



# CITY OF EUREKA

531 K Street • Eureka, California 95501-1146

December 4, 2008

Mr. Charles E. Reed  
Water Resource Control Engineer  
California Regional Water Quality Control Board  
North Coast Region  
5550 Skylane Boulevard, Suite A  
Santa Rosa, CA 95403

RECEIVED

DEC 05 2008

ENGINEERING DEPARTMENT

RE: NPDES Form 2A Application

Dear Mr. Reed:

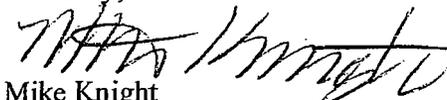
On September 23, 2008, the City of Eureka submitted NPDES Form 2A Application for the Greater Eureka Area Wastewater Treatment Plant NPDES Permit renewal. The application was accompanied by a cover letter stating the City is preparing a plant rating study to justify a request for capacity beyond the nameplate design shown in the original construction documents and that the City would provide information about the relationship between total BOD and cBOD to support our request for changing our permit limits to cBOD.

After further discussion, we have elected to not pursue a request for a capacity change beyond the nameplate design at this time. Further, we are not requesting a modification of our permit as it pertains to BOD. Instead, the City intends to complete the Phase II Facility Plan effort and construct improvements needed at the WWTP identified in the study in order to request a capacity increase during the next permit renewal cycle.

The application submitted on September 23, 2008, showed a design flow rate of 6.0 mgd which reflected our intention to request a capacity increase based on a plant rating study. Please substitute revised Page 3 of 21 of our application with the enclosed Page 3 of 21 which correctly reflects a design flow rate of 5.24 (Item A.6 a) consistent with our current permit.

Please work directly with Clay Yerby, Utility Manager, (707) 441-4360 if you have any questions regarding the permit application.

Sincerely,

  
Mike Knight  
Assistant City Manager – Operations

Enclosure

cc: Utility Manager  
Deputy Public Works Director  
City Engineer

**PUBLIC WORKS/BUILDING DEPARTMENT** • (707) 441-4192 Public Works Fax: (707) 441-4202  
(707) 441-4155 Building

*Building Regulations Code Enforcement Equipment Operations Facilities Operations Harbor Maintenance Park Operations  
Recreation/Storm Water Street/Alley Maintenance Wastewater Collection Water Distribution Wastewater/Water Treatment Zoo*

**FACILITY NAME AND PERMIT NUMBER:**

City of Eureka CA0024449

**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 5.24 mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	<u>6.90</u>	<u>5.90</u>	<u>5.80</u> mgd
c. Maximum daily flow rate	<u>17.60</u>	<u>20.40</u>	<u>17.50</u> 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 100.00 %  
 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 \_\_\_\_\_
- 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



# CITY OF EUREKA

531 K Street • Eureka, California 95501-1146

September 23, 2008

Mr. Charles E. Reed  
Water Resource Control Engineer  
California Regional Water Quality Control Board  
North Coast Region  
5550 Skylane Boulevard, Suite A  
Santa Rosa, CA 95403

**RECEIVED**

SEP 23 2008

ENGINEERING DEPARTMENT

RE: NPDES FORM 2A APPLICATION OVERVIEW

Dear Mr. Reed:

Enclosed please find our Application/Report of Waste Discharge, General Information for Waste Discharge Requirements or NPDES Permit including Supplemental Application Packets. We are preparing a plant rating study to justify a request for capacity beyond the nameplate design shown in the original construction documents. We will also provide information about the relationship between total BOD and cBOD to support our request for changing our permit limits to cBOD in the future.

Please contact me if you have any questions regarding this submittal. Thank you for your time at the recent meeting and we look forward to working through the permit update process with you over the next several months.

Sincerely,

Mike Knight  
Assistant City Manager - Operations

Enclosure

Cc: Clay Yerby  
Bruce Young  
Kurt Gierlich

**PUBLIC WORKS/BUILDING DEPARTMENT • (707) 441-4192 Public Works Fax: (707) 441-4202  
(707) 441-4155 Building**

*Building Regulations Code Enforcement Equipment Operations Facilities Operations Harbor Maintenance Park Operations  
Recreation/Storm Water Street/Alley Maintenance Wastewater Collection Water Distribution Wastewater/Water Treatment Zoo*

FORM  
**2A**  
NPDES**NPDES FORM 2A APPLICATION OVERVIEW****APPLICATION OVERVIEW**

Form 2A 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 2A 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  $\geq$  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 Greater Eureka Area Wastewater Treatment Plant

Mailing Address 531 K Street  
Eureka, CA 95501

Contact person Clay Yerby

Title Utilities Operations Manager

Telephone number (707) 441-4360

Facility Address 4301 Hilfiker Lane  
(not P.O. Box) Eureka, CA 95503

**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).

NPDES CA0024449 PSD \_\_\_\_\_

UIC \_\_\_\_\_ Other CAL EPA 000030939

RCRA \_\_\_\_\_ Other US EPA 0982511305

**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
<u>City of Eureka</u>	<u>26,128</u>	<u>Separate</u>	<u>City of Eureka</u>
<u>Humboldt Community</u>	<u>18,000</u>	<u>Separate</u>	<u>HCSD</u>
<u>Community Services Dist.</u>	_____	_____	_____
<b>Total population served</b> <u>44,128</u>			

**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 6.00 mgd ADWF

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>6.90</u>	<u>5.90</u>	<u>5.80</u> mgd
c. Maximum daily flow rate	<u>17.60</u>	<u>20.40</u>	<u>17.50</u> 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 100.00 %  
 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

FACILITY NAME AND PERMIT NUMBER:

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

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).

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

Transporter name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES 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 Eureka 95503  
(City or town, if applicable) (Zip Code)  
Humboldt CA  
(County) (State)  
40-46-44 124-17-45  
(Latitude) (Longitude)

c. Distance from shore (if applicable) 3,000.00 ft.

d. Depth below surface (if applicable) 30.00 ft.

e. Average daily flow rate 5.80 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: 730

Average duration of each discharge: 5 hours

Average flow per discharge: 2.90 mgd

Months in which discharge occurs: all

g. Is outfall equipped with a diffuser?  Yes  No

**A.10. Description of Receiving Waters.**

a. Name of receiving water Humboldt Bay, California

b. Name of watershed (if known) \_\_\_\_\_

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

c. Name of State Management/River Basin (if known): \_\_\_\_\_

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<sub>3</sub>

**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<sub>5</sub> removal or Design CBOD<sub>5</sub> removal                      89.00                      %  
 Design SS removal                      89.00                      %  
 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.

Chlorination

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: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.00	s.u.			
pH (Maximum)	7.00	s.u.			
Flow Rate	20.40	mgd	5.90	mgd	365.00
Temperature (Winter)	63.00	F	57.50	F	90.00
Temperature (Summer)	76.00	F	71.30	F	90.00

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	17.00	mg/L	9.90	mg/L	48.00	SM 5210 B	2 mg/L
	CBOD-5							
FECAL COLIFORM		130.00	MPN	2.00	MPN	240.00	9221 B<C<E	<2 MPN
TOTAL SUSPENDED SOLIDS (TSS)		17.00	mg/L	9.50	mg/L	48.00	SM 2540D	1 mg/L

**END OF PART A.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A 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  $\geq$  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.

1,339,000.00 gpd

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

Basin study completed. Smoke testing initiated. Problem areas identified. Developing annual I&I CIP budget

**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.

\_\_\_\_\_

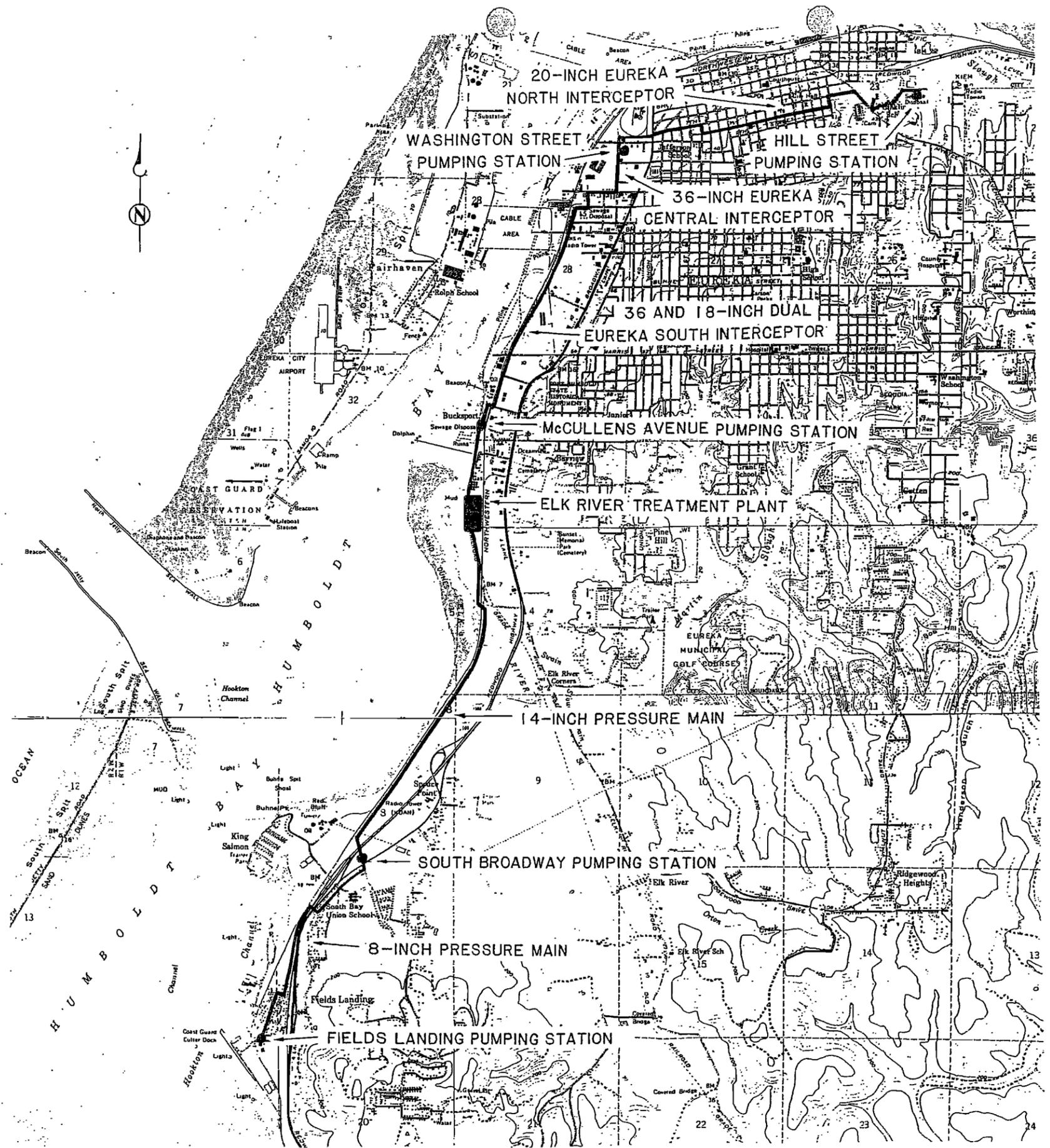
b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes  No

B.2.6

B. Service Area

The existing service area is shown here.



PLANT SERVICE AREA

SERVICE AREA

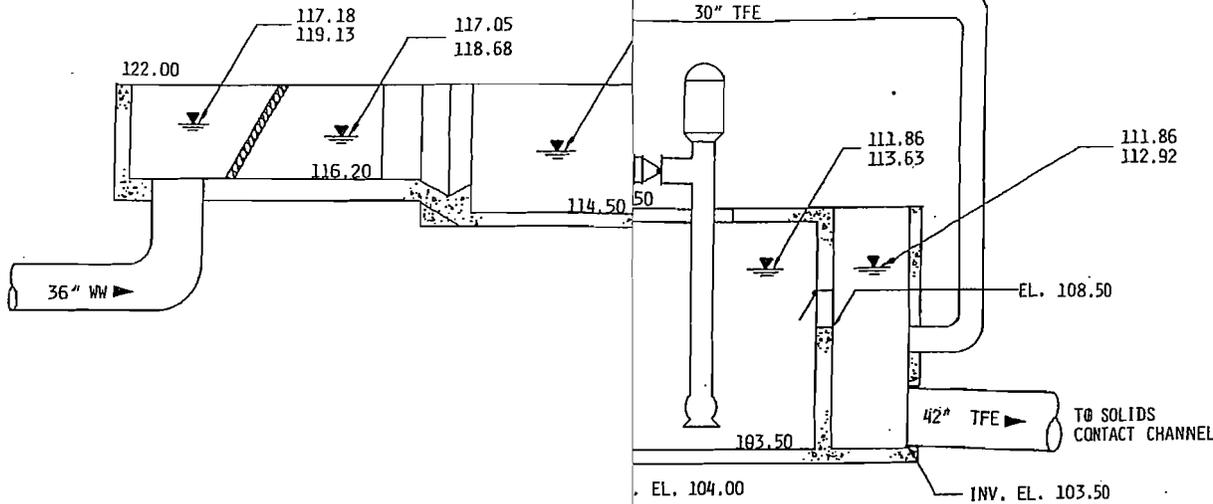
JANUARY 1984

PUBLICATION DATE:

B-26  
B-3

ZONE	REV	DESCRIPTION	DATE	APVD

5



4

MANUAL  
BAR SCREEN

PARSHALL  
FLUME

TRICKLING  
FILTER  
PUMPING  
STATION

TRICKLING  
FILTER  
EFFLUENT  
BOX

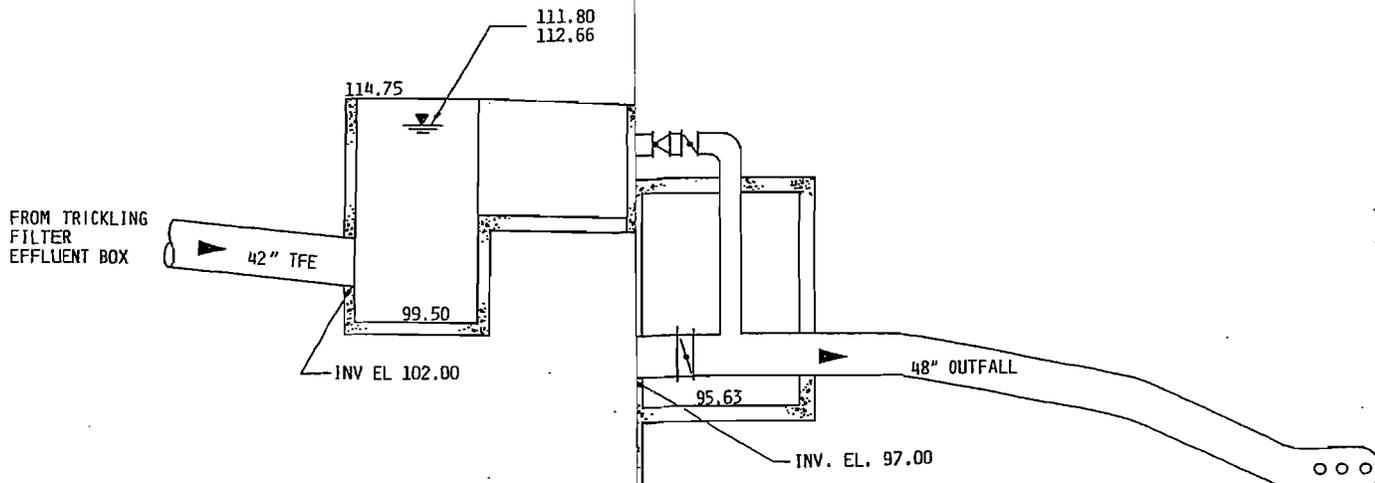
LEGEND

- 000.00 - WATER SURFACE AT ADWF 6.0 MGD
- 000.00 - WATER SURFACE AT PWWF 32.2 MGD

NOTE: SEE PIPING ABBREVIATION IN SPEC SECTION 15050.

3

2



FROM TRICKLING  
FILTER  
EFFLUENT BOX

SOLIDS CONTACT  
CHANNEL

OUTFALL  
VAULT

THIS DRAWING REDUCED  
TO HALF SIZE



BCD6PB

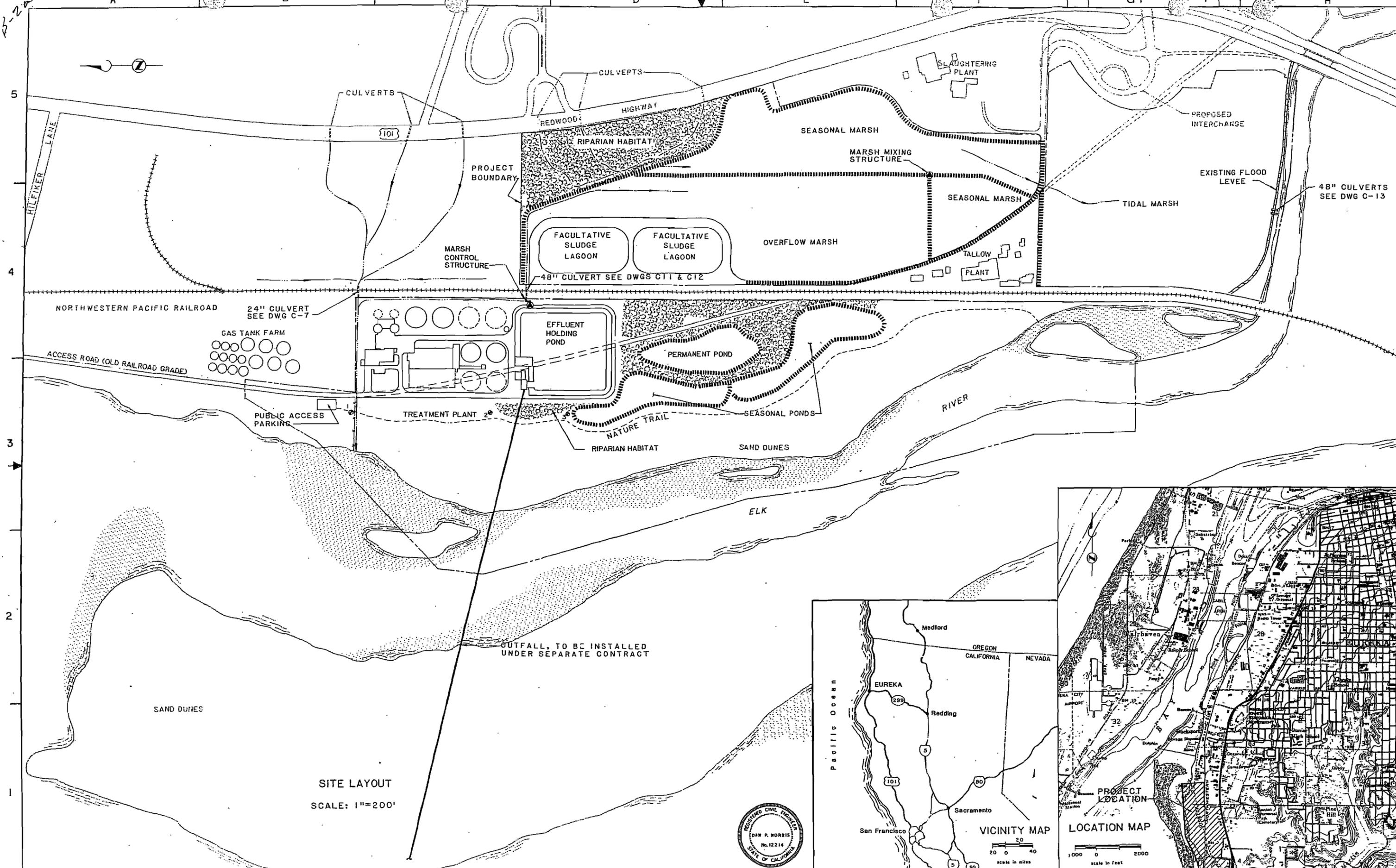
**BC** BROWN AND CALDWELL  
CONSULTING ENGINEERS  
EUGENE OREGON

DESIGNED CWS  
CHECKED TMF  
SUBMITTED  
APPROVED  
CHECKED  
APPROVED

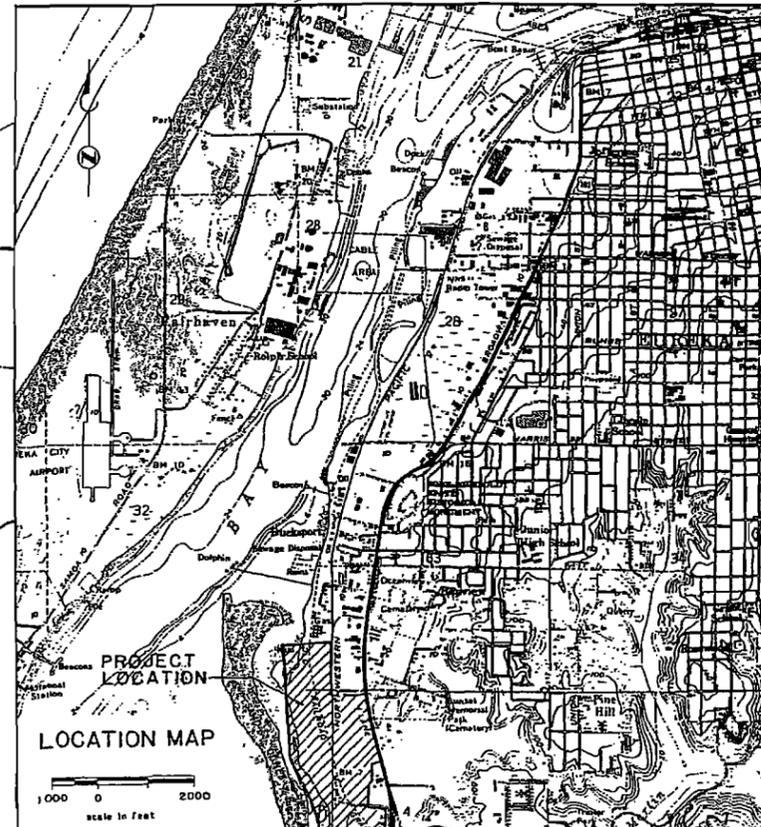
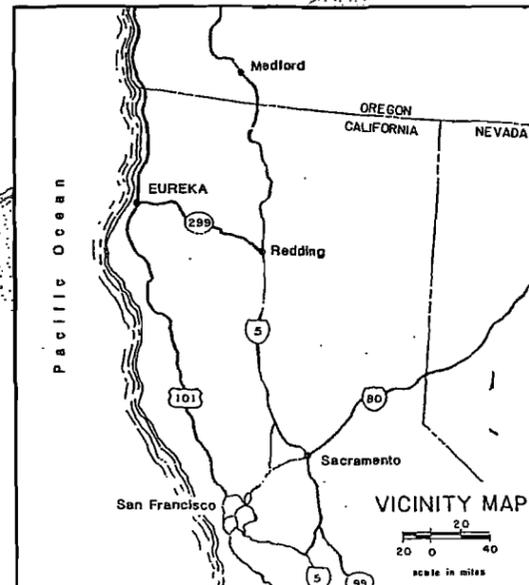
PROFILE

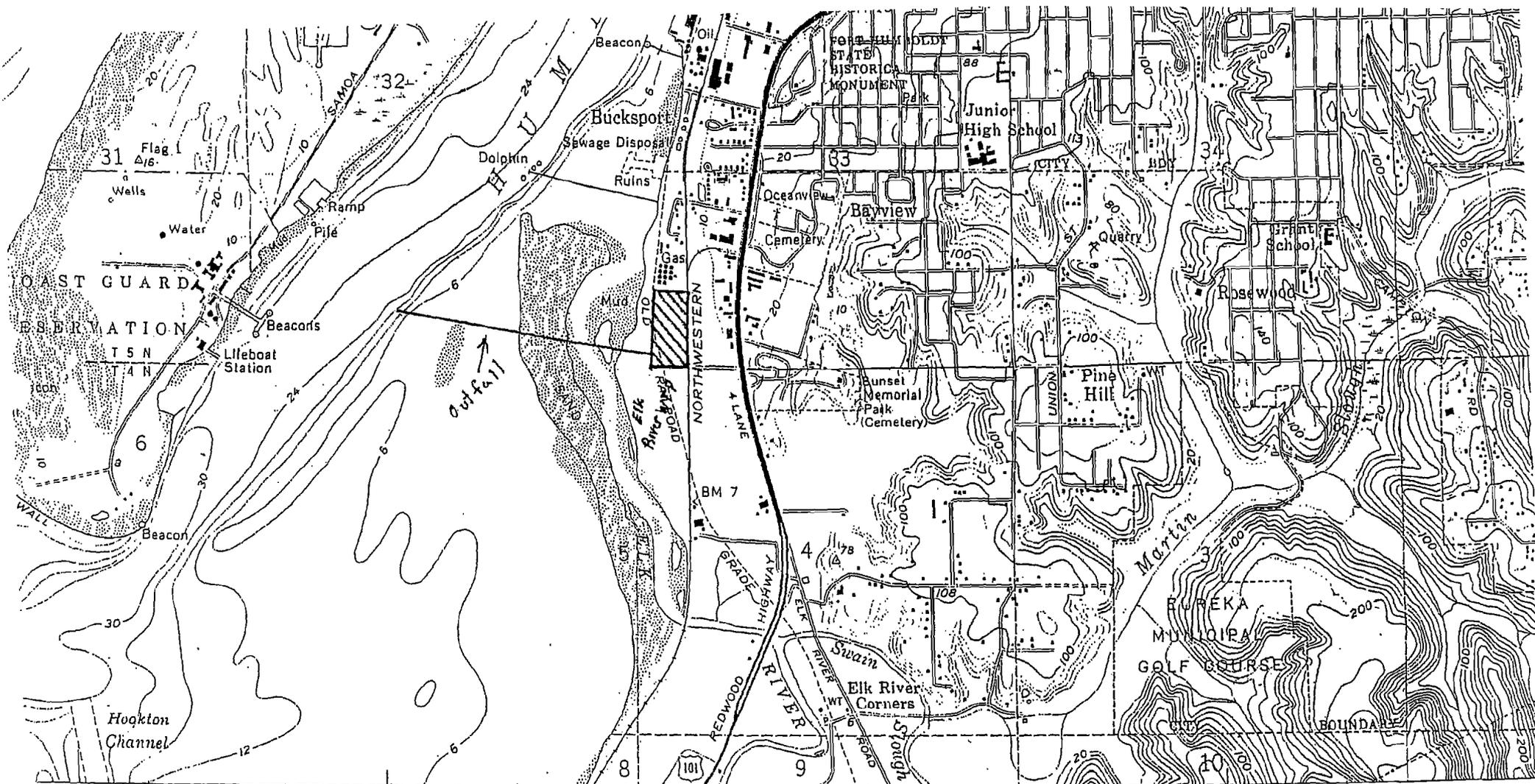
DRAWING NUMBER **G6**  
SHEET 6 **D**

3-20



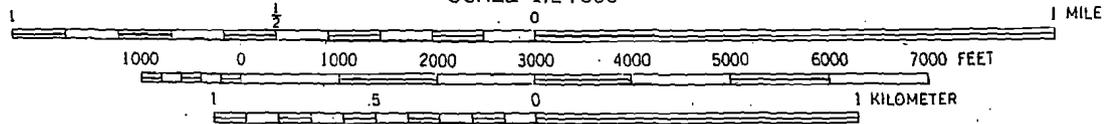
SITE LAYOUT  
SCALE: 1"=200'





12'30" FIELDS LANDING 2.2 MI. FORTUNA 14 MI. (FORTUNA 1:62 500) R. I. W. 10' 1:40 2000m. E.

SCALE 1:24 000



CONTOUR INTERVAL 20 FEET

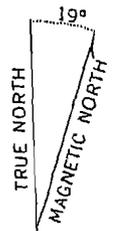
DOTTED LINES REPRESENT 10-FOOT CONTOURS

DATUM IS MEAN SEA LEVEL

DEPTH CURVES IN FEET—DATUM IS MEAN LOWER LOW WATER

SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER

THE MEAN RANGE OF TIDE IS APPROXIMATELY 4 FEET



APPROXIMATE MEAN DECLINATION, 1958



QUADRANGLE LOCATION

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER 25, COLORADO OR WASHINGTON 25, D. C.  
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



## B-3 NARRATIVE

Influent flow of an A.D.W.F. of 5.2 MGD enters the plant through a force main from the three main pumping stations. Flow passes through a mechanical barscreen and grit removal prior to entering one of the two rectangular primary clarifiers. After primary clarification, flows pass to the trickling filter pumping wetwell where it is pumped up to rotating distributors on one of the two trickling filters. A mechanical gate controls recirculation rates maintaining a constant hydraulic loading during low flow periods.

After the trickling filters, flows pass into a solids contact chamber to mix with return sludge from secondary clarifiers producing a rapid settling floc to settle and separate in the secondary clarifiers. Secondary effluent passes out of the clarifiers and is then chlorinated for disinfection. A chlorine contact channel provides contact time for proper disinfection and then the flow drops into an effluent holding pond until an ebb tide occurs when the flow is then de-chlorinated and passes out to the main channel of Humboldt Bay.

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

\_\_\_\_\_

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

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

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

Describe briefly: \_\_\_\_\_

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

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number:   1  

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.</b>							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)	0.10	mg/L	0.01	mg/L	365.00	EPA 330.5	0.01
DISSOLVED OXYGEN	6.90	mg/L	3.80	mg/L	240.00	SM4500-G	
TOTAL KJELDAHL NITROGEN (TKN)	8.70	mg/L	6.38	mg/L	4.00	SM4500N	1.0 mg/L
NITRATE PLUS NITRITE NITROGEN	15.40	mg/L	13.90	mg/L	4.00	EPA 300	0.01 mg/L
OIL and GREASE	5.20	mg/L	0.43	mg/L	12.00	EPA 1664A	5.0 mg/L
PHOSPHORUS (Total)	8.30	mg/L	7.18	mg/L	4.00	SM 4500-P	0.20 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	580.00	mg/L	568.00	mg/L	4.00	SM 2540C	10 mg/L
OTHER							

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

FACILITY NAME AND PERMIT NUMBER:

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

**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 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

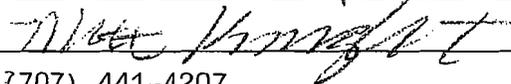
Indicate which parts of Form 2A you have completed and are submitting:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Basic Application Information packet | <input type="checkbox"/> Supplemental Application Information packet:                          |
|  | <input checked="" type="checkbox"/> Part D (Expanded Effluent Testing Data)                    |
|  | <input checked="" type="checkbox"/> Part E (Toxicity Testing: Biomonitoring Data)              |
|  | <input checked="" type="checkbox"/> Part F (Industrial User Discharges and RCRA/CERCLA Wastes) |
|  | <input type="checkbox"/> 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 MICHAEL R. KNIGHT, ASSISTANT CITY MANAGER - OPERATIONS

Signature 

Telephone number (707) 441-4207

Date signed 9/22/2008

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:**

FACILITY NAME AND PERMIT NUMBER:

City of Eureka

CA0024449

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

**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: 1 (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		
<b>METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.</b>											
ANTIMONY	ND	ug/L			ND	ug/L			4.00	200.7, 200.8	50ug/L, 5ug/L
ARSENIC	↓	ug/L			↓	ug/L			4.00	200.9, 200.8	10ug/L, 5ug/L
BERYLLIUM	↓	ug/L			↓	ug/L			4.00	200.7, 200.8	1.0 ug/L
CADMIUM	↓	ug/L			↓	ug/L			4.00	200.7, 200.8	10ug/L, 5ug/L
CHROMIUM	↓	ug/L			↓	ug/L			4.00	200.7, 200.8	10ug/L, 5ug/L
COPPER	28.00	ug/L			23.75	ug/L			4.00	200.7, 200.8	10ug/L, 5ug/L
LEAD	ND	ug/L			ND	ug/L			4.00	200.9, 200.8	10ug/L, 5ug/L
MERCURY	↓	ug/L			↓	ug/L			4.00	EPA 245.1	1ug/L
NICKEL	↓	ug/L			↓	ug/L			4.00	200.7, 200.8	20ug/L, 5ug/L
SELENIUM	↓	ug/L			↓	ug/L			4.00	200.9, 200.8	10ug/L
SILVER	↓	ug/L			↓	ug/L			4.00	200.7, 200.8	10ug/L, 5ug/L
THALLIUM	↓	ug/L			↓	ug/L			4.00	200.9, 200.8	10ug/L, 5ug/L
ZINC	53.00	ug/L			41.50	ug/L			4.00	200.7, 200.8	20ug/L, 10ug/L
CYANIDE	0.20	mg/L			0.06	mg/L			4.00	EPA 335.2	0.020mg/L
TOTAL PHENOLIC COMPOUNDS	ND	ug/L			ND	ug/L			2.00	EPA 625	28ug/L, 66ug/L
HARDNESS (AS CaCO <sub>3</sub> )	↓				↓						
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											
Hexavalent Chromium	ND	ug/L			ND	ug/L			4.00	SM 3500-Cr-D	10ug/L

FACILITY NAME AND PERMIT NUMBER:  
 City of Eureka CA0024449

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Outfall number: 1 (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	ND	ug/L			ND	ug/L			4.00	8260B, 624	10ug/L, 5ug/L
ACRYLONITRILE		ug/L				ug/L			4.00	8260B, 624	10, 5, 2 ug/L
BENZENE		ug/L				ug/L			4.00	8260B, 624	0.60, 0.30, 0.50
BROMOFORM		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
CARBON TETRACHLORIDE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
CLOROBENZENE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
CHLORODIBROMO-METHANE	1.30	ug/L			0.57	ug/L			4.00	8260B, 624	1.0, 0.50, 0.40
CHLOROETHANE	ND	ug/L			ND	ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
2-CHLORO-ETHYL VINYL ETHER	ND				ND						
CHLOROFORM	4.80	ug/L			3.62	ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
DICHLOROBROMO-METHANE	2.90	ug/L			2.22	ug/L			4.00	8260B, 624	1.0, 0.50, 0.40
1,1-DICHLOROETHANE	ND	ug/L			ND	ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
1,2-DICHLOROETHANE	1.30	ug/L			0.32	ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
TRANS-1,2-DICHLORO-ETHYLENE	ND	ug/L			ND	ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
1,1-DICHLOROETHYLENE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
1,2-DICHLOROPROPANE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
1,3-DICHLORO-PROPYLENE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
ETHYLBENZENE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
METHYL BROMIDE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
METHYL CHLORIDE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
METHYLENE CHLORIDE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
1,1,2,2-TETRACHLORO-ETHANE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
TETRACHLORO-ETHYLENE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
TOLUENE		ug/L				ug/L			4.00	8260B, 624	0.60, 0.30, 0.50

FACILITY NAME AND PERMIT NUMBER:

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Outfall number: 1 (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	ND	ug/L			ND	ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
1,1,2-TRICHLOROETHANE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
TRICHLOROETHYLENE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L
VINYL CHLORIDE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.50 ug/L

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	ND	ug/L			ND	ug/L			4.00	8270C, 625	10ug/L, 1.0ug/L
2-CHLOROPHENOL		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L
2,4-DICHLOROPHENOL		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L
2,4-DIMETHYLPHENOL		ug/L				ug/L			4.00	8270C, 625	10ug/L, 2ug/L
4,6-DINITRO-O-CRESOL		ug/L				ug/L			4.00	8270C, 625	50ug/L, 5ug/L
2,4-DINITROPHENOL		ug/L				ug/L			4.00	8270C, 625	50ug/L, 5ug/L
2-NITROPHENOL		ug/L				ug/L			4.00	8270C, 625	10ug/L
4-NITROPHENOL		ug/L				ug/L			4.00	8270C, 625	50ug/L, 10ug/L
PENTACHLOROPHENOL		ug/L				ug/L			4.00	8270C, 625	50ug/L, 5ug/L
PHENOL		ug/L				ug/L			4.00	8270C, 625	10ug/L, 1ug/L
2,4,6-TRICHLOROPHENOL		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

BASE-NEUTRAL COMPOUNDS.

ACENAPHTHENE	ND	ug/L			ND	ug/L			4.00	8270C, 625	10ug/L, 1ug/L
ACENAPHTHYLENE		ug/L				ug/L			4.00	8270C, 625	10ug/L
ANTHRACENE		ug/L				ug/L			4.00	8270C, 625	10ug/L
BENZIDINE		ug/L				ug/L			4.00	8270C, 625	50ug/L, 5ug/L
BENZO(A)ANTHRACENE		ug/L				ug/L			4.00	8270C, 625	10ug/L
BENZO(A)PYRENE		ug/L				ug/L			4.00	8270C, 625	10ug/L

FACILITY NAME AND PERMIT NUMBER:

City of Eureka

CA0024449

Form Approved 1/14/99  
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Outfall number: 1 (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	ND	ug/L			ND	ug/L			4.00	8310,8270C	10,2,.2,.1 ug/L
BENZO(GH)PERYLENE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L
BENZO(K)FLUORANTHENE		ug/L				ug/L			4.00	8270C, 625	10ug/L
BIS (2-CHLOROETHOXY) METHANE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L
BIS (2-CHLOROETHYL)-ETHER		ug/L				ug/L			4.00	8270C, 625	10.0, 0.50, 1.0
BIS (2-CHLOROISO-PROPYL) ETHER		ug/L				ug/L			4.00	8270C, 625	10.0, 0.50, 2.0
BIS (2-ETHYLHEXYL) PHTHALATE		ug/L				ug/L			4.00	8270C, 625	10.0, 0.50, 7.0
4-BROMOPHENYL PHENYL ETHER		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L
BUTYL BENZYL PHTHALATE		ug/L				ug/L			4.00	8270C, 625	10ug/L
2-CHLORONAPHTHALENE		ug/L				ug/L			4.00	8270C, 625	10ug/L
4-CHLORPHENYL PHENYL ETHER		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L
CHRYSENE		ug/L				ug/L			4.00	8270C, 625	10ug/L
DI-N-BUTYL PHTHALATE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L
DI-N-OCTYL PHTHALATE		ug/L				ug/L			4.00	8270C, 625	10ug/L
DIBENZO(A,H) ANTHRACENE		ug/L				ug/L			4.00	8270C, 625	10ug/L
1,2-DICHLOROBENZENE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.5 ug/L
1,3-DICHLOROBENZENE		ug/L				ug/L			4.00	8260B, 624	1.0, 0.5 ug/L
1,4-DICHLOROBENZENE		ug/L				ug/L			4.00	8260B, 624	2, 1, 0.5 ug/L
3,3-DICHLOROBENZIDINE		ug/L				ug/L			4.00	8270C, 625	20ug/L, 5ug/L
DIETHYL PHTHALATE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 2ug/L
DIMETHYL PHTHALATE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 2ug/L
2,4-DINITROTOLUENE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L
2,6-DINITROTOLUENE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L
1,2-DIPHENYLHYDRAZINE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 1ug/L

FACILITY NAME AND PERMIT NUMBER:

City of Eureka CA0024449

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

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	ND	ug/L			ND	ug/L			4.00	8270C, 625	10ug/L, 1ug/L
FLUORENE		ug/L				ug/L			4.00	8270C, 625	10ug/L
HEXACHLOROBENZENE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 1ug/L
HEXACHLOROBUTADIENE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 1ug/L
HEXACHLOROCYCLO-PENTADIENE		ug/L				ug/L			4.00	8270C, 625	50ug/L, 5ug/L
HEXACHLOROETHANE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 1ug/L
INDENO(1,2,3-CD)PYRENE		ug/L				ug/L			4.00	8270C, 625	10ug/L
ISOPHORONE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 1ug/L
NAPHTHALENE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 1ug/L
NITROBENZENE		ug/L				ug/L			4.00		10ug/L, 1ug/L
N-NITROSODI-N-PROPYLAMINE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L
N-NITROSODI- METHYLAMINE		ug/L				ug/L			4.00	8270C, 625	5ug/L
N-NITROSODI-PHENYLAMINE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 1.0ug/L
PHENANTHRENE		ug/L				ug/L			4.00	8270C, 625	10ug/L
PYRENE		ug/L				ug/L			4.00	8270C, 625	10ug/L
1,2,4-TRICHLOROBENZENE		ug/L				ug/L			4.00	8270C, 625	10ug/L, 5ug/L

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 2A YOU MUST COMPLETE**

**FACILITY NAME AND PERMIT NUMBER:**

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

CITY OF EUREKA CA0024449

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	No. of Samples		

**VOLATILE ORGANIC COMPOUNDS**

Ammonia	3.5	mg/L			1.58	mg/L			4	EPA 350.3	0.1,0.4,0.53mg/L
Endosulfan	ND	ug/L			ND	ug/L			4	EPA 608	0.1 ug/L
Endrin	ND	ug/L			ND	ug/L			4	EPA 608	0.1 ug/L
HCH (Lindane)	ND	ug/L			ND	ug/L			4	EPA 608	0.1 ug/L
Gross Alpha	0.28	pCi/L			0.1	pCi/L			4	SM 7110C	(pCi/L) units
Tributyltin	5.1	ng/L			3	ng/L			4	GC/FPD	2.0,3.0 ng/L
Aldrin	ND	ug/L			ND	ug/L			4	EPA 608	0.10 ug/L
Chlordane	ND	ug/L			ND	ug/L			4	EPA 608	1.0 ug/L
Dieidrin	ND	ug/L			ND	ug/L			4	EPA 608	0.1 ug/L
4, 4 DDT	ND	ug/L			ND	ug/L			4	EPA 608	0.1 ug/L
Heptachlor	ND	ug/L			ND	ug/L			4	EPA 6-8	0.1 ug/L
Heptachlor Epoxide	ND	ug/L			ND	ug/L			4	EPA 608	0.1 ug/L
PCB Aroclor 1016	ND	ug/L			ND	ug/L			4	EPA 608	1.0 ug/L
PCB Aroclor 1221	ND	ug/L			ND	ug/L			4	EPA 608	1.0 ug/L
PCB Aroclor 1232	ND	ug/L			ND	ug/L			4	EPA 608	1.0 ug/L
PCB Aroclor 1242	ND	ug/L			ND	ug/L			4	EPA 608	1.0 ug/L
PCB Aroclor 1248	ND	ug/L			ND	ug/L			4	EPA 608	1.0 ug/L
PCB Aroclor 1254	ND	ug/L			ND	ug/L			4	EPA 608	1.0 ug/L
PCB Aroclor 1260	ND	ug/L			ND	ug/L			4	EPA 608	1.0 ug/L
TCDD Equivalents	0	pg/L			0	pg/L			4	SW 8468290	(pg/L) units
Toxaphene	ND	ug/L			ND	ug/L			4	EPA 608	1.0 ug/L
									4		
									4		

**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:   1                        Test number:   2                        Test number:   3  

**a. Test information.**

Test species & test method number	O. Mykiss EPA 600/4-90/027F	O. Mykiss EPA 600/4-90/027F	O. Mykiss EPA 600/4-90/027F
Age at initiation of test	30 days	24 days	28 days
Outfall number	1	1	1
Dates sample collected	02/24/2004	05/12/2004	08/09/2004
Date test started	02/25/2004	05/12/2004	08/09/2004
Duration	96 hours	96 hours	96 hours

**b. Give toxicity test methods followed.**

Manual title	EPA 600/4-90/027F	EPA 600/4-90/027F	EPA 600/4-90/027F
Edition number and year of publication	5th ed 1991	5th ed 1991	5th ed 1991
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

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Test number: 1.00

Test number: 2.00

Test number: 3.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Dechlorinated Final Effluent	Dechlorinated Final Effluent	Dechlorinated Final Effluent
-----------------------	------------------------------	------------------------------	------------------------------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity			
Acute toxicity	X	X	X

g. Provide the type of test performed.

Static	X	X	X
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	N/A	N/A	N/A
Receiving water	N/A	N/A	N/A

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	N/A	N/A	N/A
Salt water	N/A	N/A	N/A

j. Give the percentage effluent used for all concentrations in the test series.

	100%	100%	100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH		yes	yes
Salinity	N/A	N/A	N/A
Temperature	yes	yes	yes
Ammonia	N/A	N/A	N/A
Dissolved oxygen	yes	yes	yes

l. Test Results.

Acute:

Percent survival in 100% effluent	100.00 %	100.00 %	100.00 %
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	100.00 %	100.00 %	100.00 %
Other (describe)			

**FACILITY NAME AND PERMIT NUMBER:**

City of Eureka

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**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 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.
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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: 4                      Test number: 5                      Test number: 6

**a. Test information.**

Test species & test method number	O. Mykiss EPA 600/4-90/027F	O. Mykiss EPA 600/4-90/027F	O. Mykiss EPA 600/4-90/027F
Age at initiation of test	23 days	24 days	16 days
Outfall number	1	1	1
Dates sample collected	11/10/2004	02/15/2005	04/19/2005
Date test started	11/10/2004	02/16/2005	04/19/2005
Duration	96 hours	96 hours	96 hours

**b. Give toxicity test methods followed.**

Manual title	EPA 600/4-90/027F	EPA 600/4-90/027F	EPA 600/4-90/027F
Edition number and year of publication	5th ed 1991	5th ed 1991	5th ed 1991
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

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Test number: 4.00 Test number: 5.00 Test number: 6.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Dechlorinated Final Effluent	Dechlorinated Final Effluent	Dechlorinated Final Effluent
-----------------------	------------------------------	------------------------------	------------------------------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity			
Acute toxicity	X	X	X

g. Provide the type of test performed.

Static	X	X	X
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	N/A	N/A	N/A
Receiving water	N/A	N/A	N/A

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	N/A	N/A	N/A
Salt water	N/A	N/A	N/A

j. Give the percentage effluent used for all concentrations in the test series.

	100%	100%	100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH		yes	yes
Salinity	N/A	N/A	N/A
Temperature	yes	yes	yes
Ammonia	N/A	N/A	N/A
Dissolved oxygen	yes	yes	yes

l. Test Results.

Acute:

Percent survival in 100% effluent	100.00 %	100.00 %	100.00 %
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	100.00 %	100.00 %	100.00 %
Other (describe)			

**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.
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**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: 7      Test number: 8      Test number: 9

**a. Test information.**

Test species & test method number	O. Mykiss EPA 600/4-90/027	O. Mykiss EPA 600/4-90/027	O. Mykiss EPA 600/4-90/027
Age at initiation of test	15 days	21 days	28 days
Outfall number	1	1	1
Dates sample collected	08/07/2005	10/10/2005	02/07/2006
Date test started	08/08/2005	10/11/2005	02/07/2006
Duration	96 hours	96 hours	96 hours

**b. Give toxicity test methods followed.**

Manual title	EPA 600/4-90/027	EPA 600/4-90/027	EPA 600/4-90/027
Edition number and year of publication	5th ed 1991	5th ed 1991	5th ed 1991
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

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Test number: 7.00

Test number: 8.00

Test number: 9.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Dechlorinated Final Effluent	Dechlorinated Final Effluent	Dechlorinated Final Effluent
-----------------------	------------------------------	------------------------------	------------------------------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity			
Acute toxicity	X	X	X

g. Provide the type of test performed.

Static	X	X	X
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	N/A	N/A	N/A
Receiving water	N/A	N/A	N/A

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	N/A	N/A	N/A
Salt water	N/A	N/A	N/A

j. Give the percentage effluent used for all concentrations in the test series.

	100%	100%	100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH		yes	yes
Salinity	N/A	N/A	N/A
Temperature	yes	yes	yes
Ammonia	N/A	N/A	N/A
Dissolved oxygen	yes	yes	yes

l. Test Results.

Acute:

Percent survival in 100% effluent	100.00 %	100.00 %	100.00 %
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	100.00 %	100.00 %	100.00 %
Other (describe)			

**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.

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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: 10      Test number: 11      Test number: 12

**a. Test information.**

Test species & test method number	O. Mykiss EPA 600/4-90/027	O. Mykiss EPA 600/4-90/027	O. Mykiss EPA/821/R-02/012
Age at initiation of test	28 days	15 days	30 days
Outfall number	1	1	1
Dates sample collected	04/16/2006	09/24/2006	10/27/2006
Date test started	04/17/2006	09/26/2006	10/28/2006
Duration	96 hours	96 hours	96 hours

**b. Give toxicity test methods followed.**

Manual title	EPA 600/4-90/027	EPA 600/4-90/027	EPA/821/R-02/012
Edition number and year of publication	5th Ed. 1991	5th Ed. 1991	5th Ed.
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

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Test number: 10.00 Test number: 11.00 Test number: 12.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Dechlorinated Final Effluent	Dechlorinated Final Effluent	Dechlorinated Final Effluent
-----------------------	------------------------------	------------------------------	------------------------------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity			
Acute toxicity	X	X	X

g. Provide the type of test performed.

Static	X	X	X
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	N/A	N/A	N/A
Receiving water	N/A	N/A	N/A

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	N/A	N/A	N/A
Salt water	N/A	N/A	N/A

j. Give the percentage effluent used for all concentrations in the test series.

	100%	100%	100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH	6.10	yes	yes
Salinity	N/A	N/A	N/A
Temperature	yes	yes	yes
Ammonia	N/A	N/A	N/A
Dissolved oxygen	yes	yes	yes

l. Test Results.

Acute:

Percent survival in 100% effluent	100.00 %	100.00 %	100.00 %
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	100.00 %	100.00 %	100.00 %
Other (describe)			

**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.

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**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: 13                      Test number: 14                      Test number: 15

**a. Test information.**

Test species & test method number	O. Mykiss EPA 600/4-90/027	O. Mykiss EPA 600/4-90/027	O. Mykiss EPA/821/R-02/012
Age at initiation of test	23 days	19 days	23 days
Outfall number	1	1	1
Dates sample collected	02/26/2007	05/03/2007	08/07/2007
Date test started	02/27/2007	05/04/2007	08/08/2007
Duration	96 hours	96 hours	96 hours

**b. Give toxicity test methods followed.**

Manual title	EPA 600/4-90/027	EPA 600/4-90/027	EPA/821/R-02/012
Edition number and year of publication	5th Ed. 1991	5th Ed. 1991	5th Ed.
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

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Test number: 13.00

Test number: 14.00

Test number: 15.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

Dechlorinated Final Effluent

Dechlorinated Final Effluent

Dechlorinated Final Effluent

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

X

X

X

g. Provide the type of test performed.

Static

X

X

X

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

N/A

N/A

N/A

Receiving water

N/A

N/A

N/A

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

N/A

N/A

N/A

Salt water

N/A

N/A

N/A

j. Give the percentage effluent used for all concentrations in the test series.

100%

100%

100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes

yes

Salinity

N/A

N/A

N/A

Temperature

yes

yes

yes

Ammonia

N/A

N/A

N/A

Dissolved oxygen

yes

yes

yes

l. Test Results.

Acute:

Percent survival in 100% effluent

100.00 %

100.00 %

100.00 %

LC<sub>50</sub>

95% C.I.

%

%

%

Control percent survival

100.00 %

100.00 %

100.00 %

Other (describe)

**FACILITY NAME AND PERMIT NUMBER:**

City of Eureka

CA0024449

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**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.

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**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: 16      Test number: 17      Test number: 18

**a. Test information.**

Test species & test method number	O. Mykiss EPA/821/R-02/012	O. Mykiss EPA/821/R-02/012	O. Mykiss EPA/821/R-02/012
Age at initiation of test	30 days	8 days	22 days
Outfall number	1	1	1
Dates sample collected	11/26/2007	02/27/2008	05/27/2008
Date test started	11/27/2007	02/28/2008	05/28/2008
Duration	96 hours	96 hours	96 hours

**b. Give toxicity test methods followed.**

Manual title	EPA/821/R-02/012	EPA/821/R-02/012	EPA/821/R-02/012
Edition number and year of publication	5th Ed.	5th Ed.	5th Ed.
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

**FACILITY NAME AND PERMIT NUMBER:**

City of Eureka

CA0024449

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

Test number: 16.00

Test number: 17.00

Test number: 18.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Dechlorinated Final Effluent	Dechlorinated Final Effluent	Dechlorinated Final Effluent
-----------------------	------------------------------	------------------------------	------------------------------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity			
Acute toxicity	X	X	X

g. Provide the type of test performed.

Static	X	X	X
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	N/A	N/A	N/A
Receiving water	N/A	N/A	N/A

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water	N/A	N/A	N/A
Salt water	N/A	N/A	N/A

j. Give the percentage effluent used for all concentrations in the test series.

	100%	100%	100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH	8.60	yes	yes
Salinity	N/A	N/A	N/A
Temperature	yes	yes	yes
Ammonia	N/A	N/A	N/A
Dissolved oxygen	yes	yes	yes

**l. Test Results.**

Acute:

Percent survival in 100% effluent	100.00 %	100.00 %	100.00 %
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	100.00 %	100.00 %	100.00 %
Other (describe)			

**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), on 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: 1      Test number: 2      Test number: 3

**a. Test information.**

Test species & test method number	Haliotis Rufescens	MBP 90-Anderson et al.	→
Age at initiation of test	Unknown	Unknown	Unknown
Outfall number	1	1	1
Dates sample collected	02/26/2004	05/10/2004	07/28/2004
Date test started	02/27/2004	05/11/2004	07/29/2004
Duration	48 hours	48 hours	48 hours

**b. Give toxicity test methods followed.**

Manual title	EPA-R-95/136	EPA-R-95/136	EPA-R-95/136
Edition number and year of publication	N/A	N/A	N/A
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

**FACILITY NAME AND PERMIT NUMBER:**

City of Eureka CA0024449

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Test number: 1.00 Test number: 2.00 Test number: 3.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Dechlorinated Final Effluent	Dechlorinated Final Effluent	Dechlorinated Final Effluent
-----------------------	------------------------------	------------------------------	------------------------------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity	X	X	X
Acute toxicity			

g. Provide the type of test performed.

Static	X	X	X
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	Dechlorinated with added salt	Dechlorinated with added salt	Dechlorinated with added salt
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	Artificial sea salt	Artificial sea salt	Artificial sea salt

j. Give the percentage effluent used for all concentrations in the test series.

	10%, 18%, 32%, 56%, 100%	10%, 18%, 32%, 56%, 100%	10%, 18%, 32%, 56%, 100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH		yes	yes
Salinity	yes	yes	yes
Temperature	yes	yes	yes
Ammonia	N/A	N/A	N/A
Dissolved oxygen	yes	yes	yes

l. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

**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: 4      Test number: 5      Test number: 6

**a. Test information.**

Test species & test method number	Haliotis Rufescens	MBP 90-Anderson et al.	-->
Age at initiation of test	Unknown	Unknown	Unknown
Outfall number	1	1	1
Dates sample collected	11/02/2004	02/22/2005	05/04/2005
Date test started	11/03/2004	02/23/2005	05/05/2005
Duration	24 hours	48 hours	48 hours

**b. Give toxicity test methods followed.**

Manual title	EPA-R-95/136	EPA-R-95/136	EPA-R-95/136
Edition number and year of publication	N/A	N/A	N/A
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

**FACILITY NAME AND PERMIT NUMBER:**

City of Eureka

CA0024449

Form Approved 1/14/99  
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Test number: 4.00

Test number: 5.00

Test number: 6.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Dechlorinated Final Effluent	Dechlorinated Final Effluent	Dechlorinated Final Effluent
-----------------------	------------------------------	------------------------------	------------------------------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity	X	X	X
Acute toxicity			

g. Provide the type of test performed.

Static	X	X	X
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	Dechlorinated with added salt	Dechlorinated with added salt	Dechlorinated with added salt
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	Artificial sea salt	Artificial sea salt	Artificial sea salt

j. Give the percentage effluent used for all concentrations in the test series.

	10%, 18%, 32%, 56%, 100%	10%, 18%, 32%, 56%, 100%	10%, 18%, 32%, 56%, 100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH		yes	yes
Salinity	yes	yes	yes
Temperature	yes	yes	yes
Ammonia	N/A	N/A	N/A
Dissolved oxygen	yes	yes	yes

l. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

**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: 7      Test number: 8      Test number: 9

**a. Test information.**

Test species & test method number	Haliotis Rufescens	MBP 90-Anderson et al.	-->
Age at initiation of test	Unknown	Unknown	Unknown
Outfall number	1	1	1
Dates sample collected	08/01/2005	10/04/2005	03/06/2006
Date test started	08/02/2005	10/05/2005	03/07/2006
Duration	48 hours	48 hours	48 hours

**b. Give toxicity test methods followed.**

Manual title	EPA-R-95/136	EPA-R-95/136	EPA-R-95/136
Edition number and year of publication	N/A	N/A	N/A
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

**FACILITY NAME AND PERMIT NUMBER:**

City of Eureka

CA0024449

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

Test number: 7.00

Test number: 8.00

Test number: 9.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

Dechlorinated Final Effluent

Dechlorinated Final Effluent

Dechlorinated Final Effluent

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

X

X

X

Acute toxicity

g. Provide the type of test performed.

Static

X

X

X

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Dechlorinated with added salt

Dechlorinated with added salt

Dechlorinated with added salt

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

Artificial sea salt

Artificial sea salt

Artificial sea salt

j. Give the percentage effluent used for all concentrations in the test series.

10%, 18%, 32%, 56%, 100%

10%, 18%, 32%, 56%, 100%

10%, 18%, 32%, 56%, 100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes

yes

Salinity

yes

yes

yes

Temperature

yes

yes

yes

Ammonia

N/A

N/A

N/A

Dissolved oxygen

yes

yes

yes

l. Test Results.

Acute:

Percent survival in 100% effluent

%

%

%

LC<sub>50</sub>

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

**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.
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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: 10      Test number: 11      Test number: 12

**a. Test information.**

Test species & test method number	Haliotis Rufescens	MBP 90-Anderson et al.	-->
Age at initiation of test	Unknown	Unknown	Unknown
Outfall number	1	1	1
Dates sample collected	05/15/2006	08/14/2006	11/13/2006
Date test started	05/16/2006	08/15/2006	11/14/2006
Duration	48 hours	48 hours	48 hours

**b. Give toxicity test methods followed.**

Manual title	EPA-R-95/136	EPA-R-95/136	EPA-R-95/136
Edition number and year of publication	N/A	N/A	N/A
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

FACILITY NAME AND PERMIT NUMBER:

City of Eureka

CA0024449

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Test number: 10.00

Test number: 11.00

Test number: 12.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:	Dechlorinated Final Effluent	Dechlorinated Final Effluent	Dechlorinated Final Effluent
-----------------------	------------------------------	------------------------------	------------------------------

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity	X	X	X
Acute toxicity			

g. Provide the type of test performed.

Static	X	X	X
Static-renewal			
Flow-through			

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water	Dechlorinated with added salt	Dechlorinated with added salt	Dechlorinated with added salt
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	Artificial sea salt	Artificial sea salt	Artificial sea salt

j. Give the percentage effluent used for all concentrations in the test series.

	10%, 18%, 32%, 56%, 100%	10%, 18%, 32%, 56%, 100%	10%, 18%, 32%, 56%, 100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH		yes	yes
Salinity	yes	yes	yes
Temperature	yes	yes	yes
Ammonia	N/A	N/A	N/A
Dissolved oxygen	yes	yes	yes

l. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

**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.

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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: 13                      Test number: 14                      Test number: 15

**a. Test information.**

Test species & test method number	Haliotis Rufescens	MBP 90-Anderson et al.	-->
Age at initiation of test	Unknown	Unknown	Unknown
Outfall number	1	1	1
Dates sample collected	02/14/2007	05/14/2007	08/07/2007
Date test started	02/15/2007	05/15/2007	08/08/2007
Duration	48 hours	48 hours	48 hours

**b. Give toxicity test methods followed.**

Manual title	EPA-R-95/136	EPA-R-95/136	EPA-R-95/136
Edition number and year of publication	N/A	N/A	N/A
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

**FACILITY NAME AND PERMIT NUMBER:**

City of Eureka

CA0024449

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OMB Number 2040-0086

Test number: 13.00

Test number: 14.00

Test number: 15.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

Dechlorinated Final Effluent

Dechlorinated Final Effluent

Dechlorinated Final Effluent

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

X

X

X

Acute toxicity

g. Provide the type of test performed.

Static

X

X

X

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Dechlorinated with added salt

Dechlorinated with added salt

Dechlorinated with added salt

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

Artificial sea salt

Artificial sea salt

Artificial sea salt

j. Give the percentage effluent used for all concentrations in the test series.

10%, 18%, 32%, 56%, 100%

10%, 18%, 32%, 56%, 100%

10%, 18%, 32%, 56%, 100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes

yes

Salinity

yes

yes

yes

Temperature

yes

yes

yes

Ammonia

N/A

N/A

N/A

Dissolved oxygen

yes

yes

yes

l. Test Results.

Acute:

Percent survival in 100% effluent

%

%

%

LC<sub>50</sub>

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

**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.

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- 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: 16                      Test number: 17                      Test number: 18

**a. Test information.**

Test species & test method number	Haliotis Rufescens	EPA 600/R95/136	→
Age at initiation of test	Unknown	Unknown	Unknown
Outfall number	1	1	1
Dates sample collected	12/04/2007	02/11/2008	05/12/2007
Date test started	12/05/2007	02/12/2008	05/13/2008
Duration	48 hours	48 hours	48 hours

**b. Give toxicity test methods followed.**

Manual title	EPA-R-95/136	EPA-R-95/136	EPA-R-95/136
Edition number and year of publication	1995	1995	1995
Page number(s)	N/A	N/A	N/A

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab	X	X	X

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection	X	X	X
After dechlorination	X	X	X

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Test number: 16.00

Test number: 17.00

Test number: 18.00

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

Dechlorinated Final Effluent

Dechlorinated Final Effluent

Dechlorinated Final Effluent

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

X

X

X

Acute toxicity

g. Provide the type of test performed.

Static

X

X

X

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Dechlorinated with added salt

Dechlorinated with added salt

Dechlorinated with added salt

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

Artificial sea salt

Artificial sea salt

Artificial sea salt

j. Give the percentage effluent used for all concentrations in the test series.

10%, 18%, 32%, 56%, 100%

10%, 18%, 32%, 56%, 100%

10%, 18%, 32%, 56%, 100%

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

yes

yes

Salinity

yes

yes

yes

Temperature

yes

yes

yes

Ammonia

N/A

N/A

N/A

Dissolved oxygen

yes

yes

yes

l. Test Results.

Acute:

Percent survival in 100% effluent

%

%

%

LC<sub>50</sub>

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

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**Chronic:**

NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			

**m. Quality Control/Quality Assurance.**

Is reference toxicant data available?	Block Environmental Services	run one reference toxicant per	batch of fish.
Was reference toxicant test within acceptable bounds?	N/A	N/A	N/A
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 2A YOU MUST COMPLETE.**

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**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. 2.00

b. Number of CIUs. 0.00

**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: Mission Linen

Mailing Address: 1401 Summer St  
Eureka CA 95501

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

Industrial laundry for shop rags, mops, floor mats and rugs, uniforms, linens, towels, and boiler blow down

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): Laundry

Raw material(s): Detergent, bleach, starch, laundry softener, boiler treatment chemicals

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.

38,300.00 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.

1,700.00 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?

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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).

SHN Consulting Engineers and Geologists operates a groundwater remediation project to treat contaminated water from a former underground fuel storage tank site prior to discharge to the sanitary sewer.

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).

BTEX, MTBE, Diesel, Gas, Motor Oil, Lead. Parameters are discharged within local limits. Discharge is continual.

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):

Activated carbon filtration

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 2A YOU MUST COMPLETE

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**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. 2.00
  - b. Number of CIUs. 0.00

**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: Pacific Choice Seafoods

Mailing Address: # 1 Commercial St  
Eureka, CA 95501
- F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.  
Seafood processing (fish, crab, & shrimp) and "boiler blowdown"
- 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): groundfish, dungeness crab, pacific shrimp, salmon

Raw material(s): salt, sodium tri-poly phosphate, soap, boiler treatment chemicals, degreasers
- 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.  
9,000.00 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.  
110,000.00 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?  
\_\_\_\_\_

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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).

SHN Consulting Engineers and Geologists has two onsite purge water storage tanks which treat contaminated water from former underground fuel storage tank sites prior to discharge to the sanitary sewer.

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).

BTEX, MTBE Diesel, Gas, Motor Oil, Lead. All parameters are discharged within local limits. Batch discharges are 1000 or 500 gallons.

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):

Activated carbon filtration

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

Continuous  Intermittent If intermittent, describe discharge schedule.

Batch discharges vary from quarterly to semi-annually.

END OF PART F.

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

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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).

Blue Rock Environmental operates a groundwater remediation project that treats contaminated water from a former underground fuel storage tank site prior to discharge to the sanitary sewer.

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).

BTEX, MTBE, Gasoline. Parameters are discharged within local limits. Discharge is continual.

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):

Activated carbon filters.

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 2A YOU MUST COMPLETE**

**City of Eureka Groundwater Remediation Sites**

**Blue Rock Environmental  
Bishop's Truck Stop  
4050 Broadway  
Eureka, CA 95503**

**Blue Rock Environmental  
Hansen Properties, Inc  
804 Broadway  
Eureka, CA 95501**

**SHN Consulting Engineers and Geologists  
812 W. Wabash  
Eureka, CA 95501**

**SHN Consulting Engineers and Geologists  
Former Unocal Bulk Terminal  
1200 Railroad Ave  
Eureka CA 95503**

**Laco Associates  
21 West 4<sup>th</sup> St.  
Eureka, CA 95501**

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## 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)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- 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:

- Locations of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.

### CSO OUTFALLS:

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

**G.3. Description of Outfall.**

- Outfall number \_\_\_\_\_
- Location  
(City or town, if applicable) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
(County) \_\_\_\_\_ (State) \_\_\_\_\_  
(Latitude) \_\_\_\_\_ (Longitude) \_\_\_\_\_
- Distance from shore (if applicable) \_\_\_\_\_ ft.
- Depth below surface (if applicable) \_\_\_\_\_ ft.
- 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
- How many storm events were monitored during the last year? \_\_\_\_\_

**G.4. CSO Events.**

- Give the number of CSO events in the last year.  
\_\_\_\_\_ events (\_\_\_\_ actual or \_\_\_\_ approx.)
- Give the average duration per CSO event.  
\_\_\_\_\_ hours (\_\_\_\_ actual or \_\_\_\_ approx.)

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

**G.5. Description of Receiving Waters.**

- a. Name of receiving water: \_\_\_\_\_
- b. Name of watershed/river/stream system: \_\_\_\_\_  
  
United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin: \_\_\_\_\_  
  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_

**G.6. CSO Operations.**

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

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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).

Table with 3 columns: EPA Hazardous Waste Number, Amount, Units. Includes blank rows for data entry.

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).

Blue Rock Environmental operates a groundwater remediation project that treats contaminated water from a former underground fuel storage tank site prior to discharge to the sanitary sewer.

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).

BTEX, MTBE, Gasoline, Parameters are discharged within local limits. Batch discharge of 1500 gallons or less

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):

Activated carbon filters.

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

Continuous Intermittent If intermittent, describe discharge schedule.

Annual discharge

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

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**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).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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).

Laco associates has an onsite purge water storage tank which treats contaminated water from former  
underground fuel storage tank sites prior to discharge to the saniatry sewer.

**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).

BTEX, MTBE Diesel, Gas, Motor Oil, Lead. All parameters are discharged within local limits. Batch discharges  
are 1100 gallons or less.

**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):

Air sparging and/or ozone

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

Continuous  Intermittent If intermittent, describe discharge schedule.

Annually

**END OF PART F.**

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