

**NPDES Permit Renewal Application  
Form 2A**

**For**

**TAFUNA WASTEWATER  
TREATMENT PLANT**

**NPDES Permit No. AS0020010**

**Submitted By**

**AMERICAN SAMOA POWER AUTHORITY**

**May 4, 2004**

FACILITY NAME AND PERMIT NUMBER:

TAFUNA WWTP - NPDES # AS0020010

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

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 1mgd,
  - 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)**

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**SIC 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 Tafuna Sewage Treatment Plant

Mailing Address c/o ASPA-Wastewater Division - P.O. Box PPB  
Pago Pago, As 96799

Contact Person Michael Dworsky

Title Sanitary Engineer

Telephone Number (684) 699-1462

Facility Address Fogagogo  
(not P.O. Box) Tutuila Island, American Samoa

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

Applicant Name N/A

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	<u>AS0020010</u>	PSD	_____
UIC	_____	Other	_____
RCRA	_____	Other	_____

**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Tafuna Plains</u>	<u>12,000</u>	<u>Sanitary</u>	<u>Territorial Utility</u>
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total population served</b>	<u>12,000</u>		

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**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 12<sup>th</sup> month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 6.0 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>1.74</u>	<u>1.74</u>	<u>1.83</u>
c. Maximum daily flow rate	<u>5.41</u>	<u>2.93</u>	<u>3.97</u>

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

Separate sanitary sewer 100 %

Combined storm and sanitary sewer N/A %

**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 0
- iii. Combined sewer overflow points 0
- iv. Constructed emergency overflows (prior to the headworks) 0
- v. Other N/A 0

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: N/A

Annual average daily volume discharge to surface impoundment(s) N/A 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: N/A

Number of acres: N/A

Annual average daily volume applied to site: N/A 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

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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).

N/A

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

Transporter Name N/A

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

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

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

Name N/A

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

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

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

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. 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):

N/A

Annual daily volume disposed by this method: \_\_\_\_\_

Is disposal through this method  continuous or  intermittent?

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**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 Fogagogo 96799  
(City or town, if applicable) (Zip Code)  
Tualauta A.S.  
(County) (State)  
14d 20' 28.58" - South 170d 43' 04.28" - West  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 1550 ft.
- d. Depth below surface (if applicable) 95 ft.
- e. Average daily flow rate 1.8 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: N/A  
Average duration of each discharge: N/A  
Average flow per discharge: N/A mgd  
Months in which discharge occurs: N/A
- g. Is outfall equipped with a diffuser?  Yes  No

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

- a. Name of receiving water Vai Cove, South Pacific Ocean
- b. Name of watershed (if known) N/A  
United States Soil Conservation Service 14-digit watershed code (if known): N/A
- c. Name of State Management/River Basin (if known): N/A  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A
- d. Critical low flow of receiving stream (if applicable)  
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO<sub>3</sub>

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**1. 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 BOD5 removal or Design CBOD5 removal                      30 \_\_\_\_\_ %

Design SS removal                      30 \_\_\_\_\_ %

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:

N/A

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)	6.7	s.u.					
pH (Maximum)	7.6	s.u.					
Flow Rate	2.86	MGD	1.88	MGD	60		
Temperature (Winter)	Not Monitored						
Temperature (Summer)	Not Monitored						
* 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		
<b>CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS</b>							
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	96	mg/L	54.5	mg/L	52	
	CBOD5	Not Monitored					
FECAL COLIFORM	Not Monitored						
TOTAL SUSPENDED SOLIDS (TSS)	81	mg/L	38.7	mg/L	52		

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**SIC 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.

30,000 gpd

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

Ongoing smoke testing, hydraulic flushing, and repair program, along with TV camera recordings and review of the videos.

**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  $\frac{1}{4}$  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 the 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: N/A

Mailing Address: N/A

Telephone Number: (N/A)

Responsibilities of Contractor: N/A

**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.

N/A

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

Yes  No



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

N/A

- 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: N/A

**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 effluent testing for the following listed parameters and those 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, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
<b>CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS</b>							
AMMONIA (as N)	Not Monitored						
CHLORINE (TOTAL RESIDUAL, TRC)	Not Monitored						
DISSOLVED OXYGEN	Not Monitored						
TOTAL KJELDAHL NITROGEN (TKN)	Not Monitored						
NITRATE PLUS NITRITE NITROGEN	Not Monitored						
OIL and GREASE	10	mg/L	10	mg/L	1	1664	
PHOSPHORUS (Total)	Not Monitored						
TOTAL DISSOLVED SOLIDS (TDS)	Not Monitored						
OTHER <b>Settleable Solids</b>	0.5	mg/l	0.1	mg/l	60		

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**SIC 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:**

Basic Application Information packet

Supplemental Application Information packet:

Part D (Expanded Effluent Testing Data)

Part E (Toxicity Testing: Biomonitoring Data)

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

Part G (Combined Sewer Systems)

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Michael Dworsky, Sanitary Engineer

Signature *Michael Dworsky*

Telephone number (684) 699-1462

Date signed 5-4-04

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

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**PPLEMENTAL 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.

**See Attachment 2: Supporting Technical Analysis (Appendix 1, page A1-10) for results of all toxicity tests. Test were conducted by EPA+Region 9 and methods, procedures, and QA/QC information is on file with EPA.**

a. Test information.

Test Species & test method number	<b>sea urchin</b>		
Age at initiation of test			
Outfall number	<b>001</b>		
Dates sample collected	<b>20 Aug 2000 - 2 Feb 2004</b>		
Date test started	<b>13 tests conducted</b>		
Duration			

b. Give toxicity test methods followed.

Manual title	<b>SOP1001</b>		
Edition number and year of publication	<b>EPA/660R-95/136</b>		
Page number(s)			

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

24-Hour composite	<b>x</b>		
Grab			

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

Before disinfection	<b>x</b>		
After disinfection			
After dechlorination			

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Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

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

Sample was collected:	<b>Outlet Structure</b>		
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f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both

Chronic toxicity	<b>x</b>		
Acute toxicity			

g. Provide the type of test performed.

Static			
Static-renewal			
Flow-through			

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

Laboratory water			
Receiving water			

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

Fresh water			
Salt water			

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


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

pH	<b>x</b>		
Salinity	<b>x</b>		
Temperature	<b>x</b>		
Ammonia			
Dissolved oxygen	<b>x</b>		

l. Test Results.

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

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nic:

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

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
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)

N/A  
\_\_\_\_\_  
\_\_\_\_\_