

Please answer questions 1-14 to the best of your ability if applicable. If the question does not apply, write "N/A" for non-applicable.
Thank you!

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

SUPPLEMENTAL INFORMATION

In addition to **Form 1** (and/or Form 2C), the permittee must provide supplemental information addressing the following items listed below. If the items listed are not applicable or information on such items is unavailable, please indicate such in you application.

1. Specify by outfall number (e.g., 001, 002, 003, etc.), and describe each discharge point from which the facility has either an existing or potential release of treated or untreated wastewater. Estimate average volume per day in million gallons per day (mgd). Include intermittent or non-continuous overflows, bypasses or seasonal discharges from lagoons, holding ponds, etc. Please use the map required by **Form 1** to locate points of discharge and the receiving waters.
2. List the name and actual, (or if unavailable, estimated), population for each municipality, quasi-municipality, or unincorporated area served.
3. Provide the following plant Design and Treatment Data:
 - a. The average and peak design flow (mgd);
 - b. The average and peak design organic treatment capacity;
 - c. A description of the types of treatment units employed by the facility;
and
 - d. A line drawing of the current wastewater treatment facility.
4. Describe the sludge treatment train, including type of treatment and any sludge use or disposal practices used by the facility.
5. Provide the following sludge production information:
 - a. Tons of dry sludge produced each year.
 - b. Average percent solids sludge produced and percent solids sludge sent for use and/or disposal.
 - c. Any sludge monitoring data over the last year (including ground water

monitoring data, results of hazardous waste tests and results of actions taken to determine whether sludge is hazardous). Include a description of the methods used and sampling locations and dates.

6. Indicate if there are any changes or improvements to the facility, either currently underway or anticipated over the next five(5) years, which will affect the quality of the discharge or generated sludges. Provide a narrative description of each improvement.
7. For each item identified in item 6, provide projected dates, as accurately as possible, for completion of each step listed below:
 - a. Beginning Construction Date: _____
 - b. Ending Construction Date: _____
 - c. Beginning Discharge Date: _____
 - d. Operational Level Attained: _____
8. Indicate the total estimated average daily waste flow, in mgd, from all non-domestic industrial sources.
9. List all instances, over the last three years, of pollutant “pass-through” of the treatment system into the environment without adequate treatment or of “interference” with the operation of the treatment facilities. Give a brief description of why each “pass-through” or “interference” incident occurred.
10. Indicate if the plant receives any trucked-in waste. If so, describe the kinds of waste received and if such waste is subject to any other state, local, or federal regulations.
11. List each significant Industrial User of the sewer system which meets any of the following criteria:
 - a. Subject to National Categorical Pretreatment Standard;
 - b. Discharges 25,000 gallons per day or more of process wastewater;
 - c. Contributes process wastewater which makes up five(5) percent or more of the average dry weather hydraulic or organic capacity of the treatment plant;
or
 - d. Has a reasonable potential to adversely affect the POTW treatment plant (inhibition, pass-through of pollutants, sludges contamination or endangerment of POTW workers).
12. Indicate if your facility has a pretreatment program approved under 40 CFR 403. If not, is one being developed?

13. Indicate any discharge sample analyses which are routinely performed by a contract laboratory or consulting firm. For each pollutant for which such analysis is performed, list the name, address, and telephone number of each such laboratory or firm.
14. Indicate any operational or maintenance aspects of your facility for which a contractor is responsible. Supply the name, address, and telephone number of the contractor and describe the contractor's responsibilities.