CPermit Application Review Checklist

Part (1) Application Receipt and Registration *To be completed by the Permit Clerk*	
Facility Name: US ARMY CORPS OF ENGINEERS BONNEVILLE PROJECT	
Permit Number:	
Date Reminder Letter Sent for Additional Information:	None
Date of Postmark on Application Submittal :	5/4/2015
Date Application is Received in OWW:	5/4/2015
Note: Application transmittal letter and the first three pages of the application are to be copied. The original transmittal letter, the first three pages of the application, and the envelope /package /email it was received in or attached to, are to be filed in the permit file (For bulky mailing packages, it will suffice to cut out the portion of the mailing label with the address and postmarked date.) If no file exists, a file is to be created. The copied version of the transmittal letter and the copied version of the first three pages of the application along with the rest of the original application and this check-list are to be routed.	----------
Date application package and Checklist are routed to Review Coordinator:	5/5/2015
Date Application Information logged into E-database:	5/5/2015
Permit Clerk Sign off & Date: Audrey Washington	5/5/15
Part (2) Application Review for Timeliness & Completeness *To be completed by Review Coordinator*	
Permit Writer of the Month (name): ~~Kai Shum~~ DRU KEENAN	
A. If Application is determined to be Timely and Complete: 1) Date Determination letter sent to Applicant: 2) **Go to C.** below	
B. If Application is determined to be Incomplete:	

1. Date Incomplete letter sent to Applicant:	
2. Date additional information is due to R10:	
3. Date additional information is received:	
4. Date Application is determined complete:	
5. Date Timely & Complete letter sent to Applicant:	
6. **Go to C** below	
C. Check for Industrial Storm water: 1. Is the facility an Industrial Facility? 2. A municipal discharger discharging greater than 1 MGD? Or 3. Has a required pretreatment program? If yes, check Industrial E-NOI Database to see if the facility has a MSGP. http://cfpub.epa.gov/npdes/stormwater/noi/noisearch.cfm 4. If facility does have a MSGP, include Note for Permit writer in the Comment Section (below) to alerting them to coordinate with Margaret McCauley on opportunities to consolidate the permits. ---------- **5.** Go to **E**	
D. If Application is submitted after the expiration date: 1. Date expiration letter sent to Applicant 2. Go to E below	
E. Date package is routed to NCU Database Manager: (**Note**: NCU Database Manager is to receive copies of <u>all</u> correspondence along with application and this checklist)	
Application Information logged into E-database	
Review Coordinator Sign off and Date	
<u>Part (3) ICIS/PCS Database Entry</u> *To be completed by NCU Database Manager*	
Date NCU Database Manager receives permit application package:	
Date NCU Database Manager gives application to Data Entry Staff:	

Data-entry Staff (name):	
Date permit information is entered into ICIS/PCS:	
Date permit information is returned to NCU Database Manager:	
Date application, letters and this Checklist are routed to Permit Clerk:	
Date Application Information logged into E-database:	
NCU Database Manager Sign off & Date	
Part (4) Final Filing of Application in Permit File *To be completed by Permit Clerk*	
Date Application, letters and checklist are filed in Permit File:	
Date final information on application review process entered into E-database:	
Permit Clerk Sign off & Date:	
Comment Section:	

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	OR0140113218		D
1	2 — 13	14	15

LABEL ITEMS	
I. EPA I.D. NUMBER	
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

PLEASE PLACE LABEL IN THIS SPACE

RECEIVED MAY - 4 2015 U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 SKIP: US Army Corps of Engineers Bonneville Project (15 | 16 – 29 | 30 … 69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Wickham, Garrett, Environmental Compliance Coordinator (15 | 16 … 45)	(541) 374-4575 (46 … 48 | 49 … 51 | 52- … 55)

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 PO Box 150 (15 | 16 … 45)

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 Cascade Locks (15 | 16 … 40)	OR (41 | 42)	97014 (47 … 51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 Exit 40, Interstate 84 (15 | 16 … 45)

B. COUNTY NAME

Multnomah County (46 … 70)

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 Cascade Locks (15 | 16 … 40)	OR (41 | 42)	97014 (47 … 51)	(52 … 54)

CONTINUE ON REVERSE

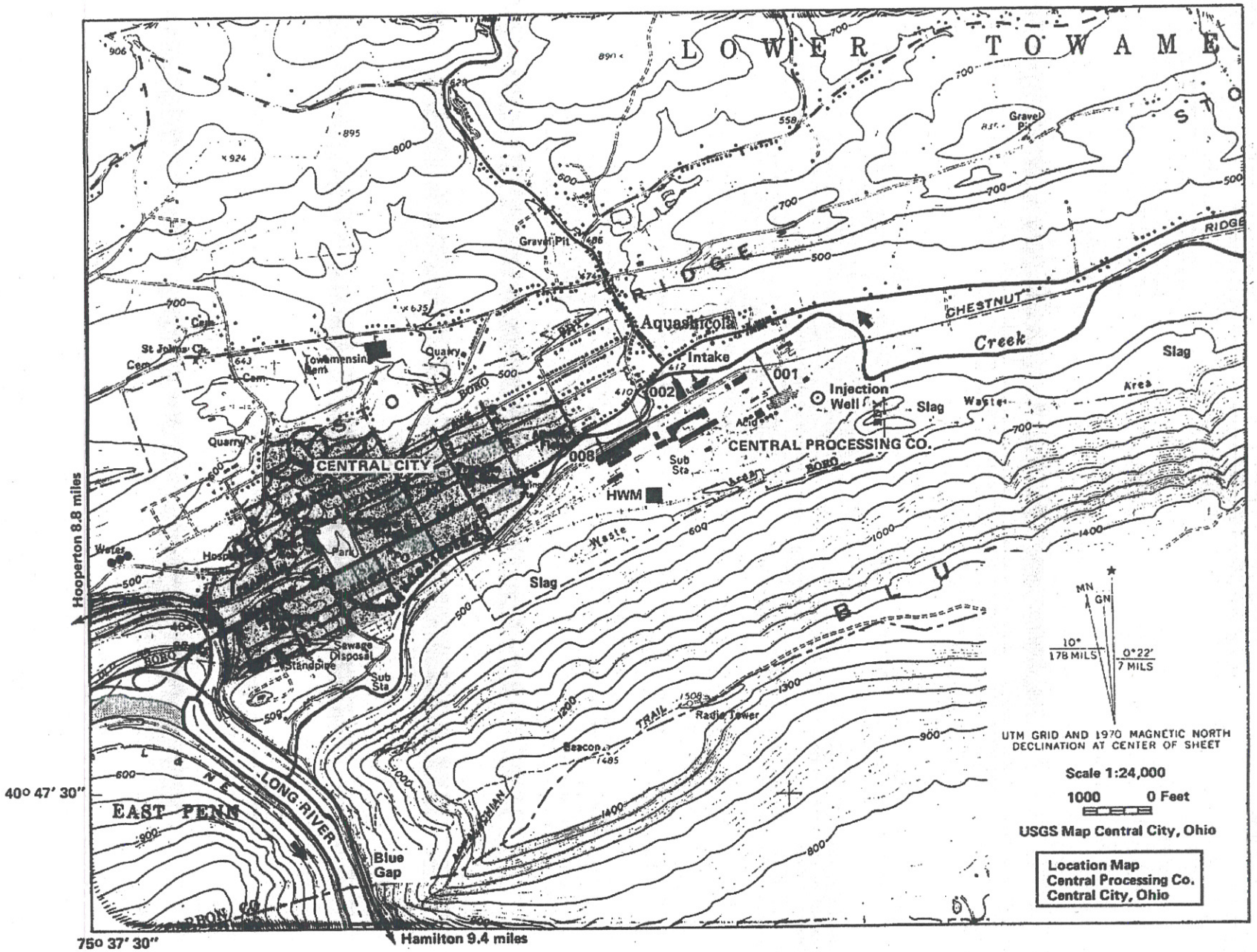

LOWER TOWAME
CHESTNUT RIDGE
Creek
Aquashicola
Intake
001
002
008
Injection Well
Slag
Waste
Area
CENTRAL PROCESSING CO.
Sub Sta
HWM
CENTRAL CITY
Gravel Pit
Quarry
Cem
St Johns Ch
Towamensing Cem
Park
Hosp
Water
Sewage Disposal
Standpipe
Radio Tower
Beacon
TRAIL
LONG RIVER
EAST PENN
Blue Gap
Hooperton 8.8 miles
Hamilton 9.4 miles
40° 47' 30"
75° 37' 30"
MN
GN
10°
178 MILS
0°22'
7 MILS
UTM GRID AND 1970 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET
Scale 1:24,000
1000 0 Feet
USGS Map Central City, Ohio
Location Map
Central Processing Co.
Central City, Ohio

FIGURE 1-1

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
7 4911 *(specify)* Hydroelectric Power Generation	7 *(specify)*
C. THIRD	**D. FOURTH**
7 *(specify)*	7 *(specify)*

VIII. OPERATOR INFORMATION

A. NAME: 8 JOSE L. AGUILAR COL, EN Commanding

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☑ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

F *(specify)*

D. PHONE *(area code & no.)*: A (503) 808-4500

E. STREET OR P.O. BOX: PO Box 2946

F. CITY OR TOWN: B Portland

G. STATE: OR

H. ZIP CODE: 97208

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

	C	T	I	
A. NPDES *(Discharges to Surface Water)*	9	N		NA
D. PSD *(Air Emissions from Proposed Sources)*	9	P		NA
B. UIC *(Underground Injection of Fluids)*	9	U		NA
E. OTHER *(specify)*	9			*(specify)* Safe Drinking Water Act
C. RCRA *(Hazardous Wastes)*	9	R		OR0140113218
E. OTHER *(specify)*	9			*(specify)*

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Bonneville Project is located 145 river miles from the mouth of the Columbia River near Cascade Locks, Oregon, and North Bonneville, Washington. This permit application is specific to the second powerhouse located in Washington State.

The project's first powerhouse, spillway and original navigation lock were completed in 1938 to improve navigation on Columbia River and provide hydropower to the Pacific Northwest. A second powerhouse was completed in 1981, and a larger navigation lock in 1993.

RECEIVED
MAY - 4 2015
U.S. EPA REGION 10
OFFICE OF WATER AND WATERSHEDS

XIII. CERTIFICATION *(see instructions)*

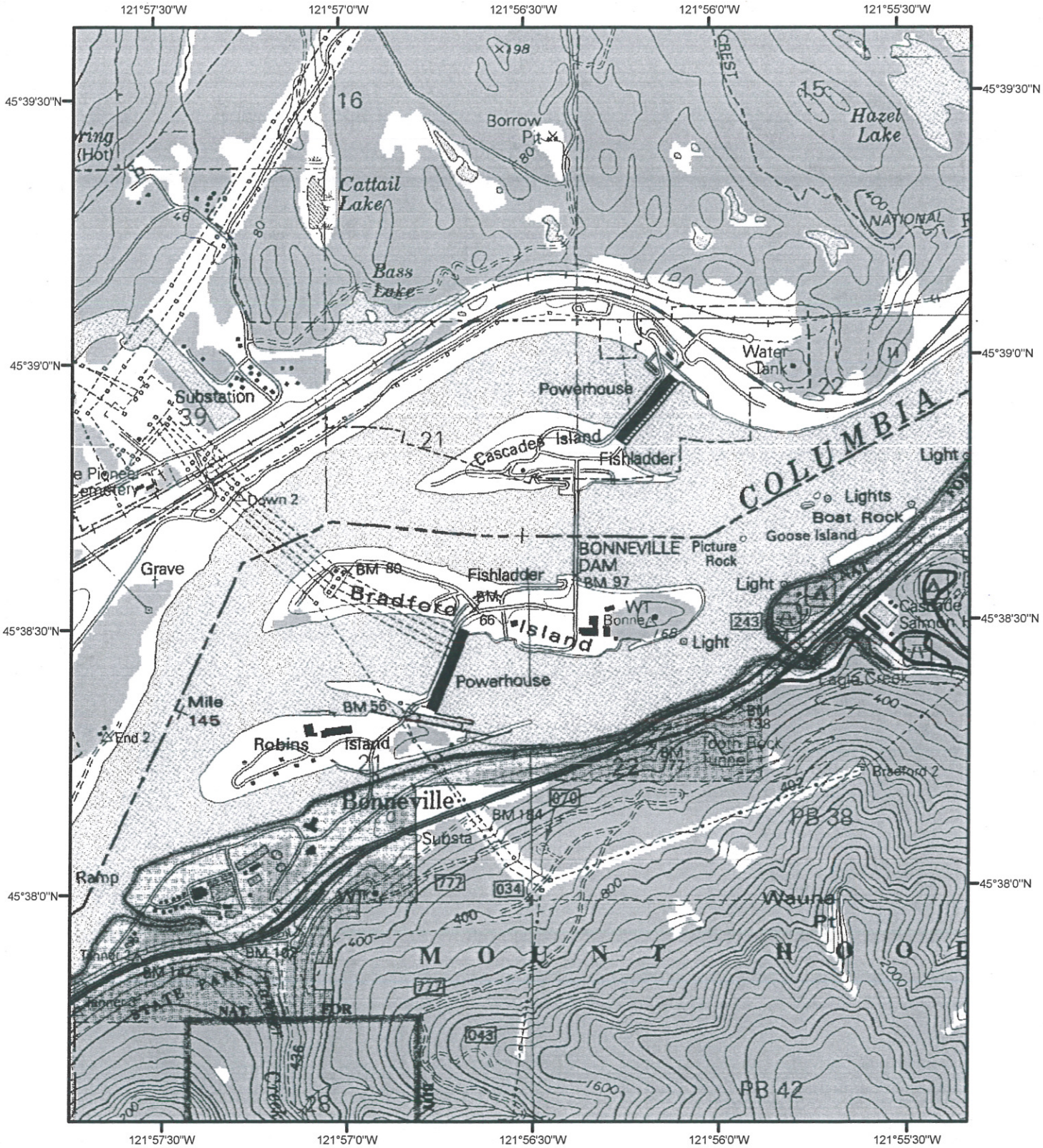
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
JOSE L. AGUILAR COL, EN Commanding		25 SEP 14

COMMENTS FOR OFFICIAL USE ONLY

C

Location Map: Bonneville Project

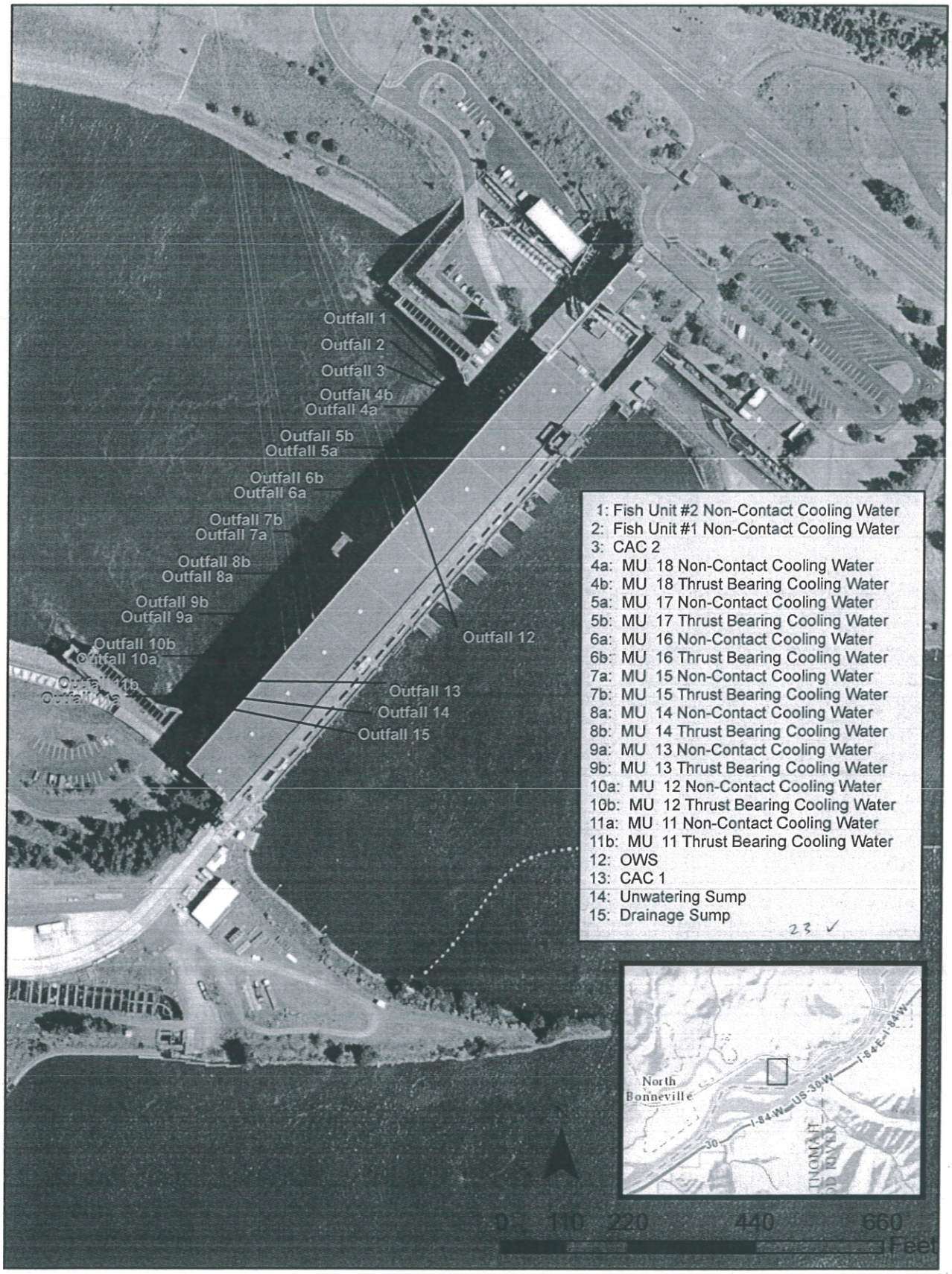


N

0 900 1,800 3,600 Feet

45° 38'39" N 121° 56'26" W

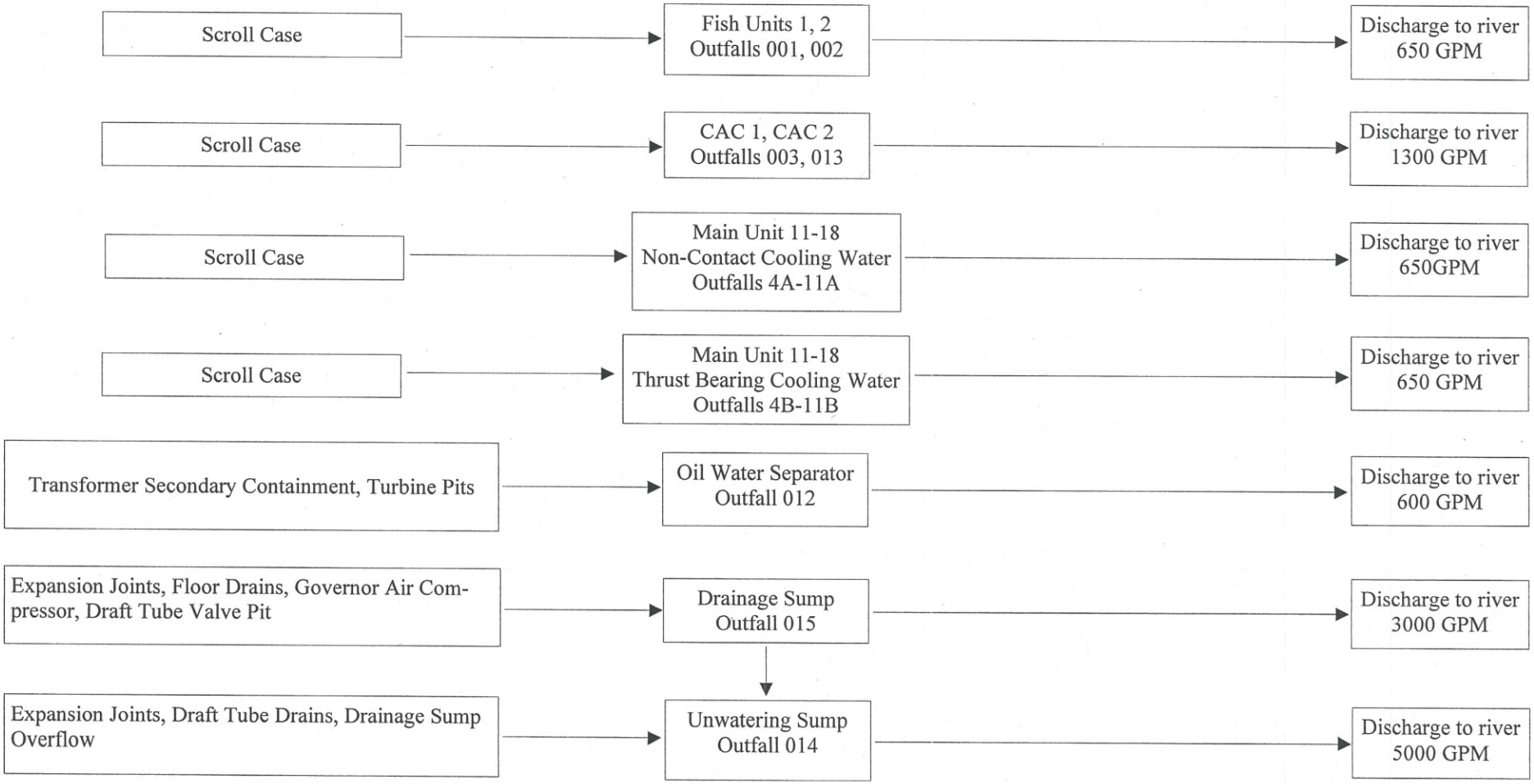
Location Map: Bonneville Project
Powerhouse 2



Bonneville PH2 Outfall Water Source

Line Drawing

Note: All intake sources are raw water from the Columbia River



Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

Instructions:

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

United States
Environmental Protection
Agency

Office of Water
Enforcement and Permits
Washington, DC 20460

EPA Form 3510-2E
Revised August 1990

Permits Division

EPA

Application Form 2E —

Facilities Which Do Not Discharge Process Wastewater

Paperwork Reduction Act Notice

The public reporting burden for this collection of information is estimated to average 33 hours per response. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), US Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503, marked **Attention:** Desk Officer for EPA.

Printed on recycled paper

Form 2E Instructions

Who Must File Form 2E

EPA Form 3510-2E must be completed in conjunction with EPA Form 3510-1 (Form 1). This short form may be used only by operators of facilities which discharge only nonprocess wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater) which is not regulated by effluent limitations guidelines or new source performance standards. The form is intended primarily for use by dischargers (new or existing) of sanitary wastes and noncontact cooling water. It may not be used for discharges of stormwater runoff or by educational, medical, or commercial chemical laboratories or by publicly owned treatment works (POTW's).

Where to File Applications

The application forms should be sent to the EPA Regional Office which covers the State in which the facility is located. Form 2E (the short form) must be used only when applying for permits in States where the NPDES permits program is administered by EPA. For facilities located in States which are approved to administer the NPDES permits program, the State environmental agency should be contacted for proper permit application forms and instructions. Information on whether a particular program is administered by EPA or by a State agency can be obtained from your EPA Regional Office. Form 1, Table 1 of the "General Instructions" lists the addresses of EPA Regional Offices and the States within the jurisdiction of each Office.

Public Availability of Submitted Information

You may not claim as confidential any information required by this form or Form1, whether the information is reported on the forms or in an attachment. Section 402(j) of the CWA requires that all permit applications shall be available to the public. This information will therefore be made public upon request.

You may claim as confidential any information you submit to EPA which goes beyond that required by this form or Form 1. However, confidentiality claims for effluent data must be denied. If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations in 40 CFR Part 2.

Completeness

Your application will not be considered complete unless you answer every question on this form and Form 1 (except as instructed below). If an item does not apply to you, enter "NA" (for "not applicable") to show that you considered the question.

Followup Requirements for New Dischargers and New Sources

Please note that no later than 2 years after commencement of discharge from the proposed facility, you must complete and submit Item IV of this form (NPDES Form 2E). At that time you must test and report actual rather than estimated data for the pollutants or parameters in Item IV, unless waived by the permitting authority.

Definitions

Significant terms used in these instructions and in the form are defined in the Glossary found in the General Instructions accompanying Form 1.

Item I

Under Part A, list an outfall number. Under Part B, list the latitude and longitude to the nearest 15 seconds for this outfall. Under Part C, list the name of the outfall's receiving water. When there is more than one outfall, you must submit a separate Form 2E (Items I, III, and IV only) for each outfall.

Item II (New Dischargers Only)

This item requires your best estimate of the date on which your facility will begin to discharge.

Item III

In Part A, indicate the general type(s) of wastes to be discharged by placing an "x" in the appropriate box(es). If "other nonprocess wastewater" is marked, it should be identified. If cooling water additives are to be used, they must be listed by name under Part B.

In addition, the composition of the cooling water additives should be listed if this information is available. The composition of cooling water additives may be found on product labels or from manufacturer's data sheets.

Item IV — Reporting

All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

Concentration		Mass	
ppm	parts per million	lbs	pounds
mg/1	milligrams per liter	ton	tons (English tons)
ppb	parts per billion	mg	milligrams
Ug/1	micrograms per liter	g	grams
kg	kilograms	T	Tonnes (metric tons)

A. Existing Sources

You are required to provide at least one analysis for each pollutant or parameter listed by filling in the requested information under the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Most facilities routinely monitor these pollutants or parameters as part of existing permit requirements.

The pollutants or parameters listed are: average flow, biochemical oxygen demand (BOD), total suspended solids (TSS), fecal coliform (if believed present or if sanitary waste is discharged), pH, total residual chlorine (if chlorine is used), temperature (winter and summer), oil and grease, chemical oxygen demand (COD), total organic carbon (TOC) (COD and TOC are only required if noncontact cooling water is discharged), and ammonia (as N). The analysis of these pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, temperature, residual chlorine, oil and grease, and fecal coliform. For all other pollutants, 24-hour composite samples must be used. Any further questions on sampling or analysis should be directed to your EPA or State permitting authority. The authority may request that you do additional testing, if appropriate, on a case-by-case basis under Section 308 of the Clean Water Act (CWA).

If you expect a pollutant to be present solely as a result of its presence in you intake water, state this information on Item VII of the form.

B. New dischargers

Your are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on the form). Please note that followup testing and reporting are required no later than 2 years after the facility starts to discharge. Sampling and analysis are not required at this time. If, however, data from such analyses are available, then such data should be reported. The source of the estimates is also required. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals, and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available inhouse or contractor's engineering reports or any other studies performed on the proposed facility. If you expect a pollutant or parameter to be present solely as a result of its presence in your intake water, state this information on Item VII of the form.

In providing the estimates, use the codes in the following table to indicate the source of such information.

Engineering Study	Code
Actual data from pilot plants	1
Estimates from other engineering studies	2
Data from other similar plants	3
Best professional estimates	4
Others	specify on the form

C. Testing Waivers

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to the permitting authority a written request specifying which pollutants or parameters should be waived and the reasons for requesting a waiver. This request should be submitted to the permitting authority before or with the permit application. The permitting authority may waive the requirements for information about any pollutant or parameter if he determines that less stringent reporting requirements are adequate to support issuance of the permit. No extensive documentation of the request will normally be needed, but the applicant should contact the permitting authority if her or she wishes to receive instructions on what his or her particular request should contain.

Item V

Describe the average frequency of flow and duration of any intermittent or seasonal discharge (except for stormwater runoff, leaks, or spills). The frequency of flow means the number of days or months per year there is intermittent discharge. Duration means the number of days or hours per discharge. For new dischargers, base your answers on your best estimate.

Item VI

Describe briefly any treatment system(s) used (or to be used for new dischargers), indicating whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Also give the particular type(s) of process(es) used (or to be used). For example, if a physical treatment system is used (or will be used), specify the processes applied, such as grit removal, ammonia stripping, dialysis, etc.

Item VII

This item is intended for you to provide any additional information (such as sampling results) that you feel should be considered by the reviewer in establishing permit limitations. Any response here is optional. If you wish to demonstrate your eligibility for a "net" effluent limitation, i.e., an effluent limitation adjusted to provide credit for the pollutant(s) present in your intake water, please add a short statement of why you believe you are eligible (see §122.45(g)). You will then be contacted by the permitting authority for further instructions.

Item VIII

The Clean Water Act provides severe penalties for submitting false information on this application form. Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than $10,000 or by imprisonment for not more than six months or both."

40 CFR Part 122.22 requires the certification to be signed as follows:

a. For a corporation: by a responsible corporate officer. A responsible corporate officer means (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25,000,000 (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate pocedures.

b. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

c. For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) OR0140113218	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	45.0	38.0	57.0	121.	56.0	12.0	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Total Suspended Solids (TSS)	41.31 lbs	4.30 mg/L	41.31 lbs	4.30 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	14.41 lbs	1.50 mg/L	14.41 lbs	1.50 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 800 gpm		1.20 MGD			
pH *(give range)*	Value 7.9				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	23.80 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Fish Unit #2

Please see attached sheet for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
	25 SEP 14

VII. OTHER INFORMATION

Bonneville Project

Background water samples were taken each of the sampling days. The following results are the high values over the three days:

TEMP °C	pH	BOD mg/L	TSS mg/L	COD mg/L	TOC mg/L	AMMONIA mg/L	OIL/GREASE mg/L	PCB mg/L
21.5	8.05	ND	6.0	ND	1.7	0.2	ND	0.07

In addition to the outfalls specifically identified in this permit application Bonneville Project is addressing the following oil to water interfaces:

- Kaplan Runners. Kaplan runners are part of the turbine that extends into the water in the draft tube. The runner contains turbine oil and can release oil similar to a controlled pitch propeller in vessels. The Project has 10 Kaplan Runners.
- Greased Bushings. Grease is used to lubricate bushings on wicket gates that control the flow of water from the scroll case to the turbine runner and other in-water equipment. During the lubrication process grease is pushed through equipment and can be released directly to the river. The system automatically greases the bushings when the unit is operating per manufacturer's specifications.
- Lubricated Wire Rope. Lubricated wire rope is used throughout the Project over water and in direct contact with water and greased based upon the Project's preventative maintenance schedule.
- In-water Equipment. In-water equipment, such as bearings, blocks, trucks, and guides, in or above the water is greased based upon the Project's preventative maintenance schedule.

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) OR0140113218	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
002	45.0(	38.0(	57.0(	121.(	56.0(	13.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Total Suspended Solids (TSS)	317.05 lbs	33.00 mg/L	317.05 lbs	33.00 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	14.41 lbs	1.50 mg/L	14.41 lbs	1.50 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 800 gpm		1.20 MGD			
pH *(give range)*	Value 8.1				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	24.30 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Fish Unit #1

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
	25SEP14

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) OR0140113218	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
003	45.0(	38.0(	56.0(	121.(	56.0(	12.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3)	(or) (4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*	Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Total Suspended Solids (TSS)	202.96 lbs	13.00 mg/L	202.96 lbs	13.00 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	23.42 lbs	1.50 mg/L	23.42 lbs	1.50 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 1300 gpm		1.90 MGD			
pH *(give range)*	Value 8.1		~~1.90 MGD~~		1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	22.20 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

HVAC (CAC2) Chiller discharge wastewater originates from the scroll case.

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
04A	45.0(	38.0(	56.0(	121.(	56.0(	14.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3)	(or)	(4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*		Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
Total Suspended Solids (TSS)	14.83 lbs	1.90 mg/L	14.83 lbs	1.90 mg/L	1.00		
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00		
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00		
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
*Total organic carbon (TOC)	11.71 lbs	1.50 mg/L	11.71 lbs	1.50 mg/L	1.00		
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
Discharge Flow	Value 650 gpm		0.94 MGD				
pH *(give range)*	Value 8.1				1.00		
Temperature *(Winter)*	°C		°C				
Temperature *(Summer)*	22.70 °C		°C		1.00		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 18 Non-Contact Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
	25 SEP 14

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
04B	45.0(	38.0(	56.0(	121.(	56.0(	14.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3)	(or)	(4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*		Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
Total Suspended Solids (TSS)	27.74 lbs	3.30 mg/L	27.74 lbs	3.30 mg/L	1.00		
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00		
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00		
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
*Total organic carbon (TOC)	12.61 lbs	1.50 mg/L	12.61 lbs	1.50 mg/L	1.00		
Ammonia *(as N)*	2.44 lbs	0.29 mg/L	2.44 lbs	0.29 mg/L	1.00		
Discharge Flow	Value 700 gpm		1.01 MGD				
pH *(give range)*	Value 8.1				1.00		
Temperature *(Winter)*	°C		°C				
Temperature *(Summer)*	22.60 °C		°C		1.00		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 18 Thrust Bearing Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
	25SEP14

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
05A	45.0(	38.0(	55.0(	121.(	56.0(	15.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Total Suspended Solids (TSS)	14.05 lbs	1.80 mg/L	14.05 lbs	1.80 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	11.71 lbs	1.50 mg/L	11.71 lbs	1.50 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 650 gpm		0.94 MGD			
pH *(give range)*	Value 8.0				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	21.80 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.	☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 17 Non-Contact Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
	25SEP14

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
05B	45.0(	38.0(	55.0(	121.(	56.0(	15.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3)	(or)	(4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*		Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
Total Suspended Solids (TSS)	12.61 lbs	1.50 mg/L	12.61 lbs	1.5 mg/L	1.00		
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00		
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00		
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
*Total organic carbon (TOC)	11.77 lbs	1.40 mg/L	11.77 lbs	1.40 mg/L	1.00		
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
Discharge Flow	Value 700 gpm		1.01 MGD				
pH *(give range)*	Value 8.0				1.00		
Temperature *(Winter)*	°C		°C				
Temperature *(Summer)*	21.80 °C		°C		1.00		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 17 Thrust Bearing Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
06A	45.0(	38.0(	55.0(	121.(	56.0(	15.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Total Suspended Solids (TSS)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	13.27 lbs	1.70 mg/L	13.27 lbs	1.70 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 650 gpm		0.94 MGD			
pH *(give range)*	Value 8.1				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	16.60 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 16 Non-Contact Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
	25SEP 14

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) OR0140113218	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
06B	45.0(	38.0(	55.0(	121.(	56.0(	15.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3)	(or) (4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*	Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)	19.34 lbs	2.30 mg/L	19.34 lbs	2.30 mg/L	1.00	
Total Suspended Solids (TSS)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	19.34 lbs	2.30 mg/L	19.34 lbs	2.30 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 700 gpm		1.01 MGD			
pH *(give range)*	Value 8.0				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	15.40 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 16 Thrust Bearing Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
	25 SEP 14

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) OR0140113218	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
07A	45.0(	38.0(	54.0(	121.(	56.0(	16.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Total Suspended Solids (TSS)	31.22 lbs	4.00 mg/L	31.22 lbs	4.00 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	13.27 lbs	1.70 mg/L	13.27 lbs	1.70 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 650 gpm		0.94 MGD			
pH *(give range)*	Value 8.1				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	22.70 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 15 Non-Contact Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
	25SEP11

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
07B	45.0(	38.0(	54.0(	121.(	56.0(	16.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	0.00 mg/L	1.00	
Total Suspended Solids (TSS)	11.77 lbs	1.40 mg/L	11.77 lbs	1.40 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	12.61 lbs	1.50 mg/L	12.61 lbs	1.50 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 700 gpm		1.01 MGD			
pH *(give range)*	Value 8.1				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	22.30 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 15 Thrust Bearing Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	**D. Date Signed**
	25 SEP 14

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) OR0140113218	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
08A	45.0(	38.0(	53.0(	121.(	56.0(	17.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	15.61 lbs	2.00 mg/L	15.61 lbs	2.00 mg/L	1.00	
Total Suspended Solids (TSS)	14.05 lbs	1.80 mg/L	14.05 lbs	1.80 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	14.05 lbs	1.80 mg/L	14.05 lbs	1.80 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 650 gpm		0.94 MGD			
pH *(give range)*	Value 8.1				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	23.10 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 14 Non-Contact Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	**D. Date Signed**
	25 SEP 14

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
08B	45.0(	38.0(	53.0(	121.(	56.0(	17.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	31.10 lbs	3.70 mg/L	31.10 lbs	3.70 mg/L	1.00	
Total Suspended Solids (TSS)	11.77 lbs	1.40 mg/L	11.77 lbs	1.40 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	24.38 lbs	2.90 mg/L	24.38 lbs	2.90 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 700 gpm		1.01 MGD			
pH *(give range)*	Value 8.1				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	23.10 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 14 Thrust Bearing Cooling Water

Please see the attached sheet for outfall 001 for additional information

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
J. L. A	25 SEP 14

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) OR0140113218	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
09A	45.0(	38.0(	53.0(	121.(	56.0(	18.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	0.00 mg/L	0.00 lbs	0.00 mg/L	1.00	
Total Suspended Solids (TSS)	15.61 lbs	2.00 mg/L	15.61 lbs	2.00 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	13.27 lbs	1.70 mg/L	13.27 lbs	1.70 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 650 gpm		0.94 MGD			
pH *(give range)*	Value 8.1				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	22.90 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 13 Non-Contact Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
	25 SEP 14

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) OR0140113218	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
09B	45.0(	38.0(	53.0(	121.(	56.0(	18.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	22.70 lbs	2.70 mg/L	22.70 lbs	2.70 mg/L	1.00	
Total Suspended Solids (TSS)	26.90 lbs	3.20 mg/L	26.90 lbs	3.20 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	19.34 lbs	2.30 mg/L	19.34 lbs	2.30 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 700 gpm		1.01 MGD			
pH *(give range)*	Value 8.1				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	23.00 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 13 Thrust Bearing Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	**D. Date Signed**
	25 SEP 14

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) OR0140113218	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
10A	45.0(	38.0(	52.0(	121.(	56.0(	19.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	0.00 mg/L	0.00 lbs	0.00 mg/L	1.00	
Total Suspended Solids (TSS)	12.49 lbs	1.60 mg/L	12.49 lbs	1.60 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	11.71 lbs	1.50 mg/L	11.71 lbs	1.50 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 650 gpm		0.94 MGD			
pH *(give range)*	Value 8.1				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	19.30 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 12 Non-Contact Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

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C. Signature	D. Date Signed
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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
10B	45.0(	38.0(	52.0(	121.(	56.0(	19.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	*(or)* (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	0.00 mg/L	0.00 lbs	0.00 mg/L	1.00	
Total Suspended Solids (TSS)	109.29 lbs	13.00 mg/L	109.29 lbs	13.00 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	13.45 lbs	1.60 mg/L	13.45 lbs	1.60 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 700 gpm		1.01 MGD			
pH *(give range)*	Value 8.1				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	22.80 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 12 Thrust Bearing Cooling Water

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

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C. Signature	**D. Date Signed**
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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
11A	45.0(	38.0(	51.0(	121.(	56.0(	20.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3)	(or) (4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*	Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)	NA	NA	NA	NA	0.00	
Total Suspended Solids (TSS)	NA	NA	NA	NA	0.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	NA	NA	NA	NA	0.00	
*Chemical oxygen demand (COD)	NA	NA	NA	NA	0.00	
*Total organic carbon (TOC)	NA	NA	NA	NA	0.00	
Ammonia *(as N)*	NA	NA	NA	NA	0.00	
Discharge Flow	Value 650 gpm		.094 MGD			
pH *(give range)*	Value				0.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	°C		°C		0.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 11 Non-Contact Cooling Water; Unit was not operational and therefore we were unable to sample.

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	**D. Date Signed**
	25 SEP 14

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
11B	45.0(	38.0(	51.0(	121.(	56.0(	20.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	NA	NA	NA	NA	0.00	
Total Suspended Solids (TSS)	NA	NA	NA	NA	0.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	NA	NA	NA	NA	0.00	
*Chemical oxygen demand (COD)	NA	NA	NA	NA	0.00	
*Total organic carbon (TOC)	NA	NA	NA	NA	0.00	
Ammonia *(as N)*	NA	NA	NA	NA	0.00	
Discharge Flow	Value 700 gpm		1.01 MGD			
pH *(give range)*	Value				0.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	°C		°C		0.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Main Unit 11 Thrust Bearing Cooling Water; Unit was not operational and therefore we were unable to sample.

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	**D. Date Signed**
J. S. A	25 SEP 14

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
012	45.0(	38.0(	55.0(	121.(	56.0(	14.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Total Suspended Solids (TSS)	7.21 lbs	1.00 mg/L	7.21 lbs	1.00 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 600 gpm		0.86 MGD			
pH *(give range)*	Value 7.7				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	17.80 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☑ Yes ☐ No

The oil water separator collects drainage from the 3 transformer secondary containments and the main unit and fish unit top plate pumps (turbine pits). A TD-4100 Hydrocarbon detector monitors before water is discharged to the river.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

Oil is floated on the surface and removed manually based on a preventative maintenance schedule.

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Oil Water Separator discharge wastewater originates from the three transformer secondary containments, all turbine pits, and fish units.

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	D. Date Signed
J. L. A	25SEP14

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
013	45.0	38.0	51.0	121.	56.0	20.0	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Total Suspended Solids (TSS)	156.12 lbs	10.00 mg/L	156.12 lbs	10.00 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	26.54 lbs	1.70 mg/L	26.54 lbs	1.70 mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 1300 gpm		1.87 MGD			
pH *(give range)*	Value 8.1				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	20.60 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

HVAC (CAC1) Chiller

Please see the attached sheet for outfall 001 for additional information.

VIII. CERTIFICATION

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A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	**D. Date Signed**
J. S.	25 SEP 14

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
014	45.0	38.0	50.0	121.	56.0	19.0	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Total Suspended Solids (TSS)	34.35 lbs	5.90 mg/L	32.00 lbs	5.90 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00	
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
*Total organic carbon (TOC)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00	
Discharge Flow	Value 7000 gpm		0.65 MGD			
pH *(give range)*	Value 7.6				1.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	16.40 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Receives water from unit unwatering. A TD-4100 Hydrocarbon detector monitors before water is discharged to the river.

Pump #1 runtime: 412.0 hours = 173,040,000 gal.
Pump #2 runtime: 153.1 hours = 64,302,000 gal.
Average 24 hour Sump Discharge: 698064.7 gal. / 24 hours

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Unwatering Sump discharge wastewater originates from expansion joints, draft tube drains, and drainage sump overlow.

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	**D. Date Signed**
	25 SEP 14

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) OR0140113218	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
015	45.0(	38.0(	51.0(	121.(	56.0(	20.0(	Columbia River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3)	(or)	(4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*		Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
Total Suspended Solids (TSS)	10.51 lbs	5.60 mg/L	9.79 lbs	5.60 mg/L	1.00		
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00		
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	0.00		
Oil and Grease	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
*Chemical oxygen demand (COD)	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
*Total organic carbon (TOC)	2.25 lbs	1.20 mg/L	2.10 lbs	1.20 mg/L	1.00		
Ammonia *(as N)*	0.00 lbs	ND mg/L	0.00 lbs	ND mg/L	1.00		
Discharge Flow	Value 3000 gpm		0.23 MGD				
pH *(give range)*	Value 7.5				1.00		
Temperature *(Winter)*	°C		°C				
Temperature *(Summer)*	16.20 °C		°C		1.00		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Receives water from powerhouse leakage and floor drains. A TD-4100 Hydrocarbon detector is scheduled to be installed during fiscal year 2015, and will monitor water before it is discharged to the river.

Pump #1 runtime: 212.8 hours = 38,304,000 gal.
Pump #2 runtime: 212.2 hours = 38,196,000 gal.
Average 24 hour Sump Discharge: 225,000 gal. /24 hours

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

NA

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Drainage Sump discharge wastewater originates from expansion joints, floor drains, Governor air compressor cooling water, and draft tube valve pit.

Please see the attached sheet for outfall 001 for additional information.

VIII. 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 submitted 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
JOSE L. AGUILAR COL, EN Commanding	(503) 808-4500
C. Signature	**D. Date Signed**
	25SEP14