


Please print or type in the unshaded areas only.		EPA ID Number (copy from Item 1 of Form 1) CA0064297		Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.		
FORM <div style="font-size: 2em; font-weight: bold;">2E</div> NPDES		<div style="display: inline-block; vertical-align: middle;"> Facilities Which Do Not Discharge Process Wastewater </div>				
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
EFF-001	33	50	38	118	23	41
King Harbor						
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.						
<input type="checkbox"/> Sanitary Wastes <input type="checkbox"/> Restaurant or Cafeteria Wastes <input type="checkbox"/> Noncontact Cooling Water <input checked="" type="checkbox"/> Other Nonprocess Wastewater (Identify)						
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.						
N/A						
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)	(4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration	(or)	
Biochemical Oxygen Demand (BOD)	40 lbs/day	2.1 mg/L	ND	<2 mg/L	9	N/A
Total Suspended Solids (TSS)	1056 lbs/day	55 mg/L	749 lbs/day	39 mg/L	19	N/A
Fecal Coliform (if believed present or if sanitary waste is discharged)	N/A	282 MPN	N/A	28 MPN	19	N/A
Total Residual Chlorine (if chlorine is used)	3.8 lbs/day	0.2 mg/L	0.58 lbs/day	0.03 mg/L	19	N/A
Oil and Grease	662 lbs/day	34.5 mg/L	332 lbs/day	17.3 mg/L	4	N/A
*Chemical oxygen demand (COD)	N/A	N/A	N/A	N/A	0	N/A
*Total organic carbon (TOC)	N/A	N/A	N/A	N/A	0	N/A
Ammonia (as N)	ND	<0.1 mg/L	ND	<0.1 mg/L	9	N/A
Discharge Flow	Value 3.07 MGD		2.3 MGD			N/A
pH (give range)	Value 6.66-8.1		7.2		4	N/A
Temperature (Winter)	N/A °C		N/A °C		0	N/A
Temperature (Summer)	25.5 °C		16.9 °C		13	N/A
*If noncontact cooling water is discharged						

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?		<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, briefly describe the frequency of flow and duration.		
The Seaside Lagoon Facility discharges effluent during the summer season, from Memorial Day through Labor Day, however effluent may be discharged outside of this normal operating period for periodic and infrequent special events.		
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)		
Influent is chlorinated with sodium hypochlorite solution to maintain a chlorine residual of approximately 1.0 ppm in the lagoon. Effluent is de-chlorinated with sodium bi-sulfite to reduce the chlorine residual below 10 ppb.		
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.		
The Facility qualified for intake credits for TSS and metals by satisfying the requirements.		
VIII. CERTIFICATION		
<i>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.</i>		
A. Name & Official Title Andrew S. Winje, City Engineer		B. Phone No. (area code & no.) (310) 318-0661
C. Signature 		D. Date Signed 5/4/17