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: Bradfordsville Wastewater Treatment	Owner Name: City of Bradfordsville
Facility Location Address (i.e. street, road, etc.): 718 West Main Street	Mailing Street: P.O. Box 65
Facility Location City, State, Zip Code: Bradfordsville, Kentucky 40009	Mailing City, State, Zip Code: Bradfordsville, Kentucky 40009
	Telephone Number: (270) 337-2085

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Collection system brings wastewater to treatment plant. Lift station put water into system for treatment. Aeration tank, Clarifier, Chlorine, aeration & dechlorination - then liquids to receiving stream. Sludge is taken to Loretto wastewater treatment plant.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:			
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Marion Co.	City where facility is located (if applicable): Bradfordsville, Kentucky
C. Body of water receiving discharge: South Rolling Fork River	
D. Facility Site Latitude (degrees, minutes, seconds): 37 degrees 29 min.	Facility Site Longitude (degrees, minutes, seconds): 85 degrees 9 min.

E. Method used to obtain latitude & longitude (see instructions):

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☐ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator: JEFFREY E. HELME	Telephone Number: 270.692-9809
Operator Mailing Address (Street): 50 FERRELL AVE.	
Operator Mailing Address (City, State, Zip Code): LEBANON, KENTUCKY 40033	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number: Ky 0090719	Issue Date of Current Permit: Dec. 12, 2005	Expiration Date of Current Permit: May 31, 2008
Number of Times Permit Reissued: 3	Date of Original Permit Issuance: 1988	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #: Ky 0090719	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	City of Bradfordsville
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Hall and Consultants
DMR Mailing Street:	403 Fieldview Drive
DMR Mailing City, State, Zip Code:	Versailles, Kentucky
DMR Official Telephone Number:	859-873-3331

VII. APPLICATION FILING FEE

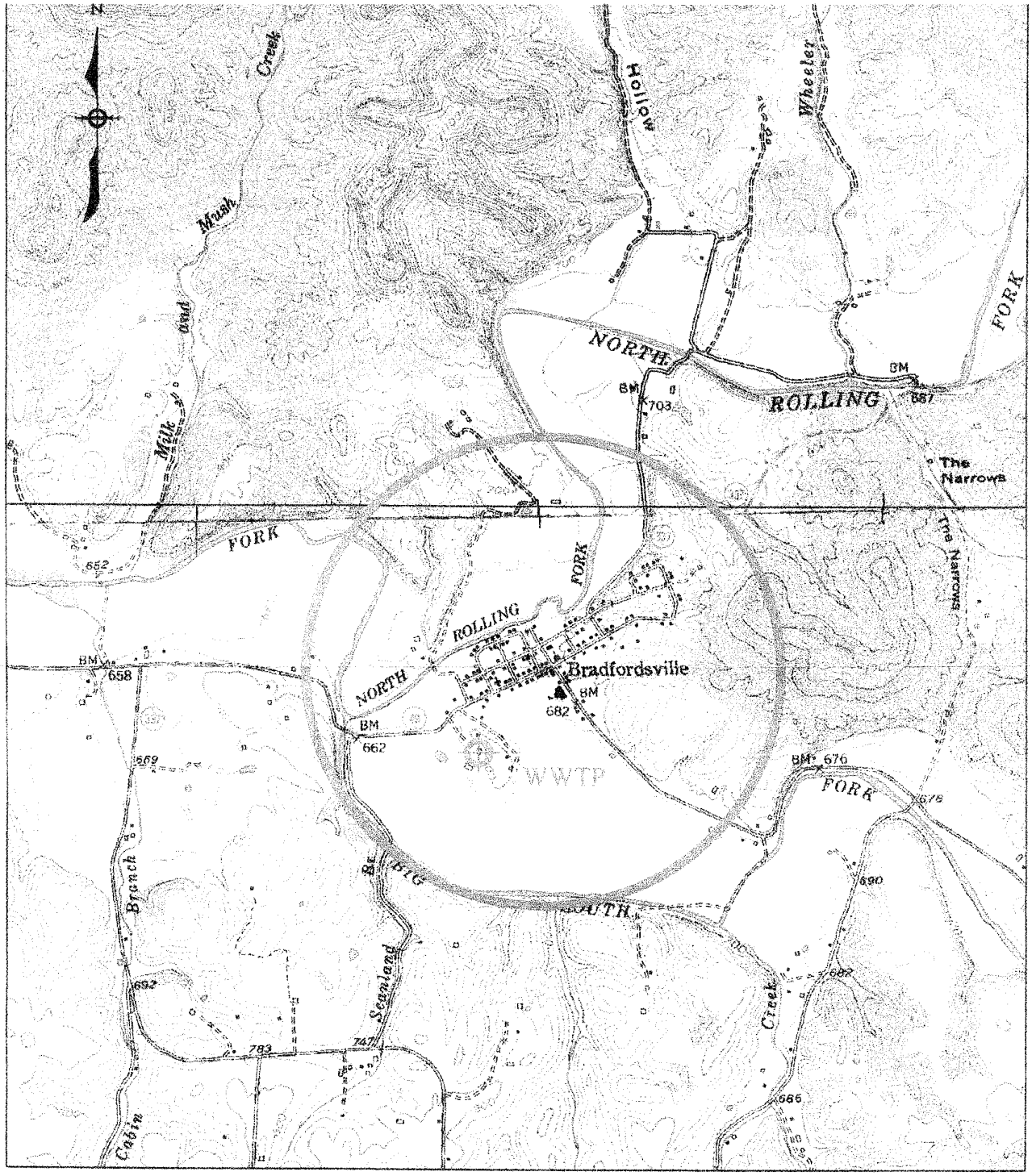
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
public	$0.00

VIII. 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 submitted 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 (type or print):	TELEPHONE NUMBER (area code and number):
David Edelen, Mayor	(270) 337-3786
SIGNATURE	DATE:
David Edelen	11-28-07



THE CITY OF BRADFORDSVILLE
202 WEST MAIN STREET
BRADFORDSVILLE, KY 40009

FIGURE 1 / Exhibit 2

LOCATION MAP
CITY OF BRADFORDSVILLE
MARION COUNTY, KY

USGS QUAD: BRADFORDSVILLE LEBANON EAST

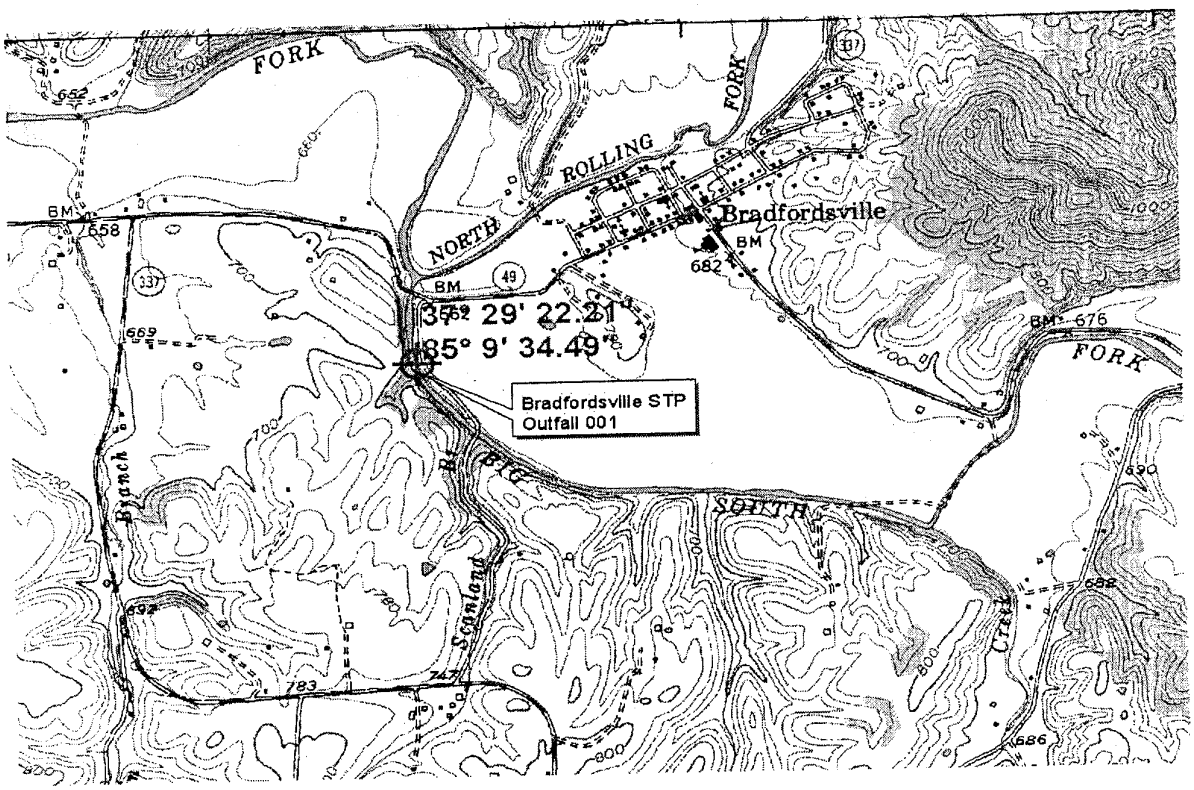
0' 1000' 2000'
Scale: 1 Inch = 2000 Feet

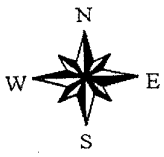
H. Lee Engineering, LLC
100 North Main Street
Lawrenceburg, KY 40342
(502) 859-0190; fax (502) 859-3000

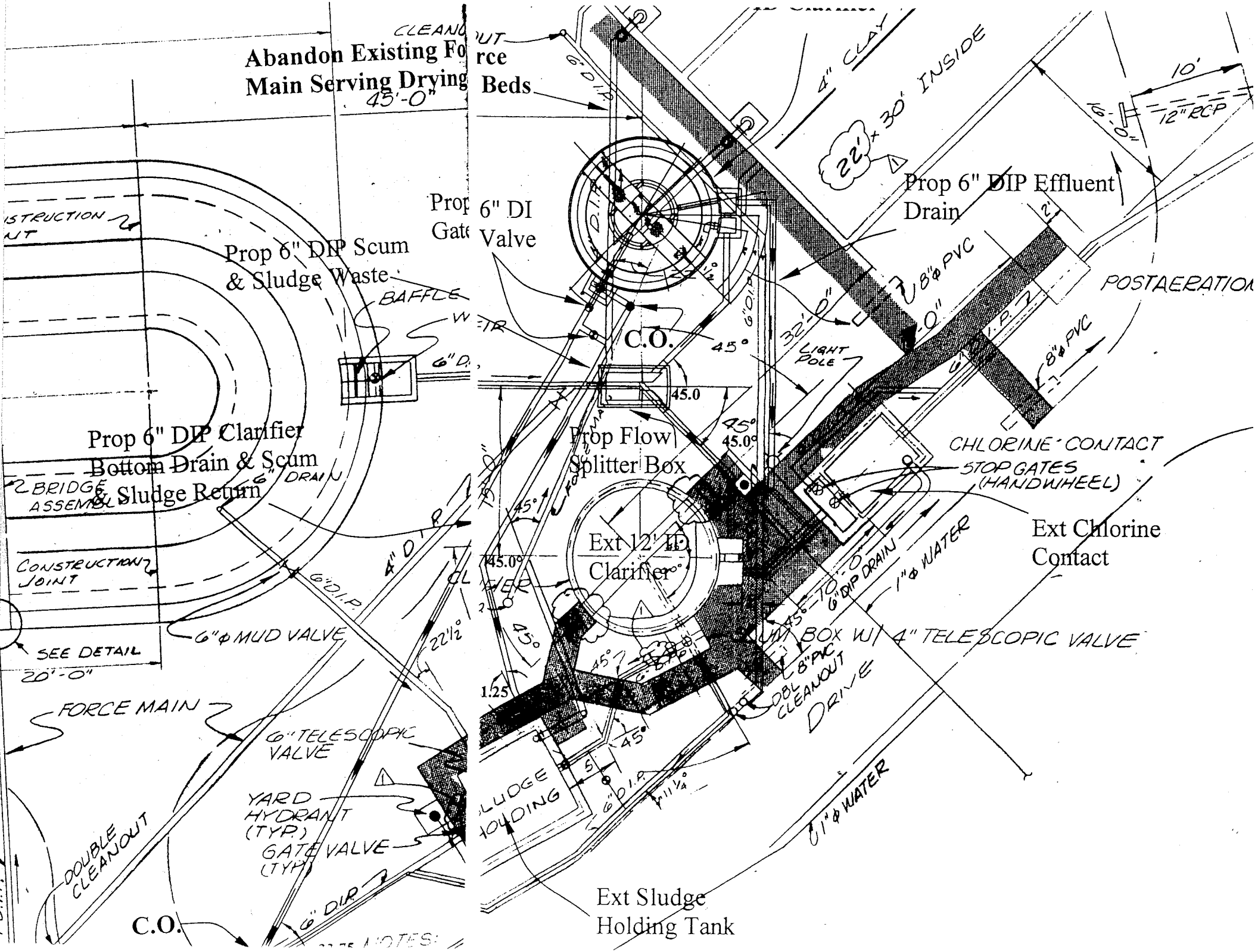
MAR 2003

S

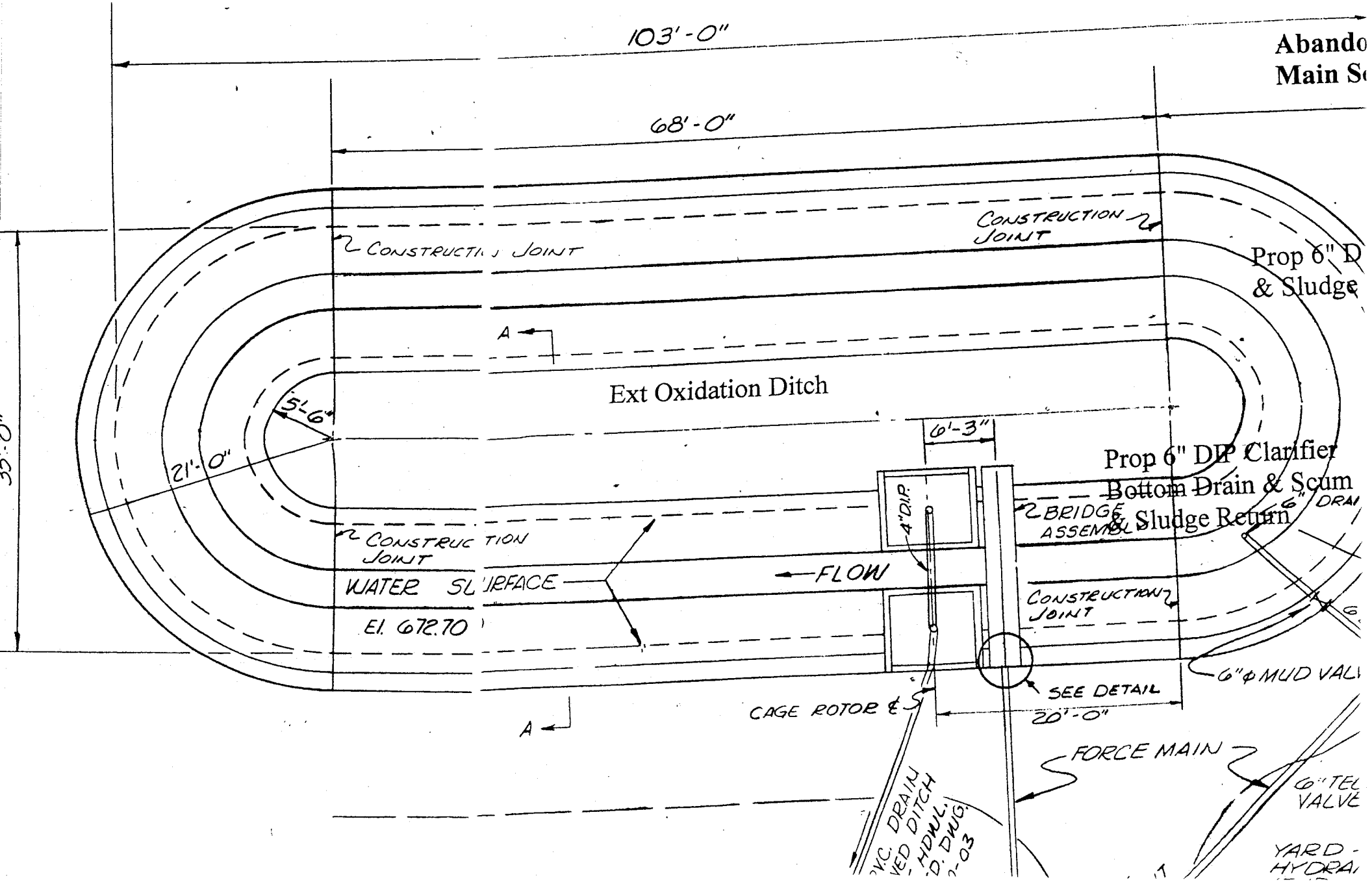
Bradfordsville STP

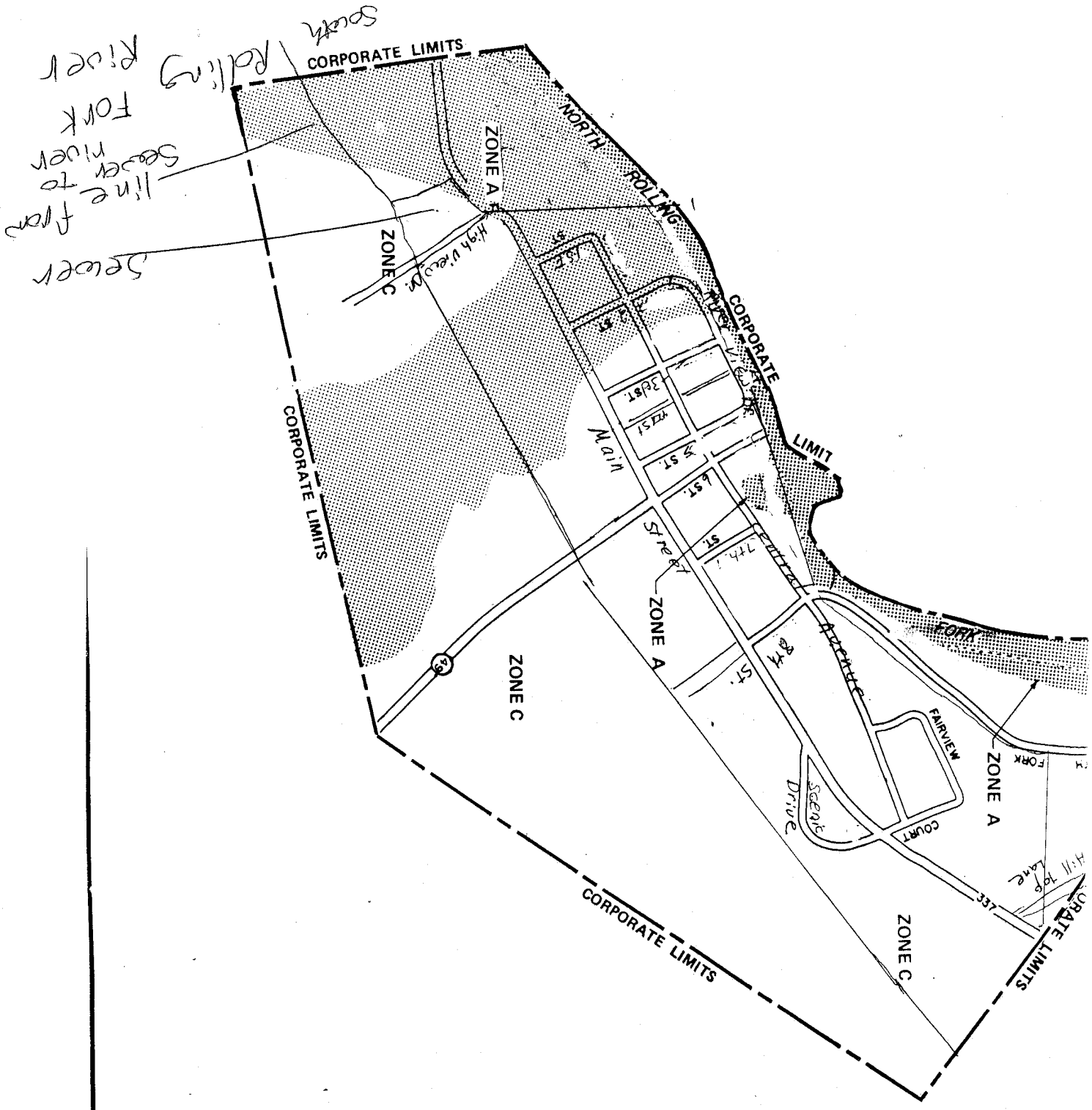






Abandon Existing Force Main Serving Drying Beds
45'-0"
CLEANOUT
6" D.I.P.
4" CLAY
22' x 30' INSIDE
10'
12" RCP
16'-0"
Prop 6" DIP Effluent Drain
Prop 6" DI Gate Valve
Prop 6" DIP Scum & Sludge Waste
BAFFLE
WEIR
C.O.
45°
32'-0"
LIGHT POLE
8"φ PVC
POSTAERATION
45.0
45.0°
Prop Flow Splitter Box
Prop 6" DIP Clarifier Bottom Drain & Scum & Sludge Return
BRIDGE ASSEMBLY
6" DRAIN
CHLORINE CONTACT
STOP GATES (HANDWHEEL)
Ext Chlorine Contact
Ext 12' ID Clarifier
CONSTRUCTION JOINT
4" D.I.P.
6" D.I.P.
6"φ MUD VALVE
SEE DETAIL
20'-0"
22½°
1.25
6" DIP DRAIN
1"φ WATER
BOX W/ 4" TELESCOPIC VALVE
8" PVC
DBL CLEANOUT
DRIVE
FORCE MAIN
6" TELESCOPIC VALVE
YARD HYDRANT (TYP.)
GATE VALVE (TYP.)
SLUDGE HOLDING
DOUBLE CLEANOUT
C.O.
Ext Sludge Holding Tank


103'-0"
68'-0"
Abando
Main S
CONSTRUCTION JOINT
CONSTRUCTION JOINT
Prop 6" D
& Sludge
A
Ext Oxidation Ditch
5'-6"
21'-0"
6'-3"
Prop 6" DIP Clarifier
Bottom Drain & Scum
& Sludge Return
4" DIP
BRIDGE ASSEMBLY
CONSTRUCTION JOINT
WATER SURFACE
EL. 672.70
FLOW
CONSTRUCTION JOINT
SEE DETAIL
CAGE ROTOR ℄
20'-0"
FORCE MAIN
A



MAP 01

FEDERAL EMERGENCY MANAGEMENT AGENCY

CITY OF BRADFORDSVILLE, KY

MARION COUNTY

APPROXIMATE SCALE

1000 0 1000 2000

FLOOD INSURANCE RATE MAP

COMMUNITY NUMBER 210161

KPDES FORM A

NOV 30 2007

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE	0	0	9	0	7	1	9

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 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 (with certain exclusions); 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 plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Bradfordsville Wastewater Treatment Plant

Mailing Address: P.O. Box 65
Bradfordsville, Kentucky 40009

Contact person: David Edelen or Jeff Helms

Title: mayor / wastewater engineer

Telephone number: (270) 337-3796, (270) 337-2085

Facility Address (not P.O. Box):

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name:

Mailing Address:

Contact person:

Title:

Telephone number:

Is the applicant the owner or operator (or both) of the treatment works?

☑ Owner ☐ Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ Facility ☑ Applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

KPDES: KY 0090719 PSD:

UIC: Other:

RCRA: Other:

A.4. 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
City of Bradfordsville	304	gravity feed	City of Bradfordsville

Total population served 304

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☑ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☑ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and 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 0.040 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.019	0.012	0.008	mgd
c. Maximum daily flow rate	0.059	0.042	0.022	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☑ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☑ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

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: _____

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

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☒ Yes ☐ No

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

TANK TRUCK

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

Transporter name: Kelly Sherrell

Mailing Address: Central Avenue
Bradfordsville, Kentucky

Contact person: Kelly Sherrell

Title:

Telephone number: (270) 337-4202

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

Name: Lebanon Wastewater Treatment Plant

Mailing Address: 113 S. Proctor Knott Avenue
Lebanon, Kentucky 40033

Contact person: John Thomas

Title: City Administrator

Telephone number: (270) 692-

If known, provide the KPDES 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 percolation, 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 daily volume disposed of by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

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 001

b. Location Bradfordsville, Kentucky 40009
(City or town, if applicable) (Zip Code)
Marion County Kentucky
(County) (State)
37 degrees 29 minutes, 85 degrees 9 minutes
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate 0.008 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 Big South Fork of Rolling Fork River Mile point 0.10

b. Name of watershed (if known) Salt/Licking Management unit

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): Big South Fork of Rolling Fork River

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 $CaCO_3$

A.11. Description of Treatment.

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

☑ Primary ☐ Secondary

☐ Advanced ☐ Other. Describe: _____

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

Design BOD_5 removal or Design $CBOD_5$ removal 98.5 %

Design SS removal 85.4 %

Design P removal _____ %

Design N removal _____ %

Other _____ _____ %

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

Chlorine

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: _____

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.06	s.u.			
pH (Maximum)	7.63	s.u.			
Flow Rate	0.0153	gallons			Continuous
Temperature (Winter)	20°	Celcius	last 3 years		
Temperature (Summer)	20°-21°	Celcius	20° this year 21° last 2 years		

* 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	BOD-5							
DEMAND (Report one)	CBOD-5	98.5				3	Call	
FECAL COLIFORM		60.0				3	Grab	100 ML
TOTAL SUSPENDED SOLIDS (TSS)		85.4				3	Call	

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

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

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

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

0 gpd

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

_____

_____

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. 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.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

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

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status 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 information on any uncompleted implementation schedule or uncompleted plans for 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 question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

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 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: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.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: _____

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)	0.09	Mg/L			3	grab	
CHLORINE (TOTAL RESIDUAL, TRC)	<0.01	Mg/L			3	grab	
DISSOLVED OXYGEN	7.4	mg/L			3	grab	
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

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

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form A you have completed and are submitting:

☐ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

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: David Edelen, mayor

Signature: David Edelen

Telephone number: (270) 337 - 3796

Date signed: NOV. 29, 2007

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

SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information 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 analyses conducted using 40 CFR Part 136 methods. In addition, these 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. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. 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: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM	<0.0005				<0.0005				1	Comp.	
CHROMIUM											
COPPER	0.001				0.001				1	Comp.	
LEAD	<0.001				<0.001				1	Comp.	
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC	0.042				0.042				1	Comp.	
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)	280				280				1	Comp.	
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
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											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
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-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
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											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
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											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. 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.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity 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.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required 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. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:	Test number:	Test number:
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:	Test number:	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
PH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

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 Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

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

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☐ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. 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.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. 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.7. 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.8. 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.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. 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 (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☐ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. 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).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. 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.

_____

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete 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 G.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.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. 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. 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 ☐ approx.)

b. Give the average duration per CSO event.

_____ hours (☐ actual or ☐ approx.)

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 A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

INSTRUCTIONS FOR COMPLETING FORM A
(Federal Register 8/4/99)

Instructions for Completing Form 2A—Application for an NPDES Permit

Paperwork Reduction Act Notice: The annual public reporting and recordkeeping burden for this collection of information is estimated to average 9.6 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OP Regulatory Information Division, U.S. Environmental Protection Agency (2137), 401 M St., S.W., Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed Form 2A to this address.

Background Information

Each wastewater treatment works that discharges treated effluent to waters of the United States must apply for a permit for its discharges. This permitting requirement is part of the National Pollutant Discharge Elimination System (NPDES) program, which is implemented by the U.S. Environmental Protection Agency (EPA). You can obtain a permit for your treatment works by filling out and sending in the appropriate form(s) to your permitting authority. If the State in which your treatment works is located operates its own NPDES program, then the State is your permitting authority and you should ask your State for permit application forms. On the other hand, if EPA operates the NPDES program in your State, then EPA is the permitting authority, and you must fill out and send in Form 2A.

These instructions explain how to fill out each question in Form 2A. However, not every applicant will have to fill out every section of Form 2A. You may determine which parts of Form 2A apply the your treatment works by reading the Application Overview section on page 1 of Form 2A before filling out the form.

Commonly Asked Questions

What If I Need More Space for My Answer?

If you need more room for your answer than is provided on the form, attach a separate sheet called "Additional Information." At the top of the separate sheet, put the name of your plant, your plant's NPDES permit number, and the number of the outfall that you are writing about, if applicable. Also, next to your answer, put the question number (from Form 2A). Provide this information on any drawings or other papers that you attach to your application as well.

Will the Public Be Able To See the Information I Submit?

Any information you submit on Form 2A will be available to the public. If you send in more information than is requested on Form 2A that is considered company-privileged information, you may ask EPA to keep that extra information confidential. Note that you cannot ask EPA to keep effluent data confidential. If you want any of the extra information to be kept confidential, inform EPA of this when you submit your application. Otherwise, EPA may make the information public without letting you know in advance. For more information on claims of confidentiality, see EPA's business confidentiality regulations at Title 40, Part 2 of the Code of Federal Regulations (CFR).

How Do I Complete the Forms?

Answer every question on Form 2A that applies to your treatment works. If your answer to a question requires more room than there is on the form, please attach additional sheets as described above. If a particular question does not apply to your treatment works, write "N/A" (meaning "not applicable") as your answer to that question. If you need additional guidance on filling out these forms, contact your EPA Regional Office or your State office.

Which Parts of the Form Apply?

Form 2A is presented in a modular format, consisting of two packets: the Basic Application Information packet and the Supplemental Application Information packet. The Basic Application Information Packet is divided into three parts. All applicants must complete Part A (Basic Application Information For All Applicants) and Part C (Certification). Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B (Additional Application Information For Applicants With A Design Flow Greater Than Or Equal To 0.1 MGD). Some applicants must also complete the Supplemental Application Information packet. Refer to the Application Overview on page 1 of Form 2A to determine which parts of the Supplemental Application Information you must complete.

Step-by-Step Instructions

The following section provides clarification and additional information for the questions on Form 2A. Most of the terms used in Form 2A are defined in the NPDES regulations at 40 CFR 122.2.

Basic Application Information

Part A (Basic Application Information for All Applicants)

A.1. Facility Information

Provide your plant's official or legal name. Do not use a nickname or short name. Also provide your plant's mailing address, a contact person at the plant, his/her title, and that person's work telephone number. The contact person should be someone who has a thorough understanding of the operation of the treatment works. The permitting authority may call this person if there are any questions about the application. Also provide the actual facility address (if different than the mailing address). The facility location should be a street address (not a Post Office box number) or other description of the actual location of the facility. Be sure to provide the city or county and state in which the facility is located.

A.2. Applicant Information

If someone other than the facility contact person is actually submitting this application (e.g., a consultant), provide the name and mailing address of that person's organization. Also provide the name of a contact person, his/her title, and his/her work telephone number. The permitting authority may call this person if there are any questions about the application.

A.3. Existing Environmental Permits

Provide the permit number of each currently effective permit issued to the treatment works for NPDES, UIC, RCRA,

PSD, and any other environmental programs. If you have previously filed an application but have not yet received a permit, give the number of the application, if any. If you have more than one currently effective permit under a particular permit program, list each such permit number. List any other relevant environmental permits under "Other."

A.4. Collection System Information

Provide the names of all the cities, towns, and unincorporated areas served by your plant and enter the number of people served by your plant at the time you complete this form. Indicate whether each portion of the collection system is separate or combined storm and sanitary, if known, and note the ownership status of each portion of the system (municipal, private, etc.).

A.5. Indian Country

Indian Country means all land within the limits of any Indian reservation under the jurisdiction of the United States Government notwithstanding the issuance of any patent, and including rights-of-way running through the reservation. Indicate whether your plant is located in (i.e., within the limits of) Indian Country and whether the water body into which your plant discharges flows through Indian Country after it receives your plant discharge.

A.6. Flow

a. Provide your plant's current design flow rate. Treatment works with a design flow less than 5 mgd must provide the design influent flow rate to two decimal places. Treatment works that are greater than or equal to 5 mgd must report this to 1 decimal place. This is because fluctuations of 0.01 mgd to 0.09 mgd in smaller treatment works represent a significant percentage of daily flow.

b. Enter the annual average daily flow rate, in million gallons per day, that your plant actually treated this year and each of the past two years for days that your plant actually discharges. 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.

c. Enter the maximum daily flow rate, in million gallons per day (mgd), that your plant received this year and each of the past two 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.7. Collection System

Indicate what type of collection system brings wastewater to your plant. If you check both of the collection systems indicated on the form, you must also provide an estimate of what percentage (in terms of miles of pipe) of your entire collection system each type represents. For example, 80 percent separate sanitary sewers would mean that 80 percent of the actual miles of pipes are separate sanitary sewers (and 20 percent are combined sewers).

A.8. Discharges and Other Disposal Methods

a. Note whether the treatment works discharges effluent to waters of the U.S. If yes, note the number of treated effluent discharge points, untreated or partially treated effluent discharge points, combined sewer overflow points, constructed emergency overflows prior to the headworks, and any other discharge points. Dischargers of effluent to waters of the U.S. with flow rates greater than or equal to 0.1 mgd must also complete questions B.1 through B.6 and, in some cases, Part D (Expanded Effluent Testing Data) of Form 2A. See the Application Overview on page 1 of Form 2A for more information.

b. A surface impoundment with no point source discharge (to waters of the U.S.) is a holding pond or basin that is large enough to contain all wastewaters discharged into it. It has no places where water overflows from it. It is used for evaporation of water and very little water seeps into the ground. Your plant must report the location of each surface impoundment, the annual average volume discharged to each impoundment, and the frequency of discharge into the surface impoundment (i.e., is the discharge continuous or intermittent). If your plant discharges to more than one surface impoundment, use an additional sheet (or sheets) to give this information for each impoundment. Attach the additional sheet(s) to the application form. The information on the location of the surface impoundment(s) may be referenced on the topographic map prepared under question B.2, if applicable.

c. Land application is the spraying or spreading of treated wastewater over an area of land. If your plant applies wastewater to land, you must list the site location, the size of the site (in acres), the annual average daily volume applied to the site, and the frequency of application (i.e., is the application continuous or intermittent). If your plant applies wastewater to more than one site, provide the information for each site on a separate sheet (or sheets). Attach the additional sheet(s) to your application form. The information on the location of the land application site may be referenced on the topographic map prepared under question B.2, if applicable.

d. If your plant discharges treated or untreated wastewater to another treatment works (including a municipal waste transport or collection system), provide the information requested in question A.8.d. If your plant sends wastewater to more than one treatment works, provide this information for each treatment works on an additional sheet (or sheets). Attach the additional sheet(s) to your application form. Describe how the wastewater is transported to the other treatment works. Also provide the name and mailing address of the company that transports your plant's wastewater to this treatment works as well as the name, phone number, and title of the contact person at the transportation company. Also provide the name and mailing address of each treatment works that receives wastewater from your plant as well as the name, phone number, and title of the contact person at the treatment works that receives your plant's wastewater and the NPDES permit number for the treatment works, if known. Indicate the average daily flow, in million gallons per day, that is sent from your plant to the other treatment works.

e. If your plant disposes of its wastewater in some way that was not described by A.8.a through A.8.d above, briefly describe how your plant discharges or disposes of its wastewater. Also give the annual daily volumes disposed of this way and indicate whether the discharge is continuous or intermittent. Other ways to discharge or dispose include underground percolation and well injection.

Wastewater Discharges. If this treatment works does not discharge treated wastewater to waters of the United States, do not complete questions A.9 through A.11. Instead, go to Part C (Certification). Note that you may also be required to complete portions of the Supplemental Application Information packet.

Answer questions A.9 through A.12 once for *each* outfall (including bypass points) through which your treatment works discharges effluent to surface waters of the United States. Do not include information about combined sewer overflow discharge points. Surface water means creeks, streams, rivers, lakes, estuaries, and oceans. If your treatment works has more than one

outfall, copy and complete questions A.9 through A.12 once for each outfall.

A.9. Description of Outfall

a–e. Give the outfall number and its location. For location, provide the city or town (if applicable), zip code, county, state, and latitude and longitude to the nearest second. If this outfall is a subsurface discharge (e.g., into an estuary, lake, or ocean), indicate how far the outfall is from shore and how far below the water's surface it is. Give these distances in feet at the lowest point of low tide. Also provide the average daily flow rate in million gallons per day.

f. Mark whether this outfall is a periodic or intermittent discharge. A "periodic discharge" is one that happens regularly (for example, monthly or seasonally), but is not continuous all year. An "intermittent discharge" is one that happens sometimes, but not regularly. Discharges from holding ponds, lagoons, etc., may be included as periodic or intermittent. Give the number of times per year a discharge occurs from this outfall. Also tell how long each discharge lasts and how much water is discharged, in million gallons per day. List each month when discharge happens. If you do not have records of exact months in which such discharges occurred, provide an estimate based on the best available information.

g. Indicate whether the outfall is equipped with a diffuser.

A.10. Description of Receiving Waters

a. Give the name of the surface water to which this outfall discharges and the waterbodies to which the discharge will ultimately flow. For example, "Control Ditch A, then into Stream B, then into River C, and finally into River D in River Basin E."

b. If known, provide the name of the watershed in which the receiving water (identified in question A.10.a) is located. If known, also provide the 14-digit watershed code assigned to this watershed by the U.S. Soil Conservation Service.

c. If known, provide the name of the State Management/River Basin into which this outfall discharges. If known, also provide the 8-digit hydrologic cataloging unit code assigned by the U.S. Geological Survey.

d. If known and if the water body is a river or stream, provide the acute and chronic critical low flow in cubic feet per second (cfs). If you are unsure of these numbers, the U.S. Geological Survey may be able to give them to you or you may be able to get these numbers from prior studies.

e. Give the total hardness of the receiving stream at critical low flow, in milligrams per liter of $CaCO_3$, if applicable.

A.11. Description of Treatment

a. Indicate the levels of treatment that your plant provides for the discharge from this outfall.

b. Give the design removal rates, in percent, for biochemical oxygen demand (BOD_5) or carbonaceous biochemical oxygen demand ($CBOD_5$), suspended solids (SS), phosphorus (P), nitrogen (N), and any other parameter requested by the permitting authority.

c. Describe the type of disinfection your plant uses (for example, chlorination, ozonation, ultraviolet, etc.) and any seasonal variation in disinfection technique that may occur. If your plant uses chlorination, indicate whether it also dechlorinates.

d. Note whether the facility has post aeration.

A.12. Effluent Testing Information

All applicants that discharge effluent to waters of the United States must provide effluent testing data for each outfall. Refer to the following table to determine which effluent testing information questions you must complete and to determine the number of pollutant scans on which to base your data. See the Application Overview on page 1 of Form 2A for more information.

Treatment works characteristics	Form 2A requirements	Minimum number of scans (see Appendix A)
Design flow rate less than 1 mgd, *and* Not required to have (or does not have) a pretreatment program	Question A.12	3
Design flow rate greater than or equal to 1 mgd, *or* Required to have a pretreatment program (or has one in place), *or* Otherwise required by the permitting authority to provide the data	Question A.12 *and* Part D of Supplemental Application Information Packet	3

Complete question A.12 *once for each outfall* through which effluent is discharged to waters of the United States. Indicate on each page the outfall number (as assigned in question A.9) for which the data are provided. Do not include information about combined sewer overflow discharge points in question A.12. For specific instructions on completing the pollutant tables in question A.12, refer to Appendix A of these instructions.

Part B (Additional Application Information for Applicants With a Design Flow Greater Than Equal to 0.1 MGD)

All applicants with a design flow rate greater than or equal to 0.1 mgd must answer questions B.1 through B.6.

B.1. Inflow and Infiltration

Estimate the average daily flow rate of inflow and infiltration in gallons per day and steps the facility is taking to minimize inflow and infiltration.

B.2. Topographic Map

Provide a topographic map (or other map if a topographic map is unavailable) extending at least one mile beyond property boundaries of the treatment plant, including all unit processes. In addition, the map must show the following:

a. Treatment plant area and unit processes;

b. Major pipes or other structures through which wastewater enters the treatment plant 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 fluids from the treatment plant is injected underground;

d. Wells, springs, and other surface waterbodies listed in public records or otherwise known to the applicant within one-quarter mile of the treatment works' property boundary;

e. Sewage sludge management facilities (including on-site treatment, storage, and disposal sites); and

f. Location at which waste classified as hazardous under RCRA enters the treatment plant by truck, rail, or dedicated pipe.

B.3. Process Flow Diagram or Schematic

Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Include a water balance showing all treatment units, including disinfection, and showing daily average flow rates at influent and discharge points, and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s)

If a contractor carries out any operational or maintenance aspects associated with wastewater treatment or effluent quality at this facility, provide the name, mailing address, and telephone number of each such contractor. Also provide a description of the responsibilities of the contractor. Attach additional pages if necessary.

B.5. Scheduled Improvements and Schedules of Implementation

Provide information on any improvements to your treatment works that you are currently planning. Include only those improvements that will affect the wastewater treatment, effluent quality, or design capacity of your treatment works (such improvements may include regionalization of treatment works). Also list the schedule for when these improvements will be started and finished. If your treatment works has more than one improvement planned, use a separate sheet of paper to provide information for each one.

a. List each outfall number that is covered by the implementation schedule. The outfall numbers you use must be the same as the ones provided under question A.9.

b. Indicate whether the planned improvements or implementation schedules are required by local, State, or Federal agencies.

c. Provide a brief description of the improvements to be made for the outfalls listed in question B.5.a, including new maximum daily inflow rate, if applicable.

d. Provide the information requested for each planned improvement. Supply dates for the following stages of any compliance schedule. For improvements that are planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. If a step has already been finished, give the date when that step was completed.

- "Begin Construction" means the date you plan to start construction.
- "End Construction" means the date you expect to finish construction.
- "Begin Discharge" means the date that you expect a discharge will start.
- "Attain Operational Level" means the date that you expect the effluent level will meet your plant's implementation schedule conditions.

e. Note whether your treatment works has received appropriate permits or clearances that are required by other Federal or State requirements. If you have received such permits, describe them.

Part C (Certification)

Before completing the Certification statement, review the Application Overview section on the cover page of Form 2A to make sure that you have completed all applicable sections of Form 2A, including any parts of the Supplemental Application Information packet.

All permit applications must be signed and certified. Also indicate in the boxes provided which sections of Form 2A you are submitting with this application.

An application submitted by a *municipality, State, Federal, or other public agency* must be signed by either a principal executive officer or ranking elected official. A principal executive officer of a Federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

An application submitted by a *corporation* must be signed by a responsible corporate officer. A responsible corporate officer means: (1) A president, secretary, treasurer, or vice president in charge of a principal business function, or any other person who performs similar policy- or decision-making functions; or (2) the manager of manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

An application submitted by a *partnership or sole proprietorship* must be signed by a general partner or the proprietor, respectively.

Supplemental Application Information Packet

EPA has developed Form 2A in a modular format, consisting of two packets: the Basic Application Information packet and the Supplemental Application Information packet. As directed by the Application Overview section on page 1 of Form 2A, certain applicants will need to complete one or more parts of the Supplemental Application Information packet in addition to some or all of the Basic Application Information packet. Refer to the Application Overview section to determine which part(s) of Form 2A you must complete.

The Supplemental Application Information packet is divided into the following parts:

- Part D Expanded Effluent Testing Data
- Part E Toxicity Testing Data
- Part F Industrial User Discharges and RCRA/CERCLA Wastes
- Part G Combined Sewer Systems

Part D (Expanded Effluent Testing Data)

A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

- Has a design flow rate greater than or equal to 1 mgd;
- Is required to have a pretreatment program (or has one in place); or
- Is otherwise required by the permitting authority to provide the information

Refer to the following table to determine which effluent testing information questions you must complete and to determine the number of pollutant scans on which to base your data.

Treatment works characteristics	Form 2A requirements	Minimum number of scans (see Appendix A)
Design flow rate less than 1 mgd but greater than 0.1 mgd, *and* Not required to have (or does not have) a pretreatment program	Question B.6	3
Design flow rate greater than or equal to 1 mgd, *or* Required to have a pretreatment program (or has one in place), *or* Otherwise required by the permitting authority to provide the data	Question B.6 *and* Part D of Supplemental Application Information Packet	3

Complete Part D *once for each outfall* through which effluent is discharged to waters of the United States. Indicate on each page the outfall number (as assigned in question A.9 of the Basic Application Information packet) for which the data are provided. Using the blank rows provided on the form, submit any data the facility may have for pollutants not specifically listed in Part D. Note that the permitting authority may require additional testing on a case-by-case basis.

For specific instructions on completing the pollutant tables in Part D, refer to Appendix A of these instructions.

Part E (Toxicity Testing Data)

Treatment works meeting one or more of the following criteria must complete Part E (Toxicity Testing Data):

- Treatment works with a design flow rate greater than or equal to one mgd; *or*
- Treatment works with an approved pretreatment program (as well as those required to have one under 40 CFR Part 403); *or*
- Treatment works otherwise required by the permitting authority to submit the results of whole effluent toxicity testing.

Applicants completing Part E must submit the results from any whole effluent toxicity test conducted during the past four and one-half years that have not been reported or submitted to the permitting authority for each outfall discharging effluent to the waters of the United States. Do not include information on combined sewer overflows in this section. If the applicant conducted a whole effluent toxicity test during the past four and one-half years that revealed toxicity, then provide any information available on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.

Test results provided in Part E must be based on multiple species being tested quarterly for a minimum of one year. For multiple species, EPA requires a minimum of two species (e.g., vertebrates and invertebrates). The permitting authority may require the applicant to include other species (e.g., plants) as well. Applicants must provide these tests for either acute or chronic toxicity depending on the range of the receiving water dilution. EPA recommends that applicants conduct acute or chronic toxicity testing based on the following dilutions:

- Acute toxicity testing if the dilution of the effluent is greater than 1000:1 at the edge of the mixing zone.
- Acute or chronic toxicity testing if the dilution of the effluent is between 100:1 and 1000:1 at the edge of the mixing zone. Acute testing may be more appropriate at the higher end of this range (1000:1), and chronic testing may be more appropriate at the lower end of this range (100:1).
- Chronic toxicity testing if the dilution of the effluent is less than 100:1 at the edge of the mixing zone.

All data provided in Part E must be based on tests performed within four and one-half years prior to completing this application. The tests must have been conducted since the last NPDES permit issuance or permit modification under 40 CFR 122.62(a). In addition, applicants only need to submit data that have not previously been submitted to the permitting authority. Thus, if test data have already been submitted (within the last four and one-half years) in accordance with an issued NPDES permit, the treatment works may note the dates the tests were submitted and need not fill out the information requested in question E.2 for that test.

Additional copies of Part E may be used in submitting the required information. A permittee having no significant toxicity in the effluent over the past year and who has submitted all toxicity test results through the end of the calendar quarter preceding the time of permit application would need to supply no additional toxicity testing data as part of this application. Instead, the applicant should complete question E.4, which requests a summary of bioassay test information already submitted. (See below for more detailed instructions on completing question E.4)

Where test data are requested to be reported, the treatment works has the option of reporting the requested data on Form 2A or on reports supplied by the laboratories conducting the testing, provided the data requested are complete and presented in a logical fashion. The permitting authority reserves the right to request that the data be reported on Form 2A.

E.1. Required Tests

Provide the total number of chronic and acute whole effluent toxicity tests conducted in the past four and one-half years. A "chronic" toxicity test continues for a relatively long period of time, often one-tenth the life span of the organism or more. An "acute" toxicity test is one in which the effect is observed in 96 hours or less.

E.2. Individual Test Data

Complete E.2 for each test conducted in the last four and one-half years for which data has not been submitted. Use the columns provided on the form for each test and specify the test number at the top of each column. Use additional copies of question E.2 if more than three tests are being reported. The parameters listed on the form are based on EPA-recommended test methods. Permittees may be required by the permitting authority to submit additional test parameter data for the purposes of quality assurance.

If the treatment works is conducting whole effluent toxicity tests and reporting its results in accordance with a NPDES permit requirement, then the treatment works may note the dates the tests were submitted and need not fill out the information requested in question E.2. for those tests (unless otherwise required by the permitting authority).

a. Provide the information requested on the form for each test reported. Under "Test species & test method number," provide the scientific name of the organism used in the test and the test method number. The "Outfall number" reported must correlate to the outfall numbers listed in question A.9 of the Basic Application Information packet.

b. Provide the source of the toxicity test methods followed. In conducting the tests, the treatment works must use methods approved in accordance with 40 CFR Part 136.

Note: Approved methods are currently under development.

c. Indicate whether 24-hour composite or grab samples were used for each test. For multiple grab samples, provide the number of grab samples used. Refer to Appendix A of the instructions for a definition of composite and grab samples.

d. Indicate whether the sample was taken before or after disinfection and/or after dechlorination.

e. Provide a description of the point in the treatment process at which the sample was collected.

f. Indicate whether the test was intended to assess chronic or acute toxicity.

g. Indicate which type of test was performed. A "static" test is a test performed with a single constant volume of water. In a "static-renewal" test, the volume of water is renewed at discrete intervals. In a "flow-through" test, the volume of water is renewed continuously.

h. Indicate whether laboratory water or the receiving water of the tested outfall was used as the source of dilution water. If laboratory water was used, provide the type of water used.

i. Indicate whether fresh or salt water was used as the dilution water. For salt water, specify whether the salt water was natural or artificial (specify the type of artificial water used).

j. For each concentration in the test series, provide the percentage of effluent used.

k. Provide the minimum and maximum parameters measured during the test for pH, salinity, temperature, ammonia, and dissolved oxygen.

l. Provide the results of each test performed. For acute toxicity tests, provide the percent survival of the test species in 100 percent effluent. Also provide the LC_{50} (Lethal Concentration to 50 percent) of the test. "LC_{50}" is the effluent (or toxicant) concentration estimated to be lethal to 50 percent of the test organisms during a specific period. Provide the 95% confidence interval, control percent survival, and any other test results requested by the permitting authority in the space provided. For chronic toxicity tests, provide data at the most sensitive endpoint. While this is generally expressed as a "NOEC" (No Observed Effect Concentration), it may be expressed as an "Inhibition Concentration" (e.g., "IC_{25}"—Inhibition Concentration to 25 percent). The NOEC is the highest measured concentration of an effluent (or a toxicant) at which no significant adverse effects are observed on the test organisms at a specific time of observation. The IC_{25} is the effluent (or toxicant) concentration estimated to cause a 25 percent reduction in reproduction, fecundity, growth, or other non-quantal biological measurements. Provide the control percent survival. Indicate any other test results in the space provided.

m. Note whether reference toxicant data is available and indicate whether the reference toxicant test was within acceptable bounds. Provide the date on which the reference toxicant test was run. Also provide any other quality control/quality assurance information that may be requested by the permitting authority.

E.3. Toxicity Reduction Evaluation

A Toxicity Reduction Evaluation (TRE) is a site-specific study conducted in a stepwise process designed to identify the causative agents of effluent toxicity, evaluate the effectiveness of toxicity control options, and then confirm the reduction in effluent toxicity. If the treatment works is conducting a TRE as part of a NPDES permit requirement or enforcement order, then you only need to provide the date of the last progress report concerning the TRE in the area reserved for details of the TRE.

E.4. Summary of Submitted Biomonitoring Test Information

As stated above, applicants that have already submitted the results of biomonitoring test information over the past four and one-half years do not need to resubmit this data with Form 2A. Instead, indicate in question E.4 the date you submitted each report and provide a summary of the test results for each report. Include in this summary the following information: the outfall number and collection dates of the samples tested, dates of testing, toxicity testing method(s) used, and a summary of the results from the test (e.g, 100% survival in 40% effluent).

Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

All treatment works receiving discharges from significant industrial users (SIUs) or facilities that receive RCRA, CERCLA, or other remedial wastes must complete Part F.

A "categorical industrial user" is an industrial user that is subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N, which are technology-based standards developed by EPA setting industry-specific effluent limits. (A list of Industrial Categories subject to Categorical Pretreatment Standards is included in Appendix B.)

A "significant industrial user" is defined in 40 CFR 403.3(t) as an industrial user that:

- Is subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N; and
- Any other industrial user that: 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); 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 is designated as such by the Control Authority as defined in 40 CFR 403.12(a) on the basis that the industrial user has a reasonable potential for adversely affecting the treatment works operation or for violating any pretreatment standard or requirement (in accordance with 40 CFR 403.8(f)(6)).

An "industrial user" means any industrial or commercial entity that discharges wastewater that is not domestic wastewater. Domestic wastewater includes wastewater from connections to houses, hotels, non-industrial office buildings, institutions, or sanitary waste from industrial facilities. The number of "industrial users" is the total number of industrial and commercial users that discharge to the treatment works.

For the purposes of completing the application form, please provide information on non-categorical SIUs and categorical industrial users separately.

F.1. Pretreatment Program

Indicate whether the treatment works has an approved pretreatment program. An "approved pretreatment program" is a program administered by a treatment works that meets the criteria established in 40 CFR 403.8 and 403.9 and that has been approved by a Regional Administer or State Director.

Note that if this treatment works has or is required to have a pretreatment program, you must also complete Parts D and E of the Supplemental Application Information packet.

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs)

Provide the number of SIUs and the number of CIUs that discharge to the treatment works.

Significant Industrial User (SIU) Information. All treatment works that receive discharges from SIUs must complete questions F.3 through F.8. If your treatment works receives wastewater from more than one SIU,

complete questions F.3 through F.8 *once for each SIU.*

F.3. Significant Industrial User Information

Provide the name and mailing address of each SIU. Submit additional pages as necessary.

F.4. Industrial Processes

Describe the actual process(es) (rather than simply listing them) at the SIU that affect or contribute to the SIU's discharge. For example, in describing a metal finishing operation, include such information as how the product is cleaned prior to finishing, what type of plating baths are in operation (e.g., nickel, chromium), how paint is applied, and how the product is polished. Attach additional sheets if necessary.

F.5. Principal Product(s) and Raw Material(s)

List principal products that the SIU generates and the raw materials used to manufacture the products.

F.6. Flow Rate

"Process wastewater" means any water that, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product. Indicate the average daily volume, in gallons per day, of process wastewater and non-process wastewater that the SIU discharges into the collection system. Specify whether the discharges are continuous or intermittent.

F.7. Pretreatment Standards

Indicate whether the SIU is subject to local limits and categorical pretreatment standards. "Local limits" are enforceable local requirements developed by treatment works to address Federal standards as well as state and local regulations. "Categorical pretreatment standards" are national technology-based standards developed by EPA, setting industry-specific effluent limits. These standards are implemented by 40 CFR 403.6. If the treatment works is subject to categorical pretreatment standards, indicate the category and subcategory.

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU

Provide information concerning any problems the treatment works has experienced that are attributable to discharges from the SIUs. Problems may include upsets or interference at the plant, corrosion in the collection system, or other similar events in the past three years.

RCRA Hazardous Waste Received by Truck, Rail or Dedicated Pipeline. As defined in Section 1004(5) of the Resource Conservation and Recovery Act (RCRA), "Hazardous waste" means "a solid waste, or combination of solid wastes, which because of its quantity, concentration, or physical, chemical or infectious characteristics may:

- Cause or significantly contribute to an increase in mortality or an increase in serious irreversible, or incapacitating reversible, illness; or
- Pose a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, or disposed of, or otherwise managed."

Those solid wastes that are considered hazardous are listed under 40 CFR Part 261. Treatment works that accept hazardous wastes by truck, rail, or dedicated pipeline (a pipeline that is used to carry hazardous waste directly to a treatment works without prior mixing with domestic sewage) within the property boundary of the treatment works are considered to be hazardous waste treatment, storage, and disposal facilities (TSDFs) and, as such, are subject to regulations under RCRA. Under RCRA, mixtures of domestic sewage and other wastes that commingle in the treatment works collection system prior to reaching the property boundary, including those wastes that otherwise would be considered hazardous, are excluded from regulation under the domestic sewage exclusion. Hazardous wastes that are delivered directly to the treatment works by truck, rail, or dedicated pipeline do not fall within the exclusion. Hazardous wastes received by these routes may only be accepted by treatment works if the treatment works complies with applicable RCRA requirements for TSDFs.

Applicants completing questions F.9 through F.11 should have indicated all points at which RCRA hazardous waste enters the treatment works by truck, rail, or dedicated pipe in the map provided in question B.2 of the Basic Application Information packet, if applicable.

F.9. RCRA Waste

Indicate whether the treatment works currently receives or has received RCRA waste by truck, rail, or dedicated pipe in the past three years.

F.10. Waste Transport

Indicate the method by which RCRA waste is received at the treatment works.

F.11. Waste Description

Provide the EPA hazardous waste numbers, which are located in 40 CFR Part 261, Subparts C & D, and the amount (in volume or mass) received.

CERCLA (Superfund) Wastewater and RCRA Remediation/ Corrective Action Wastewater. Substances that are regulated under Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) are described and listed in 40 CFR Part 302. Questions F.12 through F.15 apply to the type, origin, and treatment of CERCLA wastes currently (or expected to be) discharged to the treatment works.

F.12. CERCLA Waste

Indicate whether this treatment works currently receives waste from a CERCLA (Superfund) site or plans to accept waste from a CERCLA site in the next five years. If it does, provide the information requested in F.13 through F.15 *once for each site.*

F.13. Waste Origin

Provide information about the CERCLA site that is discharging waste to the treatment works. Information must include a description of the type of facility and an EPA identification number if one exists.

F.14. Pollutants

Provide a list of the pollutants that are or will be discharged by the CERCLA site and the volume and concentration of such pollutants.

F.15. Waste Treatment

Provide information concerning the treatment used (if any) by the CERCLA site to treat the waste prior to discharging it to the treatment works. The information should include a description of the treatment technology, information on the frequency of the discharge (continuous or intermittent) and any data concerning removal efficiency.

Part G. (Combined Sewer Systems)

A combined sewer system collects a mixture of both sanitary wastewater and storm water runoff.

G.1. System Map

Indicate on a system map all CSO discharge points. For each such point, indicate any sensitive use areas and any waters supporting threatened or endangered species that are potentially affected by CSOs. Sensitive use areas include beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters.

Applicants may provide the information requested in question G.1 on the map submitted in response to question B.2 in the Basic Application Information packet, if applicable.

All maps should be either on paper or other material appropriate for reproduction. If possible, all sheets should be approximately letter size with margins suitable for filing and binding. As few sheets should be used as necessary to show clearly what is involved. All discharge points should be identified by outfall number. Each sheet should be labeled with the applicant's name, NPDES permit number, location (city, county, or town), date of drawing, and designation of the number of sheets of each diagram as "page ____ of ____."

G.2. System Diagram

Diagram the location of combined and separate sanitary major sewer trunk lines and indicate any connections where separate sanitary sewers feed into the combined sewer system. Clearly indicate the location of all in-line and off-line storage structures, flow regulating devices, and pump stations.

The drawing should be either on paper or other material appropriate for reproduction. If possible, all sheets should be approximately letter size with margins suitable for filing and binding. As few sheets should be used as necessary to show clearly what is involved. All discharge points should be identified by outfall number. Each sheet should be labeled with the applicant's name, NPDES permit number, location (city, county, or town), date of drawing, and designation of the number of sheets of each diagram as "page ____ of ____".

CSO Outfalls. Fill out a copy of questions G.3 through G.6 *once for each CSO discharge point.* Attach additional pages as necessary.

G.3. Description of Outfall

a–f. Provide the outfall number and location (including city or town if applicable, state, county, and latitude and longitude to the nearest second). For subsurface discharges (e.g., discharges to lakes, estuaries, and oceans), provide the distance (in feet) of the discharge point from the shore and the depth (in feet) of the discharge point below the surface of the discharge point. Provide these distances at the lowest point of low tide. Indicate whether rainfall, CSO flow volume, CSO pollutant concentrations, receiving water quality, or CSO frequency were monitored during the past 12 months. In addition, provide the number of storm events monitored during the past 12 months.

G.4. CSO Events

a. Provide the number of CSO events that have occurred in the past 12 months. Indicate whether this is an actual or approximate number.

b. Provide the average duration (in hours) per CSO event. Indicate whether this is an actual or approximate value.

c. Provide the average volume (in million gallons) of discharge per CSO incidents over the past 12 months. Indicate whether this is an actual or approximate number.

d. Provide the minimum amount of rainfall that caused a CSO incident in the past 12 months.

G.5. Description of Receiving Waters

a. List the name(s) of immediate receiving waters starting at the CSO discharge point and moving downstream. For example, "Control Ditch A, thence to Stream B, thence to River C, and thence to River D in the River Basin E."

b. Provide the name of the watershed/river/stream system in which the receiving water (identified in question A.10.a) is located. If known, also provide the 14-digit watershed code assigned to this watershed by the U.S. Soil Conservation Service.

c. Provide the name of the State Management/River Basin into which this outfall discharges. If known, also provide the 8-digit hydrologic cataloging unit code assigned by the U.S. Geological Survey.

G.6. CSO Operations

Provide a description of any known water quality impacts on the receiving water caused by CSOs from this discharge point. Water quality impacts include, but are not limited to, 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.

Appendix A—Guidance for Completing the Effluent Testing Information; All Treatment Works

All applicants must provide data for each of the pollutants in question A.12 of the Basic Application Information packet. Some applicants must also provide data for the pollutants in question B.6 of the Basic Application Information packet and Part D of the Supplemental Application Information packet. All applicants submitting effluent testing data must base this data on a minimum of three pollutant scans. All samples analyzed must be representative of the discharge from the sampled outfall.

If you have existing data that fulfills the requirements described below, you may use that data in lieu of conducting additional sampling. If you measure more than the required number of daily values for a pollutant and those values are representative of your wastestream, you must include them in the data you report. In addition, use the blank rows provided on the form to provide any existing sampling data that your facility may have for pollutants not listed in the appropriate sections. All data provided in the application must be based on samples taken within three years prior to the time of this permit application.

Sampling data must be representative of the treatment works' discharge and take into consideration seasonal variations. At least two of the samples used to complete the effluent testing information questions must have been taken no fewer than 4 months and no more than 8 months apart. For example, one sample may be taken in April and another in October to meet this requirement. Applicants unable to meet this time requirement due to periodic, discontinuous, or seasonal discharges can obtain alternative guidance on this requirement from their permitting authority.

The collection of samples for the reported analyses should be supervised by a person experienced in performing wastewater sampling. Specific requirements contained in the applicable analytical methods should be followed for sample containers, sample preservation, holding times, and collection of duplicate samples. Samples should be taken at a time representative of normal operation. To the extent feasible, all processes that contribute to wastewater should be in operation and the treatment system should be operating properly with no system upsets. Samples should be collected from the center of the flow channel (where turbulence is at a maximum), at a location specified in the current NPDES permit, or at any location adequate for the collection of a representative sample.

A minimum of four grab samples must be collected for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform, *E. coli,* and enterococci (applicants need only provide data on *either* fecal coliform or *E. coli* and enterococci). For all other pollutants, 24-hour composite samples must be collected. However, a minimum of one grab sample, instead of a 24-hour composite, may be taken for effluent from holding ponds or other impoundments that have a retention period greater than 24 hours.

Grab and composite samples are defined as follows:

- Grab sample: an individual sample of at least 100 milliliters collected randomly for a period not exceeding 15 minutes.
- Composite sample: a sample derived from two or more discrete samples collected at equal time intervals or collected proportional to the flow rate over the compositing period. The composite collection method may vary depending on pollutant characteristics or discharge flow characteristics.

The permitting authority may allow or establish appropriate site-specific sampling procedures or requirements, including sampling locations, the season in which sampling takes place, the duration between

sampling events, and protocols for collecting samples under 40 CFR Part 136. Contact EPA or the State permitting authority for detailed guidance on sampling techniques and for answers to specific questions. The following instructions explain how to complete each of the columns in the pollutant tables in the effluent testing information sections of Form 2A.

Maximum Daily Discharge. For composite samples, the daily discharge is the average pollutant concentration and total mass found in a composite sample taken over a 24-hour period. For grab samples, the daily discharge is the arithmetic or flow-weighted total mass or average pollutant concentration found in a series of at least four grab samples taken during the operating hours of the treatment works during a 24-hour period.

To determine the *maximum* daily discharge values, compare the daily discharge values from each of the sample events. Report the highest total mass and highest concentration level from these samples.

- "Concentration" is the amount of pollutant that is present in a sample with respect to the size of the sample. The daily discharge concentration is the average concentration of the pollutant throughout the 24-hour period.
- "Mass" is calculated as the total mass of the pollutant discharged over the 24-hour period.
- All data must be reported as both concentration and mass (where appropriate). Use the following abbreviations in the columns headed "Units."

ppm—parts per million
gpd—gallons per day
mgd—million gallons per day
su—standard units
mg/l—milligrams per liter
ppb—parts per billion
ug/l—micrograms per liter
lbs—pounds
ton—tons (English tons)
mg—milligrams
g—grams
kg—kilograms
T—tonnes (metric tons)

Average Daily Discharge. The average daily discharge is determined by calculating the arithmetic mean daily pollutant concentration and the arithmetic mean daily total mass of the pollutant from each of the sample events within the three years prior to this permit application. Report the concentration, mass, and units used under the Average Daily Discharge column, along with the number of samples on which the average is based. Use the unit abbreviations shown above in "Maximum Daily Discharge."

If data requested in Form 2A have been reported on the treatment works' Discharge Monitoring Reports (DMRs), you may compile such data and report it under the maximum daily discharge and the average daily discharge columns of the form.

Analytical Method. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. Applicants should use methods that enable pollutants to be detected at levels adequate to meet water quality-based standards. Where no approved method can detect a pollutant at the water quality-based standards level, the most sensitive approved method should be used. If the applicant believes that an alternative method should be used (e.g., due to matrix interference), the applicant should obtain prior approval from the permitting authority. If an alternative method is specified in the existing permit, the applicant should use that method unless otherwise directed by the permitting authority. Where no approved analytical method exists, an applicant may use a suitable method but must provide a description of the method. For the purposes of the application, "suitable method" means a method that is sufficiently sensitive to measure as close to the water quality-based standard as possible.

Indicate the method used for each pollutant in the "Analytical Method" column of the pollutant tables. If a method has not been approved for a pollutant for which you are providing data, you may use a suitable method to measure the concentration of the pollutant in the discharge, and provide a detailed description of the method used or a reference to the published method. The description must include the sample holding time, preservation techniques, and the quality control measures used. In such cases, indicate the method used and attach to the application a narrative description of the method used.

Reporting Levels. The applicant should provide the method detection limit (MDL), minimum level (ML), or other designated method endpoint reflecting the precision of the analytical method used.

All analytical results must be reported using the actual numeric values determined by the analysis. In other words, even where analytical results are below the detection or quantitation level of the method used, the actual data should be reported, rather than reporting "non-detect" ("ND") or "zero" ("0"). Because the endpoint of the method has also been reported along with the test results, the permitting authority will be able to determine if the data are in the "non-detect" or "below quantitation" range.

For any dilutions made and any problems encountered in the analysis, the applicant should attach an explanation and any supporting documentation with the application. For GC/MS, report all results found to be present by spectral confirmation (i.e., quantitation limits or detection limits should not be used as a reporting threshold for GC/MS).

Total Recoverable Metals. Total recoverable metals are measured from unfiltered samples using EPA methods specified in 40 CFR Part 136.3. A digestion procedure is used to solubilize suspended materials and destroy possible organic metal complexes. The method measures dissolved metals plus those metals recovered from suspended particles by the method digestion.

Appendix B—Industrial Categories Subject to National Categorical Pretreatment Standards

Industrial Categories with Pretreatment Standards in Effect

Aluminum Forming
Asbestos Manufacturing
Battery Manufacturing
Builder's Paper and Board Mills
Carbon Black Manufacturing
Coil Coating
Copper Forming
Electrical and Electronic Components
Electroplating
Feedlots
Ferroalloy Manufacturing
Fertilizer Manufacturing
Glass Manufacturing
Grain Mills Manufacturing
Ink Formulating
Inorganic Chemicals
Iron and Steel Manufacturing
Leather Tanning and Finishing
Metal Finishing
Metal Molding and Casting
Nonferrous Metals Forming and Metal Powders
Nonferrous Metals Manufacturing
Organic Chemicals, Plastics and Synthetic Fibers
Paint Formulating
Paving and Roofing
Pesticide Manufacturing
Petroleum Refining
Pharmaceutical Manufacturing
Porcelain Enameling
Pulp, Paper and Paperboard
Rubber Manufacturing
Soap and Detergents Manufacturing
Steam Electric Power Generating
Sugar Processing
Timber Products Manufacturing

Industrial Categories with Effluent Guidelines Currently Under Development

Pulp, Paper, and Paperboard
Pesticide Formulating, Packaging, and Repackaging
Centralized Waste Treatment
Pharmaceutical Manufacturing
Metal Products and Machinery, Phase I
Industrial Laundries
Transportation Equipment Cleaning
Landfills and Incinerators
Metal Products and Machinery, Phase II

BILLING CODE 6560–50–P

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

TERESA J. HILL
SECRETARY

October 26, 2007

Mr. David Edelen
City of Bradfordsville
P.O. Box 65
Bradfordsville, Kentucky 40009

RE: KPDES No. KY0090719
Bradfordsville Wastewater Treatment Plant
Marion County, Kentucky

Dear Mr. Edelen:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on May 31, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is November 30, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

Vickie L. Prather

Vickie L. Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water

VLP:ASW:asw

Enclosures

C: Columbia Regional Office
Division of Water Files

11-28-07

NOV 30 2007

To whom it may concern,

I have filled out the application to the best of my abilities with no training and 3 days to complete this during one of the busiest times of the year.

I hope it is correct for what is requested. It is correct to the best of my abilities. I used DMR'S from July, September, and February of 2007 for the test data.

David Caleb

Also note that there is no instrumentation for flow readings entering the Bradfordsville wastewater treatment plant. The plant was not designed to easily make such a procedure happen

STEVEN L. BESHEAR
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

ROBERT D. VANCE
SECRETARY

December 20, 2007

David Edelen
City of Bradfordsville
P.O. Box 15
Bradfordsville, KY 40009

Re: KPDES Application Complete
KPDES No.: KY0090719
Bradfordsville WWTP
AI ID: 2894
Activity ID: APE20070001
Marion County, Kentucky

Dear Mr. Edelen,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on November 30, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

Sara Beard

Sara Beard
Environmental Engineer Assistant III
KPDES Branch
Division of Water

SJB
Enclosures
c: Columbia Regional Office
Division of Water Files