

FACILITY NAME: _____	NPDES PERMIT NUMBER: _____	EPA ID NUMBER: (for official use only) _____	Form Approved OMB Number Approval Expires XX-XX-XX
WASTEWATER DISCHARGES: <small>Complete questions 15-17 once for each outfall (including bypass points) through which effluent is discharged. Do not include treatment or control system overflows in this section.</small>			
15. Description of Outfall.			
a. Outfall number _____			
b. Location _____ (City or town, if applicable) _____ (Zip Code) _____			
(County) _____ (State) _____			
(Latitude) _____ (Longitude) _____			
c. Distance from shore (if applicable) _____ ft.			
d. Depth below surface (if applicable) _____ ft.			
e. Average daily flow rate _____ mgd			
f. Is outfall either an intermittent or a periodic discharge? _____ Yes _____ No (go to 15.g.) If yes, provide the following information: Number of times/year discharge occurs _____ Average duration of each discharge _____ Average flow per discharge _____ mgd Months in which discharge occurs _____ Is outfall equipped with a diffuser? _____ Yes _____ No			
If so, describe diffuser type (e.g., high-rate) _____			
16. Description of Receiving Waters.			
a. Type: _____ Stream/River _____ Estuary _____ Lake _____ _____ Ocean _____ Other: _____			
b. Name of receiving water: _____			
c. Name of watershed/river/stream system: _____ United States Soil Conservation Service 14-digit watershed code (if known): _____			
16. Description of Receiving Waters. (cont'd.)			
d. Name of State Management/River Basin (if known): _____ United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____			
e. Critical low flow of receiving stream (if applicable). acute _____ cfs chronic _____ cfs			
f. Total hardness of receiving stream at critical low flow (if applicable). _____ mgd of CaCO ₃			
17. Description of Treatment.			
a. What is the highest level of treatment (if any) provided for the discharge from this outfall? _____ Primary _____ Secondary _____ Equivalent to secondary _____ _____ Advanced _____ Other: Describe: _____			
b. Indicate the following removal rates (as applicable): Design BOD ₅ removal or _____ % Design CBOD ₅ removal _____ % Design SS removal _____ % 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. If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes _____ No			
d. Does the treatment plant have post aeration? _____ Yes _____ No			