



Form DEPLW0106
Revised: 04/01/2026

Maine Department of Environmental Protection
Waste Discharge Permit Application

Publicly Owned Treatment Facilities

This form must be attached to the General Application for a Waste Discharge License / MEPDES Permit
(Form DEPLW0105-B2003)

Please answer all questions completely, using additional pages as necessary with responses clearly identified by item number on this form.

1. Facility Name: _____ NPDES # ME _____

2. Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21. Check all that apply

- Discharges into marine waters Water quality related effluent limitation
 Not applicable

3. Are any operational or maintenance aspects of the treatment works related to wastewater treatment and effluent quality the responsibility of a contractor?

- Yes No

4. Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.

| | Contractor 1 | Contractor 2 | Contractor 3 |
|--|--------------|--------------|--------------|
| Contractor Company Name | | | |
| Contact Name (First & Last) | | | |
| Mailing Address (Street or P.O box) | | | |
| City, State, & Zip | | | |
| Phone Number | | | |
| Email | | | |
| Operational and Maintenance Responsibilities of Contractor | | | |

5. Wastewater treatment facilities for normal (or dry weather) flows.

A.) Please attach a line drawing showing all treatment units and important associated or supporting units.

B.) What is the flow rate for each of the following?

Monthly Average _____ Daily Maximum _____ Peak Rate _____ Design Capacity _____

Disposal (other than discharges via surface water outfalls)

6. Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to water of the United States? Yes No

7. If so, please provide the location of each surface impoundment and associated discharge information in the table below.

| Location | Average Daily Volume Discharged to Surface Impoundment | Continuous or Intermittent |
|----------|--|----------------------------|
| | | |
| | | |
| | | |

8. Is wastewater applied to land? Yes No

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9. If so, please provide the Land application site and discharge data requested below.

| Location | Size | Average Daily Volume Applied | Continuous or Intermittent |
|----------|-------|------------------------------|----------------------------|
| | Acres | GPD | |
| | Acres | GPD | |
| | Acres | GPD | |

Is effluent sent to another facility for treatment prior to discharge? Yes No

10. If so, please provide information on the transporter below.

| | |
|-------------------|------------------|
| Transporter Name: | Mailing Address: |
| City or Town: | State & Zip: |
| Contact Name: | Title: |
| Phone Number: | Email: |

11. In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate sent to the receiving facility.

| | |
|-------------------------------------|----------------------|
| Receiving Facility Name: | Mailing Address: |
| City or Town: | State & Zip: |
| Contact Name: | Title: |
| Phone Number: | Email: |
| NPDES number of receiving facility: | Avg daily flow rate: |

12. Is the wastewater disposed of in a manner not listed above and not to water of the United States, such as through underground injection or underground percolation? Yes No

13. If so, please provide information in the table below describing these other disposal methods.

| Disposal Method Description | Location of Disposal Site | Size of Disposal Site | Annual Average Daily Discharge Volume | Continuous or Intermittent |
|-----------------------------|---------------------------|-----------------------|---------------------------------------|----------------------------|
| | | Acres | GPD | |
| | | Acres | GPD | |
| | | Acres | GPD | |

Collection System & CSOs

14. Wastewater treatment facilities for storm water flows.

A.) Have you attached a CSO system map and diagram to this application? Yes No

B.) What is the design capacity in MGD? Daily Maximum _____ Peak Rate _____

C.) What is the frequency of high flows? _____

D.) Does the facility have a high flow management plan? _____

If so, date of last revision _____

Describe Latest Revision

15. List the name and population of each municipal entity served by the POTW, including unincorporated connector districts. Include whether the municipality owns or maintains the collection system and whether the collection system is a separate sanitary or combined storm and sanitary (CSO).

| Name | Population | Who Owns/Maintains Collection system? | Is the collection system a separate sanitary system? | Is the collection system a CSO? |
|------|------------|---------------------------------------|--|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

16. What percentage of the sewer line is combined?

17. List below all Combined Sewer Overflow points in the system, even if inactive. Attach additional sheets if necessary.

| Number | Name | Location | Receiving Water |
|--------|------|---|-----------------|
| | | City or Town: County: Latitude/Longitude: Distance from Shore: Depth below Surface: | |
| | | City or Town: County: Latitude/Longitude: Distance from Shore: Depth below Surface: | |
| | | City or Town: County: Latitude/Longitude: Distance from Shore: Depth below Surface: | |

18. Describe any significant problems or issues with the collection system that affect the wastewater treatment facility operation or effluent quality.

19. Did the POTW monitor any of the following in the past year for its CSO outfalls?

| | CSO Outfall Number: | | CSO Outfall Number: | | CSO Outfall Number: | | | | | | | |
|-------------------------------|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|
| Rainfall: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| CSO Flow Volume: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| CSO Pollutant Concentrations: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Receiving Water Quality: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| CSO Frequency: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Number of Storm Events: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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20. Provide the following information for each of your CSO outfalls.

| | CSO Outfall Number: | CSO Outfall Number: | CSO Outfall Number: |
|---|---|---|---|
| Number of CSO events in the past year | Events | Events | Events |
| Average duration per event | Hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | Hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | Hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |
| Average volume per event | Million Gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | Million Gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | Million Gallons Actual or <input type="checkbox"/> Estimated |
| Minimum rainfall causing a CSO event in last year | Inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | Inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | Inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |

21. Provide the information in the table below for each of your CSO outfalls.

| | CSO Outfall Number: | CSO Outfall Number: | CSO Outfall Number: |
|--|----------------------------------|----------------------------------|----------------------------------|
| Receiving Water Name | | | |
| Name of watershed/stream system | | | |
| U.S Soil Conservation Service 14-digit watershed code (if known) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| Name of state management/river basin | | | |
| U.S Geological Survey 8-digit Hydrologic Unit Code (if known) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| Description of known water quality impacts on receiving stream by CSO* | | | |

* Examples of water quality impacts include but are not limited to permanent or intermittent beach closings, permanent or intermittent shellfish bed closings, fish kills, fish advisories, other recreational loss, or an exceedance of any applicable State water quality standard.

Outfalls

22. For each outfall, provide the following information. Please use additional forms as necessary to describe all outfall locations

Outfall Number/Name Description, Volume Discharged and Receiving Water

| | Outfall Number | Outfall Number | Outfall Number |
|---|----------------|----------------|----------------|
| State | | | |
| County | | | |
| City or town | | | |
| Distance from shore | | | |
| Depth below mean low water at outlet (feet) | | | |
| Ave Daily Flow Rate (MGD) | | | |
| Diameter of outfall pipe (inches) | | | |
| Latitude | | | |
| Longitude | | | |
| Receiving Water Name | | | |
| | | | |

23. Describe the flow for the past three years. Attach information as needed.

| Outfall Number | Year 20 | Year 20 | Year 20 |
|-----------------|---------|---------|---------|
| Monthly Average | | | |
| Daily Maximum | | | |
| Outfall Number | Year 20 | Year 20 | Year 20 |
| Monthly Average | | | |
| Daily Maximum | | | |
| Outfall Number | Year 20 | Year 20 | Year 20 |
| Monthly Average | | | |
| Daily Maximum | | | |

24. Describe any diffusers, mixers or similar structures used to disperse the effluent. Please include drawings or diagrams as appropriate. (use a separate sheet)

25. Do any of the outfalls above experience periodic discharges? Yes No

26. If so, provide the following information for each applicable outfall.

| | Outfall Number: | Outfall Number: | Outfall Number: |
|--|-----------------|-----------------|-----------------|
| Number of times per year discharge occurs | | | |
| Average duration of each discharge (specify units) | | | |
| Average flow of each discharge | MGD | MGD | MGD |
| Months in which discharge occurs | | | |

27. Please provide the additional receiving water and related information (if known) for each outfall.

| | Outfall Number: | Outfall Number: | Outfall Number: |
|---|---------------------------|---------------------------|---------------------------|
| Receiving Water Name | | | |
| Name of watershed, river, or stream system | | | |
| U.S. Soil Conservation Service 14- digit watershed code | | | |
| Name of state management/river basin | | | |
| U.S Geological Survey 8-digit hydrologic cataloging unit code | | | |
| Critical low flow (acute) | cfs | cfs | cfs |
| Critical low flow (chronic) | cfs | cfs | cfs |
| Total hardness at critical low flow | Mg/L of CaCO ₃ | Mg/L of CaCO ₃ | Mg/L of CaCO ₃ |

Treatment

28. Please provide the following information describing the treatment provided for dischargers from each outfall.

| | Outfall Number: | Outfall Number: | Outfall Number: |
|---|--|--|--|
| Highest Level of Treatment (check all that apply) | <input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify) |
| Design Removal Rates by Outfall | | | |
| BOD5 or CBOD5 | % | % | % |
| TSS | % | % | % |
| Phosphorus | % | % | % |
| Nitrogen | % | % | % |
| Other (specify) | % | % | % |

29. Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe in the table below.

| | Outfall Number: | Outfall Number: | Outfall Number: |
|---------------------|--|--|--|
| Disinfection Type | | | |
| Seasons used | | | |
| Dechlorination used | <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No |

Monitoring

30. Has the POTW completed monitoring for

- a. BOD₅/CBOD₅ Yes No
- b. Fecal coliform Yes No
- c. Design Flow Rate Yes No
- d. pH Yes No
- e. Temperature Yes No
- f. Total Suspended Solids Yes No

31. If no to any of the effluent parameters listed in the previous question, please explain why not.

32. Has the POTW completed monitoring for all effluent parameters and attached the results to the application? Yes No

33. Does the POTW use chlorine for disinfection, or elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent.
 Yes No

34. Has the POTW conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? Yes No

35. Were the results previously submitted to the department? Yes No

36. If so,

A.) indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the POTW's discharges by outfall number or of the receiving water near the discharge points

| | Outfall Number: | | Outfall Number: | | Outfall Number: | |
|------------------------------------|-----------------|---------|-----------------|---------|-----------------|---------|
| | Acute | Chronic | Acute | Chronic | Acute | Chronic |
| Number of tests of discharge water | | | | | | |
| Number of tests of receiving water | | | | | | |

B.) indicate the dates the data was submitted to the department and a summary of the results

37. Has the POTW done any testing resulting in toxicity?

a. If so, describe the cause of the toxicity

b. Has POTW conducted a toxicity reduction evaluation? Yes No

c. If so, provide details of any toxicity reduction evaluation conducted.

38. Does the POTW have a design flow of greater than 0.1 MGD? Yes No

39. If so, have you completed monitoring for all of the following parameters:

| Parameters | Yes / No |
|------------------------|----------|
| Ammonia | |
| Chlorine | |
| Dissolved Oxygen | |
| Nitrate / Nitrite | |
| Kjeldahl Nitrogen | |
| Oil and Grease | |
| Phosphorus | |
| Total Dissolved Solids | |

40. Does one or more of the following conditions apply to the POTW?

- a. has a design flow greater than or equal to 1 MGD, Yes No
- b. has an approved pretreatment program or is required to develop such a program, or Yes No
- c. has been informed that they must sample for the parameters in Appendix A or submit the results of WET tests in Appendix B for acute or chronic toxicity for each of the discharge outfalls.
Yes No

If you answered “Yes” to any of the questions in 41(a) through (c) – submit the results of sampling as required for option “c” as applicable.

41. Does the POTW receive landfill leachate? Yes No

Transported Wastes

42. Transported wastes received. (See Chapter 555 of the Department’s rules.)

- a. Gallons of transported waste currently authorized. Monthly Total ____; Daily Max_____
- b. Gallons of transported waste requested for future. Monthly Total ____; Daily Max_____
- c. Describe current and/or proposed septage receiving and treatment facilities. Please attach the management plan for these facilities, per Chapter 555, Section 6.
- d. Are other wastes received by truck or other dedicated conveyance? __ If so, describe.

Pretreatment Program Status

- 43. Have you been approved for the Pretreatment Program?
Yes No
Under consideration for approval
- 44. Is the total design flow greater than 5 MGD?
Yes No
- 45. Does the POTW receive pollutants from Industrial Users that:
Cause Pass Through? Yes No
Cause Interference? Yes No
Cause Biosolids Contamination? Yes No
Are subject to Pretreatment Standards? Yes No
- 46. What types of Industrial Users are received by the facility?
Significant Industrial Users (SIUs)
Categorical Industrial Users (CIUs) (See appendix D for a list of Categorical Users)
Neither
If neither skip to Hazardous Waste
- 47. How many SIUs (both categorical and non-categorical) including SIUs that truck or haul waste are discharging to the POTW? _____ Number of CIUs? _____

Pretreatment Program Reporting

- 48. Have you submitted the following within the past year?
Pretreatment Program Annual Report
Pretreatment Program Approval Package
Neither
 - a) If submitted, provide the title and date: _____
 - b) If not previously submitted, confirm Appendix C is attached: Yes No
 - c) If not previously submitted, what date is the data recorded in Appendix C based on? _____

Hazardous Waste Received by POTW

- 49. Does the POTW receive hazardous waste regulated under 06-096 C.M.R. Chs. 850-857 or 40 CFR Chapter I Subchapter I, part 261?
Yes No

a) If yes, complete the table below:

| Hazardous Waste Number | Hazardous Constituents | Transport Method (Truck/Rail/ Dedicated Pipe/ Other) | Annual Amount | Units |
|------------------------|------------------------|---|---------------|-------|
| | | | | |
| | | | | |

50. Does the POTW receive wastewater from remedial activities? Yes No

If yes, attach the following

- a. Identification of originating sites
- b. Hazardous constituents
- c. Treatment provided prior to discharge

51. Does the POTW receive non-acute hazardous waste?

Yes No

52. If yes, is the quantity more or less than 15 kg of non-acute hazardous waste per month?

M More/ Equal to Less

52. Describe procedures used by the POTW to verify hazardous waste identification and quantities

53. Describe any other proposed changes that are not already described in the General Application to the present POTW operation.

54. Person completing this form

Name: _____ Phone: _____

Affiliation: _____ Date: _____

Signature: _____

55. Assisting Parties for this application:

Name: _____ Phone: _____

Affiliation: _____

Address: _____

Town: _____ State: _____ Zip: _____

Professional Registration/Certification: _____

Signature: _____

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Appendix A: Effluent Parameters for Selected POTWs :

| Pollutant | Maximum Daily Discharge | | Average Daily Discharge | | | Analytical Method | ML or MDL |
|------------------------------------|-------------------------|-------|-------------------------|-------|-------------------|-------------------|-----------|
| | Value | Units | Value | Units | Number of Samples | | |
| Hardness | | | | | | | |
| Metals (total recoverable), | | | | | | | |
| Antimony | | | | | | | |
| Arsenic | | | | | | | |
| Beryllium | | | | | | | |
| Cadmium | | | | | | | |
| Chromium | | | | | | | |
| Copper | | | | | | | |
| Lead | | | | | | | |
| Mercury | | | | | | | |
| Nickel | | | | | | | |
| Selenium | | | | | | | |
| Silver | | | | | | | |
| Thallium | | | | | | | |
| Zinc | | | | | | | |
| Cyanide | | | | | | | |
| Total phenolic compounds | | | | | | | |
| Volatile organic compounds | | | | | | | |
| Acrolein | | | | | | | |
| Acrylonitrile | | | | | | | |
| Benzene | | | | | | | |
| Bromoform | | | | | | | |
| Carbon Tetrachloride | | | | | | | |
| Chlorobenzene | | | | | | | |
| Chlorodibromomethane | | | | | | | |
| Chloroethane | | | | | | | |
| 2- Chloroethylvinyl ether | | | | | | | |
| Chloroform | | | | | | | |
| Dichlorobromomethane | | | | | | | |
| 1,1- dichloroethane | | | | | | | |
| 1,2- dichloroethane | | | | | | | |
| 1,3 - dichloropropylene | | | | | | | |
| Ethylbenzene | | | | | | | |
| Methyl bromide | | | | | | | |
| Methyl chloride | | | | | | | |
| Methylene chloride | | | | | | | |
| 1,1,2,2- tetrachloroethane | | | | | | | |
| Tetrachloroethylene | | | | | | | |
| Toluene | | | | | | | |
| 1,1,1-trichloroethane | | | | | | | |
| 1,1,2-trichloroethane | | | | | | | |
| Trichloroethylene | | | | | | | |
| Vinyl chloride | | | | | | | |
| Acid Extractable Compounds | | | | | | | |
| p-chloro-m-cresol | | | | | | | |
| 2-chlorophenol | | | | | | | |

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| | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|
| 2,4-dichlorophenol | | | | | | | |
| 2,4-dimethylphenol | | | | | | | |
| 4,6-dinitro-o-cresol | | | | | | | |
| 2,4-dinitrophenol | | | | | | | |
| 2-nitrophenol | | | | | | | |
| 4-nitrophenol | | | | | | | |
| Pentachlorophenol | | | | | | | |
| Phenol | | | | | | | |
| 2,4,6-trichlorophenol | | | | | | | |
| Base-Neutral Compounds | | | | | | | |
| Acenaphthene | | | | | | | |
| Acenaphthylene | | | | | | | |
| Anthracene | | | | | | | |
| Benzidine | | | | | | | |
| Benzo(a)anthracene | | | | | | | |
| Benzo(a)pyrene | | | | | | | |
| 3,4-benzofluoranthene | | | | | | | |
| Benzo(ghi)perylene | | | | | | | |
| Benzo(k)fluoranthene | | | | | | | |
| Bis(2-chloroethoxy) methane | | | | | | | |
| Bis(2-chloroethyl) ether | | | | | | | |
| Bis(2-chloroisopropyl) ether | | | | | | | |
| Bis(2-ethylhexyl) phthalate | | | | | | | |
| 4-bromophenyl phenyl ether | | | | | | | |
| Butyl benzyl phthalate | | | | | | | |
| 2-chloronaphthalene | | | | | | | |
| 4-chlorophenyl phenyl ether | | | | | | | |
| Chrysene | | | | | | | |
| Di-n-butyl phthalate | | | | | | | |
| Di-n-octyl phthalate | | | | | | | |
| Dibenzo(a,h)anthracene | | | | | | | |
| 1,2-dichlorobenzene | | | | | | | |
| 1,3-dichlorobenzene | | | | | | | |
| 1,4-dichlorobenzene | | | | | | | |
| 3,3-dichlorobenzidine | | | | | | | |
| Diethyl phthalate | | | | | | | |
| Dimethyl phthalate | | | | | | | |
| 2,4-dinitrotoluene | | | | | | | |
| 2,6-dinitrotoluene | | | | | | | |
| 1,2-diphenylhydrazine | | | | | | | |
| Fluoranthene | | | | | | | |
| Fluorene | | | | | | | |
| Hexachlorobenzene | | | | | | | |
| Hexachlorobutadiene | | | | | | | |
| Hexachlorocyclo-pentadiene | | | | | | | |
| Hexachloroethane | | | | | | | |
| Indeno(1,2,3-cd)pyrene | | | | | | | |
| Isophorone | | | | | | | |
| Naphthalene | | | | | | | |
| Nitrobenzene | | | | | | | |
| N-nitrosodi-n-propylamine | | | | | | | |

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| | | | | | | | |
|------------------------|--|--|--|--|--|--|--|
| N-nitrosodimethylamine | | | | | | | |
| N-nitrosodiphenylamine | | | | | | | |
| Phenanthrene | | | | | | | |
| Pyrene | | | | | | | |
| 1,2,4-trichlorobenzene | | | | | | | |

Appendix B: Effluent Monitoring for Whole Effluent Toxicity:

| | Test Number: | Test Number: | Test Number: |
|--|--|--|---|
| Test species | | | |
| Age of initiation of test | | | |
| Outfall number | | | |
| Date sample collected | | | |
| Date test started | | | |
| Duration | | | |
| Toxicity Test Methods | | | |
| Test method number | | | |
| Manual title | | | |
| Edition number and year of publication | | | |
| Page number(s) | | | |
| Sample Type | | | |
| Check one: | <input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite | <input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite | <input checked="" type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite |
| Sample Location | | | |
| Check one: | <input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination | <input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination | <input checked="" type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination |
| Point in Treatment Process | | | |
| Describe the point in the treatment process at which the sample was collected for each test. | | | |
| Toxicity Type | | | |
| Indicate the type of test performed | <input type="checkbox"/> Static <input type="checkbox"/> Static – renewal <input type="checkbox"/> Flow – through | <input type="checkbox"/> Static <input type="checkbox"/> Static – renewal <input type="checkbox"/> Flow – through | <input checked="" type="checkbox"/> Static <input type="checkbox"/> Static – renewal <input type="checkbox"/> Flow - through |
| Source of Dilution Water | | | |
| Indicate the source of dilution water | <input type="checkbox"/> Laboratory Water <input type="checkbox"/> Receiving Water | <input type="checkbox"/> Laboratory Water <input type="checkbox"/> Receiving Water | <input type="checkbox"/> Laboratory Water <input type="checkbox"/> Receiving Water |
| If laboratory water, specify type | | | |
| If receiving water, specify source | | | |
| Type of Dilution Water | | | |
| Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used. | <input type="checkbox"/> Fresh Water <input type="checkbox"/> Salt Water (specify) | <input type="checkbox"/> Fresh Water <input type="checkbox"/> Salt Water (specify) | <input type="checkbox"/> Fresh Water <input type="checkbox"/> Salt Water (specify) |
| Percentage Effluent Used | | | |
| Specify the percentage effluent used for all concentrations in the test series | | | |

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| Parameters Tested | | | | | | |
|--|---|---|---|---|---|---|
| Check the parameters tested | <input type="checkbox"/> PH <input type="checkbox"/> Salinity <input type="checkbox"/> Temp | <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved <input type="checkbox"/> Oxygen | <input type="checkbox"/> PH <input type="checkbox"/> Salinity <input type="checkbox"/> Temp | <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved <input type="checkbox"/> Oxygen | <input type="checkbox"/> PH <input type="checkbox"/> Salinity <input type="checkbox"/> Temp | <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved <input type="checkbox"/> Oxygen |
| Acute Test Results | | | | | | |
| Percent survival in 100% effluent | | % | | % | | % |
| LC50 | | | | | | |
| 95% confidence interval | | % | | % | | % |
| Control percent survival | | % | | % | | % |
| Other (describe) | | | | | | |
| Chronic Test Results | | | | | | |
| NOEC | | % | | % | | % |
| IC25 | | % | | % | | % |
| Control percent survival | | % | | % | | % |
| Other (describe) | | | | | | |
| Quality Control/ Quality Assurance | | | | | | |
| Is reference toxicant data available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was reference toxicant test within acceptable bounds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What date was reference toxicant test run (MM/DD/YYYY) | | | | | | |
| Other (describe) | | | | | | |

Appendix C: Industrial Discharge Information:

Significant Industrial User (SIU) Information

Please fill this form out for all Significant Industrial Users

- 1. SIU#: _____
- 2. Name of SIU: _____
- 3. Mailing Address: _____
- 4. City: _____ State: _____ Zip Code: _____

Number of Industrial Users

- 5. List all industrial processes affecting the discharge of the POTW:
 - a) _____
 - b) _____
 - c) _____
 - d) _____
 - e) _____
- 6. List all principle products and raw materials
 - a) _____
 - b) _____
 - c) _____
 - d) _____
 - e) _____

Wastewater Flow Information

- 7. Average Daily Discharge: _____ gpd
- 8. Process Flow: _____ gpd
- 9. Non-Process Flow: _____ gpd

Categorical Industrial Activity

- 10. Is the POTW subject to 40 CFR Chapter I, Subchapter N (Parts 405-471)? Yes No
If yes, list the Parts/Subparts (See Appendix D): _____
- 11. Is the POTW subject to Maine 06-096 Chapter 525? Yes No
If yes, list Section: _____

Pollutant Loading Significance

12. Are any pollutants (including flow) greater than 5% of the POTW’s typical dry weather influent loading?

Yes No

If yes, identify pollutants: _____

Industrial Classification Codes

13. SIC Codes (Standard Industrial Classification (SIC) System Search | Occupational Safety and Health Administration): Primary: _____ Secondary: _____ Tertiary: _____

14. NAICS Codes (NAICS Code & SIC Identification Tools | NAICS Associations)

Primary: _____ Secondary: _____ Tertiary: _____

Operational History (Past 4.5 years)

15. Has the POTW experienced upsets, pass-through, or interference attributable to this SIU? Yes No

If yes, describe the incident(ces) and include the date(s), pollutants involved and corrective actions taken:

Hazardous Waste at Industrial User

16. Does the SIU treat hazardous waste onsite activities? Yes No

If Yes:

a) Pollutants treated:

b) Treatment process:

c) Is treatment prior to discharge to POTW? Yes No

Outfall and Regulatory Status

| Outfall# | Brief Process Description | Location | Local Limits (Y/N) | Are local limits concentration or mass based | Categorical? (Y/N) |
|----------|---------------------------|----------|--------------------|--|--------------------|
| | | | Yes No | Concentration Mass Based | Yes No |
| | | | Yes No | Concentration Mass Based | Yes No |
| | | | Yes No | Concentration Mass Based | Yes No |
| | | | Yes No | Concentration Mass Based | Yes No |

Appendix D. List of Primary Industrial Categories

For more information on these categories see [40 CFR Chapter I, Subchapter N, Parts 405-471](#)

| | |
|--|--|
| Airport Deicing – Part 449 | Aluminum Forming – Part 467 |
| Asbestos Manufacturing - Part 427 | Battery Manufacturing – Part 461 |
| Canned and Preserved Fruits and Vegetables – Part 407 | Canned and Preserved Seafood - Part 408 |
| Carbon Black Manufacturing – Part 458 | Cement Manufacturing - Part 411 |
| Centralized Waste Treatment – Part 437 | Coal Mining – Part 434 |
| Coil Coating – Part 465 | Concentrated Animal Feeding Operations - Part 412 |
| Concentrated Aquatic Animal Production – Part 451 | Construction and Development – Part 450 |
| Copper Forming – Part 468 | Dairy Products - Part 405 |
| Dental Office – Part 441 | Electrical and Electronic Components – Part 469 |
| Electroplating - Part 413 | Explosives Manufacturing – Part 457 |
| Fertilizer Manufacturing - Part 418 | Ferroalloy Manufacturing – Part 424 |
| Glass Manufacturing - Part 426 | Grain Mills - Part 406 |
| Gum and Wood Chemicals – Part 454 | Hospital – Part 460 |
| Ink Formulating – Part 447 | Inorganic Chemicals Manufacturing - Part 415 |
| Iron and Steel Manufacturing - Part 420 | Landfills – Part 445 |
| Leather Tanning and Finishing - Part 425 | Meat and Poultry Products – Part 432 |
| Metal Finishing – Part 433 | Metal Molding and Forming – Part 464 |
| Metal Products and Machinery – Part 438 | Metal Powders – Part 471 |
| Mineral Mining – Part 436 | Nonferrous Metals Manufacturing - Part 421 |
| Oil and Gas Extraction – Part 435 | Ore Mining and Dressing – Part 440 |
| Organic Chemicals Manufacturing - Part 414 | Paint Formulating – Part 446 |
| Paving and Roofing – Part 443 | Petroleum Refining - Part 419 |
| Pesticides – Part 455 | Pharmaceutical Preparations – Part 439 |
| Phosphate Manufacturing – Part 422 | Photographic Equipment and Supplies – Part 459 |
| Plastics Molding and Forming Processing – Part 463 | Porcelain Enameling – Part 466 |
| Pulp and Paper Mills – Part 430 | Rubber Processing – Part 428 |
| Soap and Detergent Manufacturing - Part 417 | Steam Electric Power Plants - Part 423 |
| Sugar Processing - Part 409 | Textile Mills - Part 410 |
| Timber Products processing – Part 429 | Transportation Equipment Cleaning – Part 442 |
| Waste Combustors – Part 444 | |