DEQ State of Oregon Department of Environmental Quality

1400B General Permit Annual Report Form

DEQ USE ONLY - Date Received Stamp

	A. REFERENCE INFORMATION								
1.	Facility Name:	2. WQ File No:	3. Reporting Year:						
4.	Facility Physical Address: Mailing Address, City, State, Zip Code:	Facility Contact Name:	Facility Contact Name:						
	Email Address:	Telephone #:							
5.	Responsible Official: Mailing Address, City, State, Zip Code:	Title:							
	Email Address:	Telephone #:							

B. REQUIRED INFORMATION

- 6. Wineries Cases of wine produced during the reporting year:
- 7. Land application data:

Parameter	Units	April	May	June	July	Aug	Sept	Oct	Nov	year total
Days discharging	Days									
Total flow	gallons									
Irrigated acres	acres									
Irrigation Rate	gal/ac									
BOD ₅	mg/l									
BOD loading	Lbs/acre/ day									
DO	mg/l									
рН	SU									
TDS	mg/l									
TKN	mg/l									
NH ₃ -N	mg/l									
NO ₃ -N	mg/l									
NO ₂ -N	mg/l									
SAR										
EC	ds/m									
Chloride	mg/l									
Sodium	mg/l									
FOG	mg/l									
Volume of solids	lbs									
Acres for solids	lbs/ac									

8. Sub-surfac	e discharge	e data:												
Parameter	Units	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	year total
Total flow	gallons													
TSS	mg/l													
BOD ₅	mg/l													
TKN	mg/l													
NH ₃ -N	mg/l													
NO ₃ -N	mg/l													
FOG	mg/l													
рН	SU													
Attach addition	onal docum	nentation	as neede	ed to desc	ribe the f	following	:							
10. A descrip11. Figure sh														
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I hereby certify my knowledge failing to notify	and belief.	I am awa	contained re that the	l in this repre are sign	ort is con	nplete, tru	e, correct a	and repres	entative of	f the waste	water pro			
	Name o	of Legally	Authoriz	zed Repre	sentative	(Type or I	Print)					Title		
	Si	gnature (of Legally	Authoriz	ed Repre	sentative						Date		

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WPCF 1400B GENERAL PERMIT ANNUAL REPORT INSTRUCTIONS

A. REFERENCE INFORMATION:

- 1. Enter the legal name of the facility. This is the name listed on the permit.
- 2. Enter the file number identified on the permit cover page.
- 3. Enter the calendar year the data was collected.
- 4. Enter the physical location of the facility (may not necessarily be mailing address), including city, state, zip code, and county. Include appropriate email address and phone number.
- 5. Enter information for the Responsible Official. The Responsible Official is the person that receives official correspondence from DEQ, such as renewal notices or notices of noncompliance, and may be contacted if there are questions about this annual report.

B. REQUIRED INFORMATION:

- 6. For wineries only. Provide the total number of cases of wine produced during the reporting year.
- 7. Enter results from your monitoring of the beneficially land applied process wastewater. Provide a monthly summary and annual total of your data in the appropriate box. Provide your data using the identified units. Maintain records of any daily data or laboratory reports at your facility so they are available upon request. Do not submit your daily data or laboratory reports with this report. If more than one sample is collected in a given month, average the sample results and enter the average in the appropriate location. If you did not discharge, place "ND" in the appropriate box for your results for the month of no discharge. If you are not required to collect data for a specific parameter or if you have received written notice from DEQ identifying specific monitoring reduction for your facility, place "NA" in the appropriate box for your results for the exempt parameter.

Days discharging – number of days material was land applied

Total flow – the total gallons of process wastewater land applied

Irrigated acres - total acres of land irrigated with process wastewater each month and yearly total.

Irrigation rate – the total gallons of wastewater land applied each month divided by the total acres irrigated with process wastewater.

BOD₅ – Analytical results for 5 day biochemical oxygen demand of process wastewater

BOD loading calculated using the formula in your permit and copied below:

$$M = C \times V \times (0.000008345)$$

Α

Where:

M = BOD mass for a given field in pounds per acre per day (lb/ac/day);

C = reported BOD₅ monitoring result for the applicable calendar month in milligrams per liter (mg/L);

V = average gallons per day applied to a given field. This is the monthly average of the daily volume of effluent discharged to the field;

A = Area of the field irrigated in acres;

0.000008345 = units conversion factor for converting the product of mg/L and gallons to pounds

DO – dissolved oxygen measurement of process wastewater in mg/l

pH – the pH of the process wastewater

TDS – the analytical results for total dissolved solids in the process wastewater

TKN – the analytical results for total Kjeldahl nitrogen in the process wastewater

NH₃-N – the analytical results for ammonia nitrogen in the process wastewater

 NO_3 -N – the analytical results for nitrate nitrogen in the process wastewater

NO₂-N – the analytical results for nitrite nitrogen in the process wastewater

SAR – the analytical results for sodium absorption ratio of the process wastewater

EC – the electrical conductivity measurement of the process wastewater

Chloride – the analytical results for chloride in process wastewater

Sodium – the analytical results for sodium in process wastewater

FOG - the analytical results for fats, oil, and grease in process wastewater

Volume of solids – the total weight of process waste solids beneficially land applied.

Acres for solids – the total acres of land that received process waste solids.

last updated: July 17, 2018

WPCF 1400B GENERAL PERMIT ANNUAL REPORT INSTRUCTIONS

8. Enter results from your monitoring of the wastewater discharge for subsurface disposal. Provide a monthly summary and annual total of your data in the appropriate box. Provide your data using the identified units. Maintain records of any daily data or laboratory reports at your facility so they are available upon request. Do not submit your daily data or laboratory reports with this report. If you did not discharge, place "ND" in the appropriate box for your results for the month of no discharge. If you are not required to collect data for a specific parameter or if you have received written notice from DEQ identifying specific monitoring reduction for your facility, place "NA" in the appropriate box for your results for the exempt parameter.

Total flow – the total gallons of process wastewater discharged to subsurface disposal

TSS – the analytical results for total suspended solids in the process wastewater

BOD₅ – Analytical results for 5 day biochemical oxygen demand of process wastewater

TKN – the analytical results for total Kjeldahl nitrogen in the process wastewater

NH₃-N – the analytical results for ammonia nitrogen in the process wastewater

NO₃-N – the analytical results for nitrate nitrogen in the process wastewater

FOG - the analytical results for fats, oil, and grease in process wastewater

pH – the pH of the process wastewater

- 9. Provide a brief description of changes to your wastewater production and processing during the reporting year. Attach additional pages as needed.
- 10. Provide a description of system failures or major maintenance activities that occurred during the reporting year.
- 11. Provide a figure showing the locations of land application of process wastewater and process solids. This figure can be drawn on a print out of a downloaded aerial photograph, map, or other graphical and to scale representation of your facility. Clearly indicate what was land applied and where the material was applied.

C. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE:

The signature of a legally authorized representative must be provided with this annual report. This must be a hand written signature of a legally authorized representative, not stamped.

Definition of Legally Authorized Representative:

- ♦ **Corporation** President, secretary, treasurer, vice-president, or any person who performs principal business functions; or a manager of one or more facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million that is authorized in accordance to corporate procedure to sign such documents.
- ♦ **Partnership** General partner.
- ◆ **Sole Proprietorship** Owner.
- ◆ City, County, State, Federal, or other Public Facility Principal executive officer or ranking elected official.
- **◆ Limited Liability Company** Member.
- ◆ **Trusts** Acting trustee.

REPORT SUBMITTAL:

Please see the regional offices below to determine where to send this report.

Send this form to the appropriate DEQ regional office:									
DEQ Northwest Region	DEQ Western Region	DEQ Eastern Region							
700 NE Multnomah St., Suite 600	4026 Fairview Industrial Dr.	800 SE Emigrant Ave., Suite 330							
Portland, OR 97232-41007	Salem, OR 97302-1142	Pendleton, OR 97801-2717							
503-229-5263 or 1-800-452-4011	503-378-8240 or 1-800-349-7677	541-276-4063 or 1-800-304-3513							

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