



City of Cottonwood

Idaho County, State of Idaho



April 26, 2007

U.S. EPA
Region 10
1200 Sixth Avenue
Seattle, WA 98101

ATTN: OWW-130

RE: NPDES Permit Application

To Whom It May Concern:

Enclosed is the NPDES permit application for the City of Cottonwood.

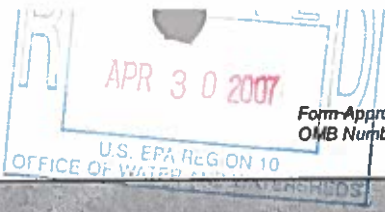
If you have any questions, please contact Public Works Supervisor, Roy Uhlenkott at 208 962-3232 or Amy K. Uptmor, J-U-B Engineers, Inc. at 208 746-9010.

Sincerely,

Carol Altman
City Clerk/Treasurer

Enc

CC: J-U-B Engineers, Inc
Mr. Jerry Shafer, P.E., IDEQ



FACILITY NAME AND PERMIT NUMBER:

City of Cottonwood #ID-002184-9

BASIC 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 City of Cottonwood Wastewater Treatment Plant

Mailing Address PO Box 571
Cottonwood, Idaho 83522

Contact person Roy Uhlenkott

Title Public Works Supervisor

Telephone number 208.962.3232

Facility Address N/A - The site is located approximately 1.5 miles southeast of the City of Cottonwood, east of Highway 95 on Cottonwood Creek Road.
(not P.O. Box)

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

Applicant name City of Cottonwood

Mailing Address PO Box 571
Cottonwood, Idaho 83522

Contact person Denis Duman

Title Mayor

Telephone number (208) 962-3231

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 ID-002184-9 PSD _____

UIC _____ Other LA-00144-02

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>City of Cottonwood</u>	<u>1,000</u>	<u>Separate</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>1,000</u>			

ICIS 5/18/07

*JMA
5/1/2007
OR*

FACILITY NAME AND PERMIT NUMBER:

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A.5. 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 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.1 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.58</u>	<u>0.45</u>	<u>0.49</u> mgd
c. Maximum daily flow rate	<u>1.09</u>	<u>1.21</u>	<u>1.21</u> mgd

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 _____ %

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 1,000
- 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 _____ 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: _____
 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 No

If yes, provide the following for each land application site:

Location: Agroforest - Land Application Site No. 000144
 Number of acres: 40.4
 Annual average daily volume applied to site: 0.08 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).

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

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

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

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

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.a 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):

Annual daily volume disposed of 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 001A
- b. Location Cottonwood 83522
(City or town, if applicable) (Zip Code)
Idaho Idaho
(County) (State)
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 1.0 ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 0.16 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: 114
- Average duration of each discharge: Continuous
- Average flow per discharge: 0.16 mgd
- Months in which discharge occurs: November-April
- g. Is outfall equipped with a diffuser? Yes No

A.10. Description of Receiving Waters.

- a. Name of receiving water Cottonwood Creek
- b. Name of watershed (if known) Upper Cottonwood Creek
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- 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 CaCO₃

FACILITY NAME AND PERMIT NUMBER:

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

City of Cottonwood #ID-002184-9

A.11. 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 65 _____ %
Design SS removal 65 _____ %
Design P removal 15 _____ %
Design N removal 15 _____ %
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

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: 001A

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.30	s.u.			
pH (Maximum)	9.40	s.u.			
Flow Rate	1.21	mgd	0.16	mgd	417
Temperature (Winter)	5	Deg. C	4.05	Deg. C	86
Temperature (Summer)	Summer Temp	not taken --	No Discharge	Allowed	

* 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		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	38	mg/L	16.4	mg/L	13	SM 5210B	2
	CBOD-5							
FECAL COLIFORM		N/A						
TOTAL SUSPENDED SOLIDS (TSS)		47	mg/L	22.1	mg/L	13	EPA 160.2	5

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

FACILITY NAME AND PERMIT NUMBER:

City of Cottonwood #ID-002184-9

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

BASIC 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.

100,000-500,000 gpd

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

The City regularly replaces bad sections of pipe and seals manholes. Approximately 3,000 linear feet of sewer are videoed each year and analyzed for deterioration.

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 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 that 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). Water Balance is not available

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: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

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).

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: _____

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 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 pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001A - Current requirements to test Ammonia, Chlorine Residual only

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	11.20	mg/L	7.63	mg/L	13	SM 4500 NH3G	0.05
CHLORINE (TOTAL RESIDUAL, TRC)	340	ug/L	<100	ug/L	279		
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

City of Cottonwood #ID-002184-9

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

BASIC 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)

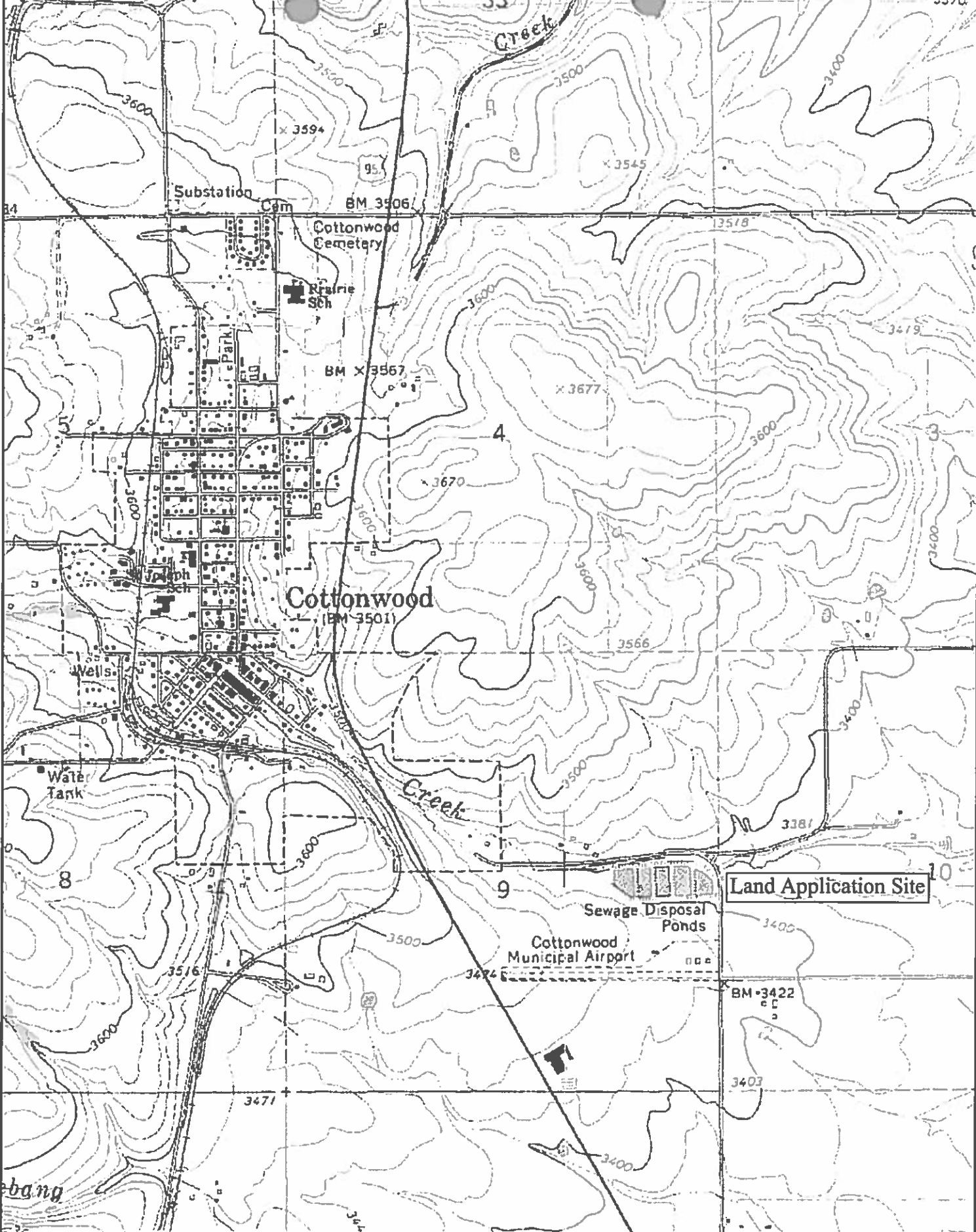
ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

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 Roy Uhlenkott, Public Works Supervisor
Signature *Roy Uhlenkott*
Telephone number (208) 962-3232
Date signed 4/26/07

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:



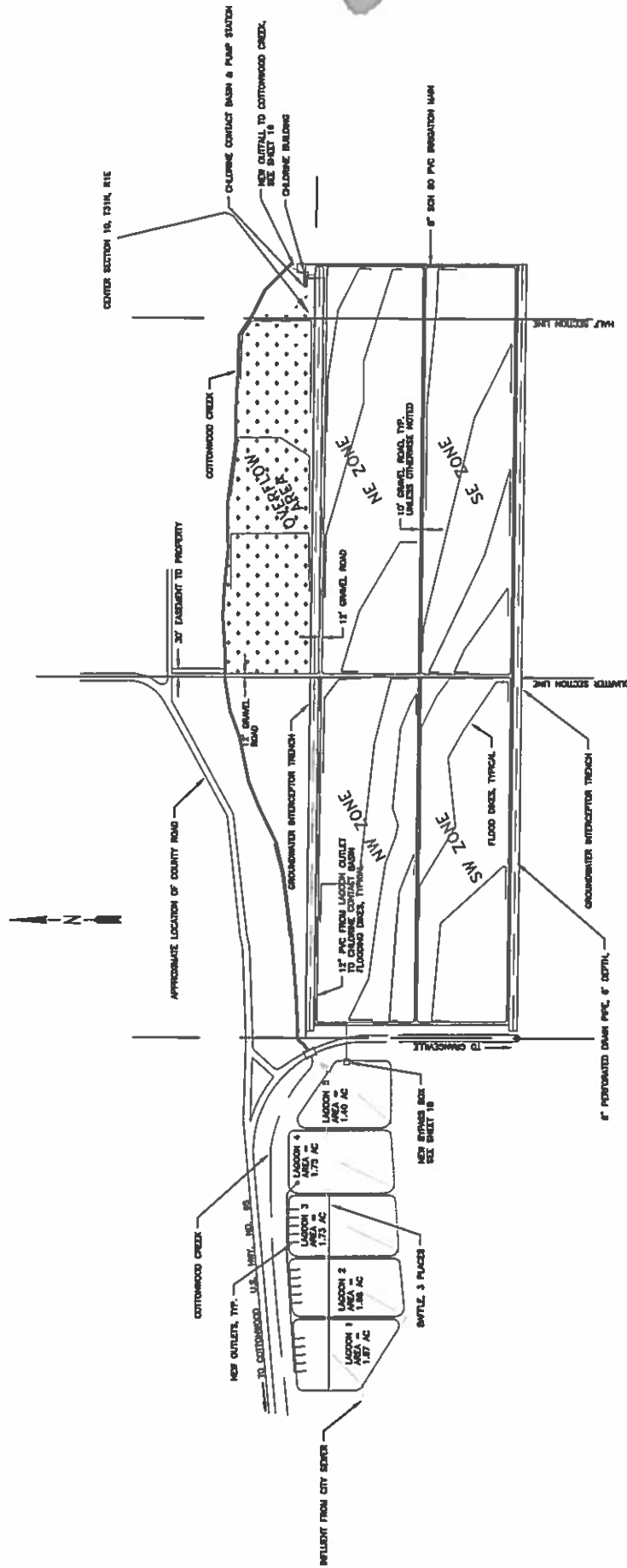
1830 23rd Avenue,
 Suite 1101-A
 Lewiston, Idaho 83501
 Phone: 208.748.9010
 Fax: 208.748.9826
 www.jub.com

Appendix A-1 Area Map

DATE	DRAWN BY	DETAIL NO.	REV.
04/16/07	CJC	Appendix A-1 Area Map	0

NARRATIVE:

COTTONWOOD HAS A 5 FACULTATIVE LAGOON SYSTEM FOR THE TREATMENT OF ITS WASTEWATER. FROM NOVEMBER TO MARCH THE SYSTEM DISCHARGES EFFLUENT THROUGH A CHLORINE CONTACT CHAMBER, DECHLORINATION, AND INTO COTTONWOOD CREEK. DURING THE MONTHS OF MAY THROUGH OCTOBER, THE EFFLUENT IS LAND APPLIED AFTER CHLORINATION.



SITE PLAN
SCALE: 1" = 300'



1630 23rd Avenue,
Suite 1101-A
Lewiston, Idaho 83501
Phone: 208.748.8010
Fax: 208.748.9928
www.jub.com

Appendix A-2 Site Map

DATE	DRAWN BY	DETAIL NO.	REV.
04/16/07	CJC	Appendix A-2 Site Map	0