B EPA Form 1 General

FORM	U.S. ENVIRONMENTAL PROTI		I, EPA I,D, NUMBER	
SEPA	GENERAL INFORM Consolidated Permits F	Program	<u> </u>	TAC
GENERAL LABEL ITEMS	(Read the "General Instructions	" before starting.)	GENERAL INSTRUC	13 14 15 TIONS 30
I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY V. MAILING ADDRESS	PLEASE PLACE LABEL IN	THIS SPACE	If a preprinted label has been it in the designated space. Revation carefully; If any of it is through it and enter the corrappropriate fill—in area below, the preprinted data is absent left of the label space lists that should appear), please proper fill—in area/s/ below. complete and correct, you nee items 1, III, V, and VI (examust be completed regardless	provided, affix view the inform-incorrect, cross-rect data in the Also, if any of the area to the the information rovide it in the If the label is ed not complete ept VI-B which
VI. FACILITY LOCATION			items if no label has been pro the instructions for detailed	vided. Refer to
			tions and for the legal authors which this data is collected.	
II. POLLUTANT CHARACTER				•
questions, you must submit this if the supplemental form is atta	through J to determine whether you need to s form and the supplemental form listed in the iched, if you answer "no" to each question, y ments; see Section C of the instructions. See also	e parenthesis following the quest ou need not submit any of thes	stion. Mark "X" in the box in the e forms. You may answer "no" if	third column your activity ms.
SPECIFIC QUE	STIONS MARK X	SPECIFIC Q	UESTIONS YE	MARK X
A, is this facility a publicly which results in a discharge (FORM 2A)	owned treatment works		nimal feeding operation or facility which results in a	X
C. Is this a facility which curre to waters of the U.S. other	ently results in discharges		will result in a discharge to	X
A or B above? (FORM 2C)	22 23 24	waters of the U.S.? (FORM F. Do you or will you inject		6 26 .27
E. Does or will this facility to hazardous wastes? (FORM 3)	Z6 29 30		the lowermost stratum conter mile of the well bore, inking water? (FORM 4)	X 32 33 4/
G. Do you or will you inject at water or other fluids which in connection with convention duction, inject fluids used foil or natural gas, or inject flydrocarbons? (FORM 4)	are brought to the surface onal oil or natural gas pro- or enhanced recovery of luids for storage of liquid	process, solution mining tion of fossil fuel, or reco (FDRM 4)	ning of sulfur by the Frasch of minerals, in situ combus- overy of geothermal energy?	X
I. Is this facility a proposed some of the 28 industrial castructions and which will poper year of any air pollut Clean Air Act and may affattainment area? (FORM 5)	tegories listed in the in- orentially emit 100 tons ant regulated under the act or be located in an	instructions and which wo	a stationary source which is, strial categories listed in the ill potentially emit 250 tons introduced under the Clean be located in an attainment	X
III. NAME OF FACILITY				
1 SKIP Southwest G		Plant		
IV. FACILITY CONTACT	-	Committee and the second secon	The state of the s	
Terry, Shazelle	e, Treatment Dept. Ma	nager	PHONE (arva code & no.) 301 446 2000	
V. FACILITY MAILING ADDRE	A.STREET OR P.O. BOX			
3 P.O. Box 70				
4 West Jordan	LCITY OR TOWN	UT 84088	51-	
VI. FACILITY LOCATION				
5 8215 South 1300 W	OUTE NO. OR OTHER SPECIFIC IDENTIFIE			
15 16 B.	COUNTY NAME	45		
Salt Lake		70		
West Jordan	CITY OR TOWN	UT 84088	F. COUNTY CODE (if known) 035	

CONTINUED FROM THE FRONT	4.10 (0.10)				
VII. SIC CODES (4-digit, in order of priority)					B. SECOND
A. FIRST		c.	1	(specify)	E. SECOND
4941. Public Water Sup	ply	7	16 - 19		
C, THIRD					D. FOURTH
c (specify)		7		(specify)	
15 16 - 19		15	1.6 - 19		
VIII. OPERATOR INFORMATION	A. N.	AME			B. Is the name liste
c			1111		Item VIII-A elso
8 Jordan Valley Water Con	servancy	Distri	ct	اسمامياسا	YES ON
15 16			· · · · · · · · · · · · · · · · · · ·		D. PHONE (area code & no.)
C. STRATUS OF OPERATOR (Enter the approximately formally formal) F = FEDERAL M = PUBLIC (other than formal)		sthe answer bo		specify.)	c
S = STATE O = OTHER (specify)	1.	M	.,		A 801 565 4300
P = PRIVATE E. STREET OR	P.O. BOX	86	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ART FE	
P.O. Poys 70		1111	111		
P.O. Box 70			1,11,	55	人。日本学生等,只然为一个特殊的。
F. CITY OR TOWN		1111	G.STATE	H. ZIP COD	Is the facility located on Indian lands?
B West Jordan			UT	84088	☐YES ☑NO
18 16			40 41 42	47	• 26.52
X. EXISTING ENVIRONMENTAL PERMITS					
A. NPDES (Discharges to Surface Water)		Emissions from	n Proposed S	ources)	
9 N UTG640026	9 P				
18 16 17 18 - 30	15 16 (7 18	E. OTHER (sp	ecify!	30	
B. UIC (Underground Injection of Fluids)	C T 1 1	7 7 7 7 7	1:1		ecify)
9 U UTU500005,	9 10 17 10		•		
C. RCRA (Hazardous Wastes)	. 4.3	E. OTHER (SP	ecify)		
B	9	1.1	1 1 1	(sp	ecify)
16 17 16 -30	15 16 17 18			118 6 6 7 30	
Attach to this application a topographic map	af the Grad av	tonding to at	least one m	ila havond ni	Approx boundaries The man must show
the outline of the facility, the location of ea	ch of its exist	ing and propo	sed intake	and discharg	e structures, each of its hazardous waste
treatment, storage, or disposal facilities, and	each well who	ere it injects t	lluids under	ground. Incl	ude all springs, rivers and other surface
water bodies in the map area. See instructions	S. M. San Control State	quirements.			
XII. NATURE OF BUSINESS (provide a brief descrip	tion)			4. 计显示性	
The project will extract underground	waters high	n in sulfat	e via a s	eries of de	eep aquifer wells and subsequent
purify the extracted water using adv				se osmosis	(RO) at the Southwest Groundwate
Treatment Plant (SWGWTP). Shallow gr The purified potable water will be d				ts member a	agencies. RO by-product (i.e.
concentrate) containing the extracte	d salts from	n the treat	ed water	will be ro	ated via a 21 mile long pipeline
to Outfall #1 at the Great Salt Lake					
to 14 MGD.	ocable water	L. AC DULLA	ouc, enc	CICACMONG	prant supusity will insteads
RO by-product will be discharged via		to the Gre	at Salt L	ake. Untre	ated shallow groundwater will be
discharged via Outfall #2 to the Jor The plant will be located near the D		admiarters	site adi	acent to th	ne Jordan River
The plane will be located hear one b	15,011.00 0	oaaqaar ooro	0100 44)		
XIII. CERTIFICATION (see instructions)					
I certify under penalty of law that I have pe attachments and that, based on my inquiry	sonally exami	ned and am fa	miliar with	the informa	tion submitted in this application and all
application, I believe that the information is	true, accurate	and complete	e. I am aw	are that ther	e are significant penalties for submitting
false information, including the possibility of	fine and impri	isonment.			
A. NAME & OFFICIAL TITLE (type or print)	. 6	3. SIGNATURE) ,	C. DATE SIGNED
Alan E. Packard Assistant General Manager and Chief E	ngineer	al	not V	cule o	105/16/201
OMMENTS FOR OFFICIAL USE ONLY	San Carrier St.			WWW	^
ONWENTS FOR GATCIAL OSE GIVET					BURNING TO THE STREET THE STREET

C NPDES Form 2A Application Overview

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 ≥ 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)

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BA	SIC APPLICA	ATION INFORMATION
PAI	RT A. BASIC APP	LICATION INFORMATION FOR ALL APPLICANTS:
All t	reatment works mus	t complete questions A.1 through A.8 of this Basic Application Information packet.
A.1.	Facility Information	1.
	Facility name	Southwest Groundwater Treatment Plant
	Mailing Address	P.O. Box 70 West Jordan, UT 84088
	Contact person	Shazelle Terry
	Title	Treatment Department Manager
	Telephone number	801-565-4300
	Facility Address	8215 South 1300 West
	(not P.O. Box)	West Jordan, UT 84088
A.2.	Applicant Informati	on. If the applicant is different from the above, provide the following:
	Applicant name	Jordan Valley Water Conservancy District
	Mailing Address	P.O. Box 70 West Jordan, UT 84088
	Contact person	Mark G Atencio
	Title	Engineering Department Manager
	Telephone number	801-565-4300
	Is the applicant the	owner or operator (or both) of the treatment works?
	X owner	X operator
		espondence regarding this permit should be directed to the facility or the applicant.
A.3.	facility Existing Environment (include state-issued page)	applicant ntal Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works permits).
	NPDES	PSD
	uic	Other
	RCRA	Other
A.4.	Collection System in entity and, if known, pr	iformation. Provide information on municipalities and areas served by the facility. Provide the name and population of each ovide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).
İ	Name	Population Served Type of Collection System Ownership
	JVWCD servic	ce area 600,000 (Year 2009)
-		
	Total pop	ulation served 600,000

, ,,,	BLITT NAME AND PERMIT NUMBER:				rm Approved 1/14/9 1B Number 2040-0	
A.5.	Indian Country.				**************************************	
	a. Is the treatment works located in Indian Co	untry?				
	YesXNo	•				
	 Does the treatment works discharge to a rethrough) Indian Country? 	ceiving water that is either in li	ndian Country or that is ups	stream from (and ev	entually flows	
	YesX_ No					
A. 6.	Flow. Indicate the design flow rate of the treatr daily flow rate and maximum daily flow rate for month of "this year" occurring no more than thre	each of the last three years. Ea	ach vear's data must be ba	s built to handle). A sed on a 12-month	lso provide the av time period with th	verage he 12t
	a. Design flow rate 14.0 mgd	reated water to Me	ember Agencies			
		Two Years Ago	Last Year	This Year		
	b. Annual average daily flow rate	0	0	0	mg	d
	c. Maximum daily flow rate	0	00	0	mg	d
A.7.	Collection System. Indicate the type(s) of collection (by miles) of each. Separate sanitary sewer Combined storm and sanitary sewer	ection system(s) used by the t	reatment plant. Check all t	hat apply. Also esti	mate the percent %	İ
A.8.	Discharges and Other Disposal Methods.					
	a. Does the treatment works discharge effluen	t to waters of the U.S.?		X 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 trea	ted effluent				
	iii. Combined sewer overflow points					
	iv. Constructed emergency overflows (prior	to the headworks)				
	v. Other <u>Reverse osmosis k</u>	y-product - Grea	t Salt Lake		1	
	Shallow groundwat				1	
	b. Does the treatment works discharge effluen that do not have outlets for discharge to wat	ers of the U.S.?	face impoundments —	Yes	X No	
	If yes, provide the following for each surface Location:	impoundment:				
	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	X No	
	If yes, provide the following for each land application:	olication site:				
	Number of acres:					
	Annual average daily volume applied to site:		Mgd			
	Is land application continuo	us or intermitte				
•	d. Does the treatment works discharge or trans treatment works?	port treated or untreated waste	water to another	Yes	X No	

FACILI	TY NAME AND PERMIT	NUMBER:		Form Approved 1/14/99 OMB Number 2040-0086
	If yes, describe the me (e.g., tank truck, pipe).	an(s) by which the wastewater from the treatment w	orks is discharged or transported	to the other treatment works
	If transport is by a party	other than the applicant, provide:		
	Transporter name:	Not applicable		
	Mailing Address:		- Below half of the Mild of the Control of the Cont	
	Contact person:			
	Title:			
	Telephone number:			
	Name: Mailing Address:	ks that receives this discharge, provide the following Not applicable		
	Contact person:			
	Title:			
	Telephone number:			
	If known, provide the NI	PDES permit number of the treatment works that rec		
	Provide the average dai	ly flow rate from the treatment works into the receiving	ng facility.	mgd
e.		ks discharge or dispose of its wastewater in a mannve (e.g., underground percolation, well injection)?		Yes X No
	If yes, provide the follow	ring for each disposal method:		
	Description of method (i	ncluding location and size of site(s) if applicable):		
	Annual daily volume disp	posed of by this method:		
	Is disposal through this	method continuous or	intermittent?	

FACIL	ITY N	JAME	ΔND	PERMIT	NUMBER:

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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."

). E	Description of Outfa	II.			
а	a. Outfall number	1 (Great Salt	<u>L</u> ake)		
b	. Location	Unnamed draina (City or town, if applicable)	_	·	(Zip Code)
		Salt Lake Coun (County)	ty	·····	<u>Utah</u> (State)
		40 45 37.59"N (Latitude)			112 10 ' 13 32 "W (Longitude)
_	. Distance from sho			4	(congrues)
C.				ft.	
d.	•			ft.	
e.	. Average daily flow	rate	3.0	mgd	•
f.	Does this outfall ha	ave either an intermittent or a periodic			
	discharge?		Yes	X	No (go to A.9.g.)
	If yes, provide the	following information:			
	Number of times o	er year discharge occurs:			
	Average duration of	,			••••••••••••••••••••••••••••••••••••••
	Average flow per d	•			mgd
	Months in which di	-			
_	la authati a autha a al	with a difference	V	y	Nt.
g.	Is outfall equipped	with a diffuser?	Yes	X	No No
_			Yes	X	No No
	Is outfall equipped		Yes	X	No No
	escription of Receiv	ring Waters.		X	No No
. De	escription of Receiv	ring Waters. water <u>Gilbert B</u>	ay		No
a.	escription of Receive Name of receiving Name of watershed	ring Waters. water <u>Gilbert B</u> d (if known)	ay Great Salt I		No No
a.	escription of Receive Name of receiving Name of watershed	ring Waters. water <u>Gilbert B</u>	ay Great Salt I		No
D. De	escription of Receive Name of receiving watershed United States Soil (ring Waters. water <u>Gilbert B</u> d (if known)	ay Great Salt I		No No
D. D € a. b.	Name of watershed United States Soil (ving Waters. waterGilbert_B d (if known) Conservation Service 14-digit watershed agement/River Basin (if known):	ay Great Salt I d code (if known):		No
0. D € a. b.	Name of watershed United States Soil (ring Waters. waterGilbert_B d (if known) Conservation Service 14-digit watershee	ay Great Salt I d code (if known):		No No
o. De a. b.	Name of receiving watershed United States Soil O Name of State Man	ving Waters. waterGilbert_B d (if known) Conservation Service 14-digit watershed agement/River Basin (if known):	ay Great Salt I d code (if known):	Jake	No
a. b.	Name of receiving watershed United States Soil O Name of State Man	ring Waters. WaterGilbert_B S (if known) Conservation Service 14-digit watershed agement/River Basin (if known): Degical Survey 8-digit hydrologic catalogic eceiving stream (if applicable):	ay Great Salt I d code (if known):	Jake	No

	1
FACILITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99
	OMB Number 2040-0086

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."

	escription of Outfall.								
a	Outfall number	2 (Jordan Rive	r)						
b.	Location	West Jordan, U	JT			8408	8		
	•	(City or town, if applicable)				(Zip	Code)	***************************************	
	•	Salt Lake (County)				U t (Sta	te)		
		40 36' 5.58"N (Latitude)					111 gitude)		13.37"W
		, ,	-						
C.	Distance from shore (if ap	oplicable)	0		ft. (discha	arge	on the	e west bank)
d.	Depth below surface (if a	pplicable)	0		ft.				
e.	Average daily flow rate				mgd				
	, manage many non-rate		flow scen		-				•
f.	Does this outfall have eith	ner an intermittent or a periodic	liow scel	narios					
	discharge?			Yes			No	(go to A.	9.g.)
	If yes, provide the following	ng information:						(0	3.7
	n you, provide the fellowin	ig morniagori,							
	Number of times per year	discharge occurs:							
	Average duration of each	discharge:							
	Average flow per discharg	ie:					mgd		
	Months in which discharge								
	World S III Willow discrete	c doddis.							
g.	Is outfall equipped with a	diffuser?	,	Yes			No		
). De	scription of Receiving Wa	aters.							
	scription of Receiving W								
a.	Name of receiving water	Jordan_R:	iver					·	
a.	Name of receiving water		iver	· · · · · · · · · · · · · · · · · · ·					
a. b.	•		iver Jordan						
	Name of receiving water Name of watershed (if kno	own)	Jordan	River					
	Name of receiving water Name of watershed (if kno		Jordan	River					
	Name of receiving water Name of watershed (if kno United States Soil Consen	own) vation Service 14-digit watershe	Jordan	River					
b.	Name of receiving water Name of watershed (if kno	own) vation Service 14-digit watershe	Jordan	River					
b.	Name of receiving water Name of watershed (if kno United States Soil Consen Name of State Manageme	own) vation Service 14-digit watershe	Tordan d code (if known)	River					
b. c.	Name of receiving water Name of watershed (if kno United States Soil Consen Name of State Manageme United States Geological S	own) vation Service 14-digit watershe ent/River Basin (if known): Survey 8-digit hydrologic catalog	Tordan d code (if known)	River					
b. c.	Name of receiving water Name of watershed (if known that the control of the cont	own) vation Service 14-digit watershe ent/River Basin (if known): Survey 8-digit hydrologic catalog ig stream (if applicable):	Iordan d code (if known) d code (if known)	River): known):	_				
b. c.	Name of receiving water Name of watershed (if kno United States Soil Consen Name of State Manageme United States Geological S Critical low flow of receiving acute	own) vation Service 14-digit watershe ent/River Basin (if known): Survey 8-digit hydrologic catalog ig stream (if applicable):	Tordan Id code (if known) In the code (if known) In the chronic	River): :: :::::::::::::::::::::::::::::::	_	cfs			

FACILITY NAME AN		MOLK.								For OM	B Number 2040-0086
A.11. Description of	Treatment.	***************************************									
a. What levels	of treatment a	are provided?	Check all th	at apply.	' <u>.</u>						
***	Primary			Seconda	ary						
****	Advanced		X	Other.	Describe:	Reve	erse	Osm	osis	(see	e attached
b. Indicate the	following remo	oval rates (as	applicable):								
Design BO	⊃ൃ removal <u>or</u> D	Design CBO	D_ removal]	N/A		%	
Design SS	•		Þ					N/A		%	
Design P re	moval										
Design N re						****		N/A		- ⁷⁰	
Other						_		-			
Marillag, and	5 - U - U - E- otion is		- 50 5	** **	75 40 te m.h.e					%	
	f disinfection is		effluent froi	m this ou	utfall? It disinte	ection varies	s by seas	on, plea	ise descr	ribe.	
	applical					37 - 4	. 7	, ,			
If disinfection	n is by chlorina	ation, is dech	lorination us	ed for thi	is outfall?	Not	a <u>ppl</u>	<u>ica</u>	%Te		No
1 5 11 1	atment plant ha	ave post aen	ation?				***************************************	Ye	es		X No
A.12. Effluent Testing parameters. Pri discharged. Do collected throu	ovide the indic o not include i gh analysis co o and other ap ent testing da	cated efflue information onducted u opropriate (ita must be	ent testing re on combine sing 40 CFR QA/QC requi based on at	equired ed sewe R Part 13 Irements Heast th	by the permier overflows in 36 methods. s for standar aree samples	itting authorn this sect In addition In methods and must	ority <u>for e</u> ion. All in i, this dat for analy be no mo	each ou nforma ta must ytes no ore tha	itfall thre tion repe t comply t addres n four ar	ough whi orted mus with QA ssed by 4 nd one-ha	ch effluent is st be based on data /QC requirements o 0 CER Part 136. At
A.12. Effluent Testing parameters. Pridischarged. Do collected throu 40 CFR Part 13 minimum, efflu	ovide the indiction of the include in the include in the include in the include in the include in the include in the include include in the i	cated efflue information onducted u opropriate (ita must be	ent testing re on combine sing 40 CFR QA/QC requibased on at	equired ed sewe R Part 13 Irements least th stin	by the permiser overflows in 36 methods. In standar or standar or samples and was wall was wall was a wall was	tting authorn this section addition addition distributed and must previ	ority <u>for e</u> tion. All in this dat for analy be no mo	each oun formatia must ytes no ore that	utfall thro tion report toomply address on four ar	ough whi orted mus with QA ssed by 4 nd one-ha	ch effluent is st be based on data /QC requirements of 0 CFR Part 136. At alf years apart. .n 2003.
A.12. Effluent Testing parameters. Prodischarged. De collected throu 40 CFR Part 13 minimum, efflue	ovide the indiction of the include in the include in the include in the include in the include in the include in the include include in the i	cated efflue information onducted u opropriate (ita must be	ent testing roon combines sing 40 CFR DA/QC requibased on at Ent te MAXIMUM Value	equired ed sewe R Part 13 Irements least th stin	by the permiter overflows in the second seco	tting authorn this section addition addition distributed and must previ	ority <u>for e</u> ion. All in i, this dat for analy be no mo	each oun formatia must ytes no ore that	utfall thro tion repo t comply t addres n four ar	ough whi orted must with QA seed by 4 and one-ha	ch effluent is st be based on data /QC requirements o 0 CFR Part 136. At alf years apart.
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FACILITY NAME AND F	ERMIT NUI	MBER:											Approved 1/14/99 Number 2040-0086
A.11. Description of Tre	atment.	***************************************											
a. What levels of	treatment ar	e provided	d? Che	ck all tha	it apply	•							
Pr	imary		-	5	Second	ary							
Ac	Ivanced			<u>X</u> c	Other.	Describe:	Rev	<i>r</i> er	se O	smc	sis	(see	<u>attached</u>)
b. Indicate the following	owing remov	val rates (as app	licable):									
Design BOD ₅	emoval <u>or</u> D	esign CB	OD₅ re	moval					N,	/ <u>A</u>		%	
Design SS rem	oval								N	/ <u>A</u>		%	
Design P remo	val								N	/A		%	
Design N remo	val								N	/A		%	
Other	····											%	
c. What type of d	sinfection is	used for	the effl	uent fron	n this c	utfall? If disir	nfection va	ries b	y season,	plea	se describe).	
Not ap	plical	ole											
If disinfection is	by chlorina	tion, is de	chlorin	ation use	ed for t	nis outfall?	Not	: a	ppli	cak	<u>ş</u> le		No
d. Does the treatn	nent plant ha	ive post a	eration	?						_ Ye	es	X	No No
Outfall number:		Effli	M			ng was	prev	7io Valu			COVIDE	Y VA_U	n 2003. JE Number of Samples
		13. 4.1 1	6				84-96 (19 ₈ -5)	Valu		27.5%	O I III O		
pH (Minimum)			 8		-	s.u.					interior Notation		
pH (Maximum)					-	s.u.	N-20186			(CAP)	MOD	254 (454)	
Flow Rate				.6	-	MGD		1.0			MGD	_	
Temperature (Winter)				.6	 	C						+	
Temperature (Summer) * For pH please rep	ort a minimu	m and a r		. 6 ım daily v	/alue	C							
POLLUTANT		MA		DAILY		AVERA	GE DAILY	DISC	CHARGE		ANALYT METH		ML/MDL
		Con	c.	Units	s	Conc.	Un	its	Numbe Samp				
CONVENTIONAL AND N	ONCONVEN	TIONAL	СОМР	OUNDS.									
BIOCHEMICAL OXYGEN	BOD-5	N/Z	7										
DEMAND (Report one)	CBOD-5	N/F		************					ļ				
FECAL COLIFORM		N/Z				,							
TOTAL SUSPENDED SOL	DS (TSS)	N/A	4									1	
REFER TO THE	APPLI	CATIC	N O	VER\	/IEV	OF PA TO DE	TERM			CH (OTHER	PAR	RTS OF FORM

FAC	ILIT	Y NAME AND PERMIT NUMBER:	Form Approved 1/14/99 OMB Number 2040-0086						
BA	SI	C APPLICATION INFORMATION							
PAF	RT E	3. ADDITIONAL APPLICATION INFORMATION FOR APP EQUAL TO 0.1 MGD (100,000 gallons per day).	LICANTS WITH A DESIGN FLOW GREATER THAN OR						
Alla	pplic	ants with a design flow rate ≥ 0.1 mgd must answer questions B.1 throug	h 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. N/A gpd								
	Bri	efly explain any steps underway or planned to minimize inflow and infiltrat	on.						
B.2.	Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility properly 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. b.	The area surrounding the treatment plant, including all unit processes. The major pipes or other structures through which wastewater enters the treated wastewater is discharged from the treatment plant. Include outfall.	treatment works and the pipes or other structures through which lls from bypass piping, if applicable.						
	c.	Each well where wastewater from the treatment plant is injected undergr	ound.						
	d.	Wells, springs, other surface water bodies, and drinking water wells that works, and 2) listed in public record or otherwise known to the applicant.	are: 1) within 1/4 mile of the property boundaries of the treatment						
	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 und or special pipe, show on the map where that hazardous waste enters the	ler the Resource Conservation and Recovery Act (RCRA) by truck, rail, treatment works and where it is treated, stored, and/or disposed.						
	i. 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.	Оре	ration/Maintenance Performed by Contractor(s).							
		any operational or maintenance aspects (related to wastewater treatment ractor?Yes \underline{X} No	and effluent quality) of the treatment works the responsibility of a						
	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:								
	Mail	ing Address:							
	Telephone Number:								
	Res	ponsibilities of Contractor;							
	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 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.								
	Plant expansion planned for 2025. No changes planned for either Outfall.								
	b.	Indicate whether the planned improvements or implementation schedule	are required by local, State, or Federal agencies.						
		Yes X No							

FACILITY NAME AND PER	RMIT NUMBER:			Form Approved 1/14/99 OMB Number 2040-0086					
c If the answer to B	If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (If applicable).								
For improvements	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.								
		Schedule	А	ctual Completion					
Implementation St	Implementation Stage		YYYY MI	MM / DD / YYYY					
- Begin constructi	on								
 End construction 	n								
 Begin discharge 	•								
 Attain operations 	al level		 -						
e. Have appropriate	permits/clearances	concerning other	er Federal/State re	equirements been	obtained?	YesX_No			
Describe briefly:	Easement-Gr	eat Salt	Lake; Utah	Forestry,	Fire and	State Lands			
	Describe briefly: Easement-Great Salt Lake; Utah Forestry, Fire and State Lands Stream Alteration-Great Salt Lake; Utah Water Rights								
Applicants that dischar required by the permitt this section. All inform data must comptly with addressed by 40 CFR and one-half years old. Outfall Number: # POLLUTANT CONVENTIONAL AND NONG MMONIA (as N) CHLORINE (TOTAL	ge to waters of the ing authority for each ation reported must QA/QC requirement Part 136. At a min MAXIMUM DISCHA	US must provided not provided to be based on do not sof 40 CFR Firmum, effluent to the based on do not sof 40 CFR Firmum, effluent to the based on t	de effluent testing th which effluent is ata collected thro art 136 and other esting data must l	s discharged. Do ugh analysis cond appropriate QA/0	not include inf fucted using 44 QC requiremer ast three pollut	ormation on combined CFR Part 136 methon ts for standard method	sewer overflows in ds. In addition, this ds for analytes not		
RESIDUAL, TRC)	ND	mg/L	ND	mg/L					
DISSOLVED OXYGEN	ND	mg/L	ND	mg/L					
OTAL KJELDAHL	ND	mg/L	ND	mg/L					
IITROGEN (TKN) IITRATE PLUS NITRITE	ND	mg/L	ND	mg/L					
IITROGEN DIL and GREASE	ND	mg/L	ND	mg/L					
PHOSPHORUS (Total)									
OTAL DISSOLVED	ND	mg/L	ND	mg/L					
OTAL DISSOLVED OLIDS (TDS)	11,000	mg/L	8,000	mg/L					
OTHER Selenium	55.0	ug/L	44.7	ug/L					
REFER TO THE A	PPLICATIO	N OVERV	END OF PA TIEW TO DE OU MUST (ETERMINE	and the second of the second o	OTHER PART	S OF FORM		

FACILITY NAME AND PERMIT NUMBER:						Form Approved 1/14/99 OMB Number 2040-0086			
С	If the answer to B.5.b is "Yes," briefly describe, including new maximum d				m daily inflow rate	e (if applicable)	j.		
d.	Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicate For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.								
	Schedule Actual Completion								
	Implementation Sta	age	MM / DD /	YYYY M	M/DD/YYYY				
	- Begin construction	on	//	/_	_/				
	 End construction 	1		 –					
	- Begin discharge								
	 Attain operationa 	l level	//_						
e.	Have appropriate p	ermits/clearances	s concerning office	r Federal/State re	equirements been	obtained?	X Yes No		
-			•		•		nd State Land		
					ver; Utah			ab	
		na authority for as	och outfall through	a which offluant is	discharged Do			ed effluent testing	
thi da ad an Ou	s section. All informate must comply with dressed by 40 CFR fd one-half years old.	ation reported mu QA/QC requireme Part 136. At a mi	st be based on da ents of 40 CFR Pa nimum, effluent te	ata collected thro art 136 and other esting data must	ugh analysis cond appropriate QA/0 oe based on at lea	not include inf lucted using 40 QC requiremer ast three pollut	ormation on combined OFR Part 136 metho Its for standard metho ant scans and must be	sewer overflows in ds. In addition, this ds for analytes not	
thi da ad an Ou	s section. All information and the must comply with a dressed by 40 CFR in dressed by 40 cfr. in dressed by 40	ation reported mu QA/QC requireme Part 136. At a min	st be based on da ents of 40 CFR Pa	ata collected thro art 136 and other esting data must	ugh analysis cond appropriate QA/0	not include inf lucted using 40 QC requiremer ast three pollut	ormation on combined CFR Part 136 metho Its for standard metho	sewer overflows in ds. In addition, this ds for analytes not	
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END OF PART B.

mg/L

ug/L

1,100

7.9

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

OTHERSelenium

mg/L

ug/L

FACILITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99 OMB Number 2040-0086					
BASIC APPLICATION INFORMA	TION					
PART C. CERTIFICATION						
applicants must complete all applicable sections of F	orm 2A, as explained in the Application statement, applicants confir	ine who is an officer for the purposes of this certification. All cation Overview. Indicate below which parts of Form 2A you have m that they have reviewed Form 2A and have completed all sections				
Indicate which parts of Form 2A you have o	ompleted and are submitting:					
Basic Application Information packet	Supplemental Application Information packet:					
	Part D (Expanded I	Effluent Testing Data)				
	Part E (Toxicity Testing: Biomonitoring Data)					
	Part F (Industrial U:	ser Discharges and RCRA/CERCLA Wastes)				
	Part G (Combined S	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 Alan E. I	Packard, Asst.	General Mgr. and Chief Engineer				
Signature	Julia					
Telephone number 801-565-4:	300					
Date signed	6.2000					
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: