

FACILITY NAME:	NPDES PERMIT NUMBER:	EPA ID NUMBER: <small>(for official use only)</small>															
<small>Form Approved OMB Number Approval Expires XX-XX-XX</small>																	
13. Operation/Maintenance Performed by Contractor(s).																	
Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of your treatment works the responsibility of a contractor? <div style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>																	
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 _____																	
14. Scheduled Improvements, 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 your treatment works. If your treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question 14 for each. (If none, go to the directions at the bottom of this page.)																	
a. List the outfall number (assigned in question 15) for each outfall that is covered by this implementation schedule. _____																	
b. Indicate whether the planned improvements or implementation schedule are: <div style="text-align: center;">Required by local, state, or Federal agencies. Yes <input type="checkbox"/> No <input type="checkbox"/></div>																	
14. Scheduled Improvements, Schedules of Implementation. (cont'd.)																	
Planned independently of any requirement of local, state, or Federal agencies. Yes <input type="checkbox"/> No <input type="checkbox"/>																	
c. Provide a narrative description of each improvement required or planned for outfall(s) listed in 14.a. _____ _____																	
d. Provide the proposed new maximum daily influent design flow rate (if applicable). _____ mgd																	
e. 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.																	
<table border="0" style="width: 100%;"><thead><tr><th style="text-align: center;">Implementation Stage</th><th style="text-align: center;">Schedule MO / DY / YR</th><th style="text-align: center;">Actual Completion MO / DY / YR</th></tr></thead><tbody><tr><td>- Begin construction</td><td style="text-align: center;">/ /</td><td style="text-align: center;">/ /</td></tr><tr><td>- End construction</td><td style="text-align: center;">/ /</td><td style="text-align: center;">/ /</td></tr><tr><td>- Begin discharge</td><td style="text-align: center;">/ /</td><td style="text-align: center;">/ /</td></tr><tr><td>- Attain operational level</td><td style="text-align: center;">/ /</td><td style="text-align: center;">/ /</td></tr></tbody></table>			Implementation Stage	Schedule MO / DY / YR	Actual Completion MO / DY / YR	- Begin construction	/ /	/ /	- End construction	/ /	/ /	- Begin discharge	/ /	/ /	- Attain operational level	/ /	/ /
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f. Have appropriate permits/consentances concerning other Federal/state requirements been obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe briefly. _____																	
NOT FOR OFFICIAL USE																	
IF THIS TREATMENT WORKS DISCHARGES EFFLUENT TO WATERS OF THE UNITED STATES (AS DEFINED IN THE INSTRUCTIONS), GO TO QUESTION 15.																	
IF THIS TREATMENT WORKS DOES NOT DISCHARGE EFFLUENT TO WATERS OF THE UNITED STATES (AS DEFINED IN THE INSTRUCTIONS), DO NOT COMPLETE QUESTIONS 14-18. INSTEAD, GO TO QUESTION 19 (CERTIFICATION STATEMENT).																	
NOTE: You may also be required to complete portions of the Supplemental Application Information packet. See the Application Overview for more information.																	