

<b>FORM</b> <b>1</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <small>(Read the "General Instructions" before starting.)</small>	<b>I. EPA I.D. NUMBER</b>
<b>GENERAL</b>			N H D 0 0 0 7 9 1 5 0 9
<b>LABEL ITEMS</b>			<b>GENERAL INSTRUCTIONS</b>
<b>I. EPA I.D. NUMBER</b>	NHD000791509		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.
<b>III. FACILITY NAME</b>	Merrimack Station		
<b>V. FACILITY MAILING ADDRESS</b>	Northeast Utilities Service Company PO Box 270 Hartford, CT 06141-0270 ATTN: Mr. R. G. Chevalier, VP		
<b>VI. FACILITY LOCATION</b>	97 River Road Bow, NH 03301		

<b>II. POLLUTANT CHARACTERISTICS</b>													
<b>INSTRUCTIONS:</b> 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'			SPECIFIC QUESTIONS				MARK 'X'		
				YES	NO	FORM ATTACHED					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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>III. NAME OF FACILITY</b>											
1	SKIP	MERRIMACK STATION									

<b>IV. FACILITY CONTACT</b>											
A. NAME & TITLE (last, first, & title)						B. PHONE (area code & no.)					
2 PALMER ALLAN SENIOR ENGINEER						603 634 2439 ✓					

<b>V. FACILITY MAILING ADDRESS</b>											
A. STREET OR P.O. BOX											
3 PO BOX 270											
B. CITY OR TOWN											
4 HARTFORD											
C. STATE				D. ZIP CODE							
CT				06141							

<b>VI. FACILITY LOCATION</b>											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER											
5 97 RIVER ROAD											
B. COUNTY NAME											
MERRIMACK											
C. CITY OR TOWN											
6 BOW											
D. STATE				E. ZIP CODE				F. COUNTY CODE (if known)			
NH				03301							

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

A. FIRST				B. SECOND			
C	7	4	9	C	7		
15	16	17	18	15	16	17	18
Electric Power Generation				(specify)			
C. THIRD				D. FOURTH			
C	7			C	7		
15	16	17	18	15	16	17	18
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?																		
C	8	P	U	B	L	I	C	S	E	R	V	I	C	E	C	O	M	P	A	N	Y	O	F	N	H	66	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)																		
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	C	8	0	0	A	2	8	6	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
S = STATE	O = OTHER (specify)	56		15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
E. STREET OR P.O. BOX																														
P O B O X 2 7 0																														
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND																
C	B	H	A	R	T	F	O	R	D	C	T	0	6	1	4	1	Is the facility located on Indian lands?													
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
												<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO																

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
C	9	N	H	0	0	C	9	P			
15	16	17	18	19	20	21	22	23	24	25	26
NH0001465											
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
C	9	U				C	9	8	4	0	0
15	16	17	18	19	20	21	22	23	24	25	26
						840065-B-002 (specify)					
						NHDES Groundwater Permit					
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
C	9	R	N	H	0	C	9	D	P	H	S
15	16	17	18	19	20	21	22	23	24	25	26
NH000791509						D P H S - S W - 8 5 0 1 2 (specify)					
						NHDES Solid Waste Permit					

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)

Merrimack Station is a four unit, electric Generating facility with an approximate capacity of 500 Megawatts (MW). Two units (450 MW) are coal-fired, steam driven electric generators. Coal flyash and slag are produced as by-products. The remaining two units (50 MW) are combustion turbines fired with #1 fuel oil.

Merrimack Station is part of the Northeast Utilities System.

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
Ronald G. Chevalier Vice President		3/10/97

COMMENTS FOR OFFICIAL USE ONLY

C	
15	16

FORM  
2C  
NPDES



U.S. ENVIRONMENTAL PROTECTION AGENCY  
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER  
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS  
Consolidated Permits Program

**I. OUTFALL LOCATION**

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	43	08	15	71	28	15	Cooling Water Discharge Canal (to 003)
002	43	08	15	71	28	15	Cooling Water Discharge Canal (to 003)
003A	43	08	15	71	28	15	Cooling water Discharge Canal (to 003)
003B	43	08	15	71	28	15	Cooling Water Discharge Canal (to 003)
003	43	08	15	71	27	45	Merrimack River

**II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES**

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001	MK-1 once through	84.36 MGD	Chlorination	XX
	condenser cooling water		Discharges to WTP #2	
002	MK-2 once through	197.9 MGD	Chlorination	XX
	condenser cooling water		Discharges to WTP #2	
003A	MK-1 Slag Tank Overflow	0.5 MGD	Retention Time is approx	1-U 1-0
	MK-2 Slag Tank Overflow	1.0 MGD	4-10 Hrs	
	MK-1 Boiler Blowdown	720 GPD	Waste Treatment Plant #4,	
	MK-1 Boiler Drains	2586 GPD	Discharges to WTP #2.	
	MK-2 Boiler Drains	1736 GPD		
	MK-1 Roof Drains	1248 GPD		
	Yard Drains	8137 GPD		
	Culvert from Marsh:			
	- Stormwater Runoff	96000 GPD	Retention Time is approx	1-U 1-0
	- Slag Sluice Water	6.0 MGD	5-10 Hrs	
			Waste Treatment Plant #3,	
			Discharges to WTP #4.	
	WTP #1 Treated Effluent			
	- Demin Regeneration	11429 GPD	50000 Gallon Neutralizer	1-0 2-K
	- Polishers Regeneration	7143 GPD		
	- Chemical Drains	40000 GPD		

OFFICIAL USE ONLY (effluent guidelines sub-categories)

FORM  
2C  
NPDES



U.S. ENVIRONMENTAL PROTECTION AGENCY  
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER  
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS  
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
004	43	08	15	71	28	15	Merrimack River
005	43	08	15	71	28	15	Merrimack River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
003A cont.	- Floor / Equipment Drains	86400 GPD	250 GPM Oil Separator, Waste Oil Recycled or Burned	1-H	1-M 5-0
	- Boiler Gas Side Water Washes	4384 GPD	6000 Gallon Chem Mix Basin (Boost pH, add coagulant)	1-G	1-0 1-U 2-C
				2-D	4-C
	- Ash Landfill Leachate	2750 GPD	Settling and Mixing in 3-250,000 Gallon Basins. Holding time is indefinite.	5-Q	5-R
			Adjust pH and reuse effluent or discharge to WTP #4.		
			Dewater and Landfill Sludge On-site.		
003B	- Boiler Water Side Chemical Cleanings (add Outfall 003A)	2055 GPD (7.8 MGD)	Same Treatment as 003A WTP #1 Effluent, also discharged to WTP #4.		
	003 Outfalls 001, 002 003A / 003B	290 MGD	Spray Evaporative Cooling	XX	1-0
			Retention Time is 4-10 Hrs Waste Treatment Plant #2, Discharges to Merrimack River	4-A	



C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?  
 YES (complete the following table)  NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	b. FLOW RATE (in mgd)		d. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
003B	Boiler Water Side Chemical Cleanings	0.5%	of Year	0.002	0.5	1370 GPD	300,000 GPD	3
005	Maintenance Sumps	--	2	--	0.001	94 GPD	1000 GPD	60
All other outfalls are not intermittent or seasonal.								

**III. PRODUCTION**

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?  
 YES (complete Item III-B)  NO (to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?  
 YES (complete Item III-C)  NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

**IV. IMPROVEMENTS**

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.  
 YES (complete the following table)  NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		b. REQUIRED	d. PROJECTED
Part 1, Page 5 of 22. Condition m.	003A 003B	Slag Sluice Water and Stormwater runoff.	PSNH has submitted conceptual plans to segregate slag sluice water and isolate the nearby wetlands. Discussions have occurred with the NH Wetlands Bureau and a consultant has completed an impact analysis. Our plan is to acquire permits to complete construction in 1997.		12/97

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.  MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

**V. INTAKE AND EFFLUENT CHARACTERISTICS**

A, B, & C: See instructions before proceeding - Complete one set of tables for each outfall - Annotate the outfall number in the space provided.  
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

**VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS**

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

YES (list all such pollutants below)

NO (go to Item VI-B)

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (identify the test(s) and describe their purposes below)

NO (go to Section VIII)

**VIII CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Eastern Analytical, Inc.	25 Chenell Drive Concord, NH 03301	603-228-0525	All

**IX. 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.

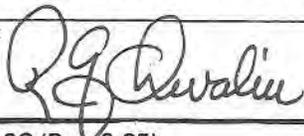
A. NAME & OFFICIAL TITLE (Type or print)

Ronald G. Chevalier, Vice President

B. PHONE NO. (area code & no.)

(203) 665-5315

C. SIGNATURE



D. DATE SIGNED

3/10/97

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C).

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)	
	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION (2) MASS	c. LONG TERM AVG. VALUE (if available) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	e. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	f. NO. OF ANALYSES
a. Biochemical Oxygen Demand (BOD)						
b. Chemical Oxygen Demand (COD)						
c. Total Organic Carbon (TOC)						
d. Total Suspended Solids (TSS)						
e. Ammonia (as N)						
f. Flow	VALUE 72.0	VALUE 68.5	VALUE 57.2	365	VALUE MGD	
g. Temperature (winter)	VALUE		VALUE		VALUE	
h. Temperature (summer)	VALUE		VALUE		VALUE	
i. pH	MINIMUM	MAXIMUM			STANDARD UNITS	

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
	a. RECEIVED PERCENT SENT	b. RECEIVED PERCENT SENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION (2) MASS	c. LONG TERM AVG. VALUE (if available) (1) CONCENTRATION (2) MASS	d. NO. OF ANALYSES	e. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	f. NO. OF ANALYSES
amides (24959-67-9)								
b. Chlorine Total Residual	X		0.18	4.3	4.3	42	MG/L	LBS
c. Color								
d. Faecal Coliform								
e. Fluoride (16984-48-8)								
f. Nitrate-Nitrite (as N)								



PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

NHD000791509

Form Approved.  
OMB No. 2040-0086  
Approval expires 7-31-88

OUTFALL NO.  
002

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT		3. UNITS		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE CONCENTRATION	b. MAXIMUM 30 DAY VALUE CONCENTRATION	c. LONG TERM AVG. VALUE CONCENTRATION	d. NO. OF ANALYSES	e. B. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE CONCENTRATION	h. NO. OF ANALYSES
a. Biochemical Oxygen Demand (BOD)								
b. Chemical Oxygen Demand (COD)								
c. Total Organic Carbon (TOC)								
d. Total Suspended Solids (TSS)								
e. Ammonia (as N)								
f. Flow	VALUE 192.0	VALUE 183.5	VALUE 147.9	MGD	-		VALUE	
g. Temperature (winter)	VALUE		VALUE		°C		VALUE	
h. Temperature (summer)	VALUE		VALUE		°C		VALUE	
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM	STANDARD UNITS			

PART B Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)				
	a. PRESENT	b. ABSENT	b. MAXIMUM DAILY VALUE CONCENTRATION	c. LONG TERM AVG. VALUE CONCENTRATION	d. NO. OF ANALYSES	e. B. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE CONCENTRATION	h. NO. OF ANALYSES		
a. mides (24959-67-9)											
b. Chlorine Total Residual	X		0.20	13.35	0.20	12.76	0.11	5.66	40	MG/L	LBS
c. Color											
d. Fecal Coliform											
e. Fluoride (16984-48-8)											
f. Nitrate-Nitrite (as N)											



EPA I.D. NUMBER (copy from Item 1 of Form 1)  
**NHD 000791509**

OUTFALL NO.  
**003A**

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

1. POLLUTANT	2. EFFLUENT		3. UNITS (specify if blank)	4. INTAKE (optional)	5. LONG TERM AVERAGE VALUE (1) CONCENTRATION	6. NO. OF ANALYSES
	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS				
a. Biochemical Oxygen Demand (BOD)	<6	—	MG/L	—	—	1
b. Chemical Oxygen Demand (COD)	10	1252	LBS	LBS	—	1
c. Total Organic Carbon (TOC)	4	501	LBS	LBS	—	1
d. Total Suspended Solids (TSS)	11.3	849	LBS	LBS	—	13
e. Ammonia (as N)	3.0	375	LBS	LBS	—	1
f. Flow	VALUE 15.0	VALUE 9.0	MGD	—	VALUE 6.4	365
g. Temperature (water)	VALUE NA	VALUE 5.0	°C	—	VALUE NA	1
h. Temperature (sewer)	VALUE NA	VALUE NA	°C	—	VALUE NA	0
i. pH	MINIMUM 4.4	MAXIMUM 9.3	STANDARD UNITS	—	VALUE NA	365

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
	a. PRESENT	b. ABSENT	c. MAXIMUM DAILY VALUE (1) CONCENTRATION	d. MAXIMUM 30 DAY VALUE (2) MASS	e. LONG TERM AVERAGE VALUE (1) CONCENTRATION	f. NO. OF ANALYSES	g. CONCENTRATION	h. NO. OF ANALYSES
a. Ammonia (24959-67-9)	X		<1	—	—	1	MG/L	—
b. Chlorine	X		<0.05	—	—	1	MG/L	—
c. Color	X		40	—	—	1	PT-Co	—
d. Fecal Coliform	X		<3	—	—	1	MPN/100ML	—
e. Fluoride (16984-48-8)	X		0.2	25	—	1	MG/L	LBS
f. Nitrate-Nitrite (as N)	X		<0.5	—	—	1	MG/L	—

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT CAS NO. (if available)	2. MARKED PREVIOUSLY SENT	3. EFFLUENT DAILY VALUE (1) MASS CONCENTRATION	4. MAXIMUM DAILY VALUE (2) MASS CONCENTRATION	5. LONG TERM AVERAGE VALUE (if available) (1) MASS CONCENTRATION	6. NO. OF ANALYSES	7. B. CONCENTRATION	8. UNITS	9. AVERAGE VALUE (1) MASS CONCENTRATION	10. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N) (7439-89-6)	X	<0.5	-	-	1	MG/L	-	-	
h. Oil and Grease	X	<5	-	<5	13		-	-	
i. Phosphorus (as P), Total (7723-14-0)	X	<0.05	-	-	1		-	-	
J. Radioactivity									
(1) Alpha Total	X								
(2) Beta Total	X								
(3) Radium Total	X								
(4) Radium 226 Total	X								
k. Sulfate (as SO <sub>4</sub> ) (14806-79-8)	X	140	8.76		1	MG/L	TON		
l. Sulfide (as S)	X	<1	-				-		
m. Sulfite (as SO <sub>3</sub> ) (14265-46-3)	X	<2	-				-		
n. Surfactants (as S)	X	<0.1	-				-		
o. Aluminum Total (7429-90-5)	X	0.38	47.6				LBS	0.93	1
p. Barium Total (7440-39-3)	X	<0.05	-				-	<0.05	
q. Boron Total (7440-42-6)	X	0.32	40.0				LBS	<0.01	
r. Cobalt Total (7440-48-4)	X	<0.01	-				-	<0.01	
s. Iron, Total (7439-89-6)	X	0.99	124	74	5		LBS	1.8	
t. Magnesium Total (7439-95-4)	X	2.7	338		1		LBS	1.1	
u. Molybdenum Total (7439-98-7)	X	0.020	2.50				LBS	<0.005	
v. Manganese Total (7439-96-5)	X	0.17	21.3				LBS	0.19	
w. Tin, Total (7440-31-5)	X	<0.01	-				-	<0.01	
x. Titanium, Total (7440-32-6)	X	0.010	1.25				LBS	0.033	

CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater; if you mark column 2c for any pollutant, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS			5. INTAKE (optional)		
	a. TESTED (Y/N)	b. BE-REPRESENTED (Y/N)	c. BE-REPRESENTED (Y/N)	b. MAXIMUM DAILY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANAL. YES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANAL. YES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS													
1M. Antimony, Total (7440-36-0)	X			<0.05				1	MG/L	-	<0.05		1
2M. Arsenic, Total (7439-92-1)				<0.01						-	<0.01		
3M. Beryllium, Total (7440-41-7)				<0.001						-	<0.001		
4M. Cadmium, Total (7440-43-8)				<0.001						-	<0.001		
5M. Chromium, Total (7440-47-3)				<0.002						-	<0.002		
6M. Copper, Total (7440-50-8)				0.01	1.25	0.01	0.75	5		LBS	<0.01		
7M. Lead, Total (7439-92-1)				<0.01				1		-	<0.01		
8M. Mercury, Total (7439-97-6)				<0.0002						-	<0.0002		
9M. Nickel, Total (7440-02-0)				<0.01						-	<0.01		
10M. Selenium, Total (7782-49-2)				<0.05						-	<0.05		
11. Silver, Total (7440-22-4)				<0.005						-	<0.005		
12M. Thallium, Total (7440-28-0)				<0.1						-	<0.1		
13M. Zinc, Total (7440-66-6)				0.027	3.38					LBS	0.012		
14M. Cyanide, Total (57-12-5)				<0.02						-			
15M. Phenols, Total				<0.05						-			
DIOXIN													
2,3,7,8-Tetra-chlorodibenzo-p-Dioxin (1764-01-6)			X										

DESCRIBE RESULTS

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK X		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
	STREET ADDRESS	C.B. RECEIVED	B. MAXIMUM DAILY VALUE	C. LONG TERM AVERAGE VALUE (if available)	D. CONCENTRATION	D. MASS	(1) CONCENTRATION	(2) MASS
GC/MS FRACTION - VOLATILE COMPOUNDS	QUIN SENT	SENT	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
1V. Acrolein (107-02-8)	X		<20				1	ug/L
2V. Acrylonitrile (107-13-1)	X		<20				1	
3V. Benzene (71-43-2)	X		<1				1	
4V. Bis (Chloromethyl) Ether (542-98-1)			TESTING IS NO LONGER REQUIRED				-	
5V. Bromoform (75-25-2)	X		<2				1	ug/L
6 Carbon Tetrachloride (56-23-5)			<2					
7V. Chlorobenzene (108-90-7)			<1					
8V. Chlorodibromomethane (124-48-1)			<2					
9V. Chloroethane (75-00-3)			<10					
10V. 2-Chloroethylvinyl Ether (110-75-8)			<2					
11V. Chloroform (67-66-3)			<2					
12V. Dichlorobromomethane (75-27-4)			<2					
13V. Dichlorodifluoromethane (75-71-8)			TESTING IS NO LONGER REQUIRED				-	
14V. 1,1-Dichloroethane (75-34-3)	X		<2				1	ug/L
15V. 1,2-Dichloroethane (107-06-2)			<2					
16V. 1,1-Dichloroethylene (75-35-4)			<2					
17V. 1,2-Dichloropropane (78-87-5)			<2					
18V. 1,3-Dichloropropylene (542-75-6)			<2					
19V. Ethylbenzene (100-41-4)			<1					
20V. Methyl Bromide (74-83-9)			<10					
21V. Methyl Chloride (74-87-3)			<10					

1. POLLUTANT NAME AND CAS NUMBER (if available)	2. MARK 'X' if: a. test required b. see elevated air quality standard	3. EFFLUENT			4. UNITS		5. INTAKE (optional)		b. NO. OF ANALYSES
		a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM (if available) (1) CONCENTRATION	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM (1) AVERAGE VALUE (2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>									
22V: Methylene Chloride (75-09-2)	X	<2				UG/L			
23V: 1,1,2,2-Tetra chloroethane (79-34-6)		<2							
24V: Tetrachloroethylene (127-18-4)		<2							
25V: Toluene (108-88-3)		<1							
26V: 1,2-Trans-Dichloroethylene (156-60-6)		<2							
27V: 1,1,1-Trichloroethane (6)		<2							
28V: 1,1,2-Trichloroethane (79-00-6)		<2							
29V: Trichloroethylene (79-01-6)		<2							
30V: Trichlorofluoromethane (75-69-4)		<2							
31V: Vinyl Chloride (75-01-4)	X	<2				UG/L			
<b>GC/MS FRACTION - ACID COMPOUNDS</b>									
1A: 2-Chloropheno (95-67-8)	X	<10							
2A: 2,4-Dichloropheno (120-83-2)		<10							
3A: 2,4-Dimethylpheno (105-67-9)		<10							
4A: 6-Dinitro-O-C (534-52-1)		<100							
5A: 2,4-Dinitrophenol (51-28-5)		<100							
6A: 2-Nitrophenol (88-75-5)		<10							
7A: 4-Nitrophenol (100-02-7)		<100							
8A: P-Chloro-M-Cresol (59-60-7)		<10							
9A: Pentachloropheno (87-86-5)		<100							
10A: Phenol (108-95-2)		<10							
11A: 2,4,6-Trichloropheno (88-06-2)	X	<10							

1. POLLUTANT NUMBER (if available)	2. MARK X a. TEST INCLUDED b. BE-TEST SENT c. BE-TEST SENT		3. EFFLUENT d. MAXIMUM DAILY VALUE (if available)		4. UNITS a. CONCENTRATION		5. INTAKE (optional)		
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS									
1B. Acenaphthene (83-32-9)	X		<10						
2B. Acenaphthylene (208-96-8)			<10						
3B. Anthracene (120-12-7)			<10						
4B. Benzidine (92-87-5)			<20						
5B. Benzo (a) Anthracene (56-56-3)			<10						
6B. Benzo (a) Pyrene (50-32-8)									
7B. 3,4-Benzo fluoranthene (205-99-2)									
8B. Benzo (ghi) Perylene (191-24-2)									
9B. Benzo (h) Fluoranthene (207-08-9)									
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)									
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)									
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)									
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)									
14B. 4-Bromophenyl Phenyl Ether (101-55-3)									
15B. Butyl Benzyl Phthalate (86-68-7)									
16B. 2-Chloronaphthalene (91-58-7)									
17B. 4-Chlorophenyl Phenyl Ether (7006-72-3)									
18B. Chrysene (218-01-9)									
19B. Dibenz (a,h) Anthracene (53-70-3)									
20B. 1,2-Dichlorobenzene (95-50-1)									
21B. 1,3-Dichlorobenzene (541-73-1)									

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK X		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
	a. TEST METHOD	b. BE-LEVEL SENT	a. MAXIMUM 30 DAY VALUE (if available)	b. MASS CONCENTRATION	a. CONCENTRATION	b. MASS CONCENTRATION	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)								
22B. 1,4-Dichlorobenzene (106-46-7)	X		< 10		/	ug/L		
23B. 3,3'-Dichlorobenzidine (91-94-1)								
24B. Diethyl Phthalate (84-66-2)								
25B. Dimethyl Phthalate (131-11-3)								
26B. Di-N-Butyl Phthalate (84-74-2)								
27B. 2,4-Dinitrobenzene (121-14-2)								
28B. 2,6-Dinitrotoluene (606-20-2)								
29B. Di-N-Octyl Phthalate (117-84-0)								
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)								
31B. Fluoranthene (206-44-0)								
32B. Fluorene (86-73-7)								
33B. Hexachlorobenzene (118-74-1)								
34B. Hexachlorobutadiene (87-68-3)								
35B. Hexachlorocyclopentadiene (144-33-3)								
36B. Hexachloroethane (67-72-1)								
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)								
38B. Isophorone (78-59-1)								
39B. Naphthalene (91-20-3)								
40B. Nitrobenzene (98-95-3)								
41B. N-Nitrosodimethylamine (62-75-8)								
42B. N-Nitrosodi-N-Propylamine (621-64-7)								

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)							
	TEST REQUIRING	USE	B. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	D. MAXIMUM 30 DAY VALUE (1) CONCENTRATION	(2) MASS	C. LONG TERM AVG. VALUE (1) CONCENTRATION	(2) MASS	D. NO. OF ANALYSES	B. CONCENTRATION	B. MASS	B. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	B. NO. OF ANALYSES
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>														
43B. N-Nitrosodiphenylamine (86-30-6)	X		<10							1	UG/L			
44B. Phenanthrene (85-01-8)	X		<10							1	UG/L			
45B. Pyrene (129-00-0)	X		<10							1	UG/L			
46B. 1,2,4-Trichlorobenzene (120-82-1)	X		<10							1	UG/L			
<b>C. 3 FRACTION - PESTICIDES</b>														
1P. Aldrin (309-00-2)														
2P. α-BHC (319-84-6)														
3P. β-BHC (319-85-7)														
4P. γ-BHC (58-89-9)														
5P. δ-BHC (319-86-8)														
6P. Chlordane (57-74-9)														
7P. 4,4'-DDT (50-29-3)														
8P. 4,4'-DDE (72-55-9)														
5. 4,4'-DDD (72-54-8)														
10P. Dieldrin (60-57-1)														
11P. α-Endosulfan (115-29-7)														
12P. β-Endosulfan (115-29-7)														
13P. Endosulfan Sulfate (1031-07-8)														
14P. Endrin (72-20-8)														
15P. Endrin Aldehyde (7421-93-4)														
16P. Heptachlor (76-44-8)														

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CONTINUE ON PAGE V-9

EPA I.D. NUMBER (copy from Item 1 of Form 1) **NHD000791509** OUTFALL NUMBER **003A**

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. LONG TERM AVERAGE VALUE		6. NO. OF ANALYSES
	a. TEST PERIOD	b. BE-SENT	(1) CONCENTRATION	(2) MASS	a. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - PESTICIDES (continued)</b>									
17P. Heptachlor Epoxide (1024-57-3)		X							
18P. PCB-1242 (53469-21-9)									
19P. PCB-1254 (11097-69-1)									
20P. PCB-1221 (11104-28-2)									
21P. PCB-1232 (11141-16-5)									
22P. PCB-1248 (672-29-6)									
23P. PCB-1260 (11096-82-5)									
24P. PCB-1016 (12674-11-2)									
25P. Toxaphene (8001-35-2)									



NHD000791509

UNIT 1  
10/23/96

Form Approved  
OMB No. 2040-0086  
Approval expires 7-31-88

OUTFALL NO.  
003B

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

POLLUTANT	2. EFFLUENT				3. UNITS (specify if blank)				4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		d. NO. OF ANALYSES		e. LONG TERM AVERAGE VALUE		f. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
1. Biochemical Oxygen Demand (BOD)	8	1001					1	MG/L	LBS		
2. Chemical Oxygen Demand (COD)	71	4.4					1		TON		
3. Total Organic Carbon (TOC)	12	1502					1		LBS		
4. Total Suspended Solids (TSS)	9	1126			5.6	299	4		LBS		
5. Ammonia (as N)	1.9	238					1		LBS		
Flow	VALUE	15.0	VALUE	9.0	VALUE	6.4	365	MGD	-	VALUE	
Temperature (winter)	VALUE	NA	VALUE	NA	VALUE	NA	0		°C	VALUE	
Temperature (summer)	VALUE	NA	VALUE	27	VALUE	NA	1		°C	VALUE	
pH	MINIMUM	5.3	MAXIMUM	6.4	MINIMUM	NA	6		STANDARD UNITS		

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND NO. (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS				5. INTAKE (optional)		
	a. PRESENT	b. ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		d. NO. OF ANALYSES		e. LONG TERM AVERAGE VALUE		f. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			
9. Bromide (24959-67-9)	X		<1	-					1	MG/L	-		
10. Chlorine Total Residual	X		<0.05	-					1	MG/L	-		
11. Color	X		80	-						PTCo	-		
12. Fecal Coliform	X		930	-						MPN/100ML	-		
13. Fluoride (16984-48-9)	X		1.1	138						MG/L	LBS		
14. Nitrate-Nitrite (as N)	X		<0.5	-						MG/L	-		

1. POLLUTANT AND GAS NO. (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS				5. INTAKE (optional)			
	a. RE-RELEASED PERCENT	b. RE-RELEASED PERCENT	b. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		b. CONCENTRATION	d. MASS	d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
g. Nitrogen, Total Organic (as N)	X		13	1627					1	Mg/L	LBS			
h. Oil and Grease		X	<5	—					1	Mg/L	—			
i. Phosphorus (as P), Total (7723-14-0)	X		0.06	7.5					1	Mg/L	LBS			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	X		53	3.3					1	Mg/L	TON			
l. Sulfide (as S)		X	<1	—							—			
m. Sulfite (as SO <sub>3</sub> ) (14285-45-3)	X		20	1.2							TON			
n. Surfactants		X	<0.1	—							—			
o. Aluminum, Total (7429-90-6)	X		0.52	65							LBS			
p. Barium, Total (40-39-3)		X	<0.05	—							—			
q. Boron, Total (7440-42-8)	X		0.27	34							LBS			
r. Cobalt, Total (7440-48-4)		X	<0.01	—							—			
s. Iron, Total (7439-89-6)	X		0.9	113	0.8	60			4		LBS			
t. Magnesium, Total (7439-95-4)	X		1.1	138					1		LBS			
u. Molybdenum, Total (7439-98-7)		X	<0.005	—							—			
v. Manganese, Total (7439-96-5)	X		0.12	15							LBS			
w. Tin, Total (7440-31-5)		X	<0.05	—							—			
x. Titanium, Total (7440-32-6)		X	<0.005	—							—			

EPA I.D. NUMBER (copy from Item 1 of Form 1) **003B**  
OUTFALL NUMBER **003B**

CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2c for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	a. TEST EQUIPMENT	b. TEST EQUIPMENT	c. MAXIMUM DAILY VALUE (1) CONCENTRATION	d. MAXIMUM 30 DAY VALUE (1) CONCENTRATION	e. LONG TERM (if available) (2) MASS	f. NO. OF ANALYSES	g. CONCENTRATION	h. MASS	i. LONG TERM AVERAGE VALUE (1) CONCENTRATION	j. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS										
1M. Antimony, Total (7440-36-0)	X		<0.05			1	Mg/L			
2M. Arsenic, Total (7440-38-2)			<0.01							
3M. Beryllium, Total (7440-41-7)			<0.005							
4M. Cadmium, Total (7440-43-9)			<0.001							
5M. Chromium, Total (7440-47-3)			<0.002							
6M. Copper, Total (7440-50-8)			0.04	0.03	2.25	4		LBS		
7M. Lead, Total (7439-82-1)			<0.01			1				
8M. Mercury, Total (7439-97-6)			<0.0002							
9M. Nickel, Total (7440-02-0)			<0.01							
10M. Selenium, Total (7782-49-2)			<0.05							
11M. Silver, Total (7440-22-4)			<0.005							
12M. Tellurium, Total (7440-28-0)			<0.1							
13M. Zinc, Total (7440-66-6)			0.024	3.00				LBS		
14M. Cyanide, Total (57-12-5)			<0.02							
15M. Phenols, Total			0.9	113				LBS		
DIOXIN										
16. 2,3,7,8-Tetra-chlorodibenzo-p-Dioxin (1764-01-6)		X								

DESCRIBE RESULTS

CONTINUED FROM THE FRONT

1. POLLUTANT NUMBER (if available)	2. MARK 'X'			3. EFFLUENT				4. UNITS			5. INTAKE (optional)			
	A. TEST QUANTITY	B. BE. PERCENT SENT	C. BE. PERCENT SENT	B. MAXIMUM DAILY VALUE		D. MAXIMUM 30 DAY VALUE		C. LONG TERM AVG. VALUE (if available)	D. NO. OF ANAL. YSES	B. CONCENTRATION	D. MASS	A. LONG TERM AVERAGE VALUE		D. NO. OF ANAL. YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS					(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>														
1V. Acrolein (107-02-8)	X			< 20					1	UG/L				
2V. Acrylonitrile (107-13-1)	X			< 20					1	↓				
3V. Benzene (71-43-2)	X			< 1					1	↓				
4V. Bis (Chloromethyl) Ether (542-88-1)	TESTING IS NO LONGER REQUIRED.													
5. Bromoform (75-27-4)	X			< 2					1	UG/L				
6V. Carbon Tetrachloride (56-23-5)				< 2						↓				
7V. Chlorobenzene (108-90-7)				< 1						↓				
8V. Chlorodibromomethane (124-48-1)				< 2						↓				
9V. Chloroethane (75-00-3)				< 10						↓				
10V. 2-Chloroethylvinyl Ether (110-75-8)				< 2						↓				
11V. Chloroform (67-66-3)				< 2						↓				
12V. Dichlorobromomethane (75-27-4)				< 2						↓				
13V. Dichloromethane (75-07-0)				< 2						↓				
TESTING IS NO LONGER REQUIRED														
14V. 1,1-Dichloroethane (75-34-3)	X			< 2					1	UG/L				
15V. 1,2-Dichloroethane (107-06-2)				< 2						↓				
16V. 1,1-Dichloroethylene (75-35-4)				< 2						↓				
17V. 1,2-Dichloropropane (78-87-5)				< 2						↓				
18V. 1,3-Dichloropropylene (542-75-6)				< 2						↓				
19V. Ethylbenzene (100-41-4)				< 1						↓				
20V. Methyl Bromide (74-83-9)				< 10						↓				
21V. Methyl Chloride (74-87-3)				< 10						↓				

EPA I.D. NUMBER (copy from Item 1 of Form 1) **NH D000 791 509** COUNTY FULL NUMBER **003B**

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	a. TESTING QUANTIFIED	b. SEVERITY	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION	c. LONG TERM AVG. VALUE (1) CONCENTRATION	d. NO. OF ANAL. YSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	b. NO. OF ANAL. YSES
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>										
22V. Methylene Chloride (75-09-2)	X		< 2			1	ug/L			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			< 2							
24V. Tetrachloroethylene (127-18-4)			< 2							
25V. Toluene (108-88-3)			< 1							
26V. 1,2-Trans-Dichloroethylene (156-60-5)			< 2							
27V. 1,1,1-Trichloroethane (71-55-6)			< 2							
28V. 1,1,2-Trichloroethane (79-00-5)			< 2							
29V. Trichloroethylene (79-01-6)			< 2							
30V. Trichlorofluoromethane (75-69-4)			<b>TESTING IS NO LONGER REQUIRED</b>							
31V. Vinyl Chloride (75-01-4)	X		< 10			1	ug/L			
<b>GC/MS FRACTION - ACID COMPOUNDS</b>										
1A. 2-Chlorophenol (98-57-8)	X		< 10			1	ug/L			
2A. 2,4-Dichlorophenol (120-83-2)			< 10							
3A. 2,4-Dimethylphenol (105-67-9)			< 10							
4A. 4,6-Dinitro-O-Cresol (534-52-1)			< 100							
5A. 2,4-Dinitrophenol (51-28-5)			< 100							
6A. 2-Nitrophenol (88-75-5)			< 10							
7A. 4-Nitrophenol (100-02-7)			< 100							
8A. p-Chloro-M-Cresol (59-50-7)			< 10							
9A. Pentachlorophenol (87-86-5)			< 100							
10A. Phenol (108-95-2)			< 10							
11A. 2,4,6-Trichlorophenol			< 10							





CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT			4. UNITS		5. INTAKE (optional)	
	TESTING QUANTITY	RECEIVED QUANTITY	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION -- BASE/NEUTRAL COMPOUNDS (continued)</b>									
43B. N-Nitrosodiphenylamine (86-30-6)	X		<10				ug/L		
44B. Phenanthrene (85-01-8)									
45B. Pyrene (129-00-0)									
46B. 1,2,4-Trichlorobenzene (120-71-1)									
<b>GLC FRACTION -- PESTICIDES</b>									
1P. Aldrin (309-00-2)		X							
2P. D-BHC (319-84-6)									
3P. β-BHC (319-85-7)									
4P. γ-BHC (58-89-9)									
5P. δ-BHC (319-86-8)									
6P. Chlordane (57-74-9)									
7P. 4,4'-DDT (50-29-3)									
8P. 4,4'-DDE (79-9)									
9P. 4,4'-DDD (72-54-8)									
10P. Dieldrin (60-57-1)									
11P. D-Endosulfan (115-29-7)									
12P. β-Endosulfan (115-29-7)									
13P. Endosulfan Sulfate (1031-07-8)									
14P. Endrin (72-20-8)									
15P. Endrin Aldehyde (7421-93-4)									
16P. Heptachlor (76-44-8)									

EPA I.D. NUMBER (copy from Item 1 of Form 1) **003B**

OUTFALL NUMBER **003B**

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	A. TEST INC. QUANTITY	B. C. BE. OBLIGED SENT	B. MAXIMUM DAILY VALUE (1) CONCENTRATION	B. MAXIMUM 30 DAY VALUE (2) MASS	C. LONG TERM AVG. VALUE (if available) (1) CONCENTRATION	C. LONG TERM AVG. VALUE (2) MASS	B. CONCENTRATION	D. MASS	B. LONG TERM AVERAGE VALUE (1) CONCENTRATION	D. NO. OF ANALYSES
<b>GC/MS FRACTION - PESTICIDES (continued)</b>										
17P. Heptachlor Epoxide [1024-57-3]		X								
18P. PCB-1242 [53469-21-9]										
19P. PCB-1254 [11097-69-1]										
20P. PCB-1221 [11104-28-2]										
21P. PCB-1232 [11116-5]										
22P. PCB-1248 [12672-29-6]										
23P. PCB-1260 [11096-82-5]										
24P. PCB-1016 [12674-11-2]										
25P. Toxaphene 8001-35-2										



PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE (optional)	
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		b. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS
a. Biochemical Oxygen Demand (BOD)	77	4.8					1	MG/L	TON		
b. Chemical Oxygen Demand (COD)	100	6.26					1				
c. Total Organic Carbon (TOC)	58	3.6					1				
d. Total Suspended Solids (TSS)	9	0.6					1				
e. Ammonia (as N)	<0.05	-					1				
f. Flow	VALUE	15.0	VALUE	9.0	VALUE	6.4	365	MGD	-	VALUE	
g. Temperature (winter)	VALUE	NA	VALUE	NA	VALUE	NA	0		°C	VALUE	
h. Temperature (summer)	VALUE	NA	VALUE	27	VALUE	NA	1		°C	VALUE	
i. pH	MINIMUM	5.6	MAXIMUM	7.6	MINIMUM	NA	6	STANDARD UNITS			

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND AS NO. (if available)	2. MARK 'X'	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		b. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS
a. Bromide (24959-67-9)	X	<1	-					1	MG/L	-		
b. Chlorine Total Residual	X	<0.05	-					1	MG/L	-		
c. Color	X	20	-					1	PCU UNITS	-		
d. Fecal Coliform	X	93	-					1	MPN/100ML	-		
e. Fluoride (16984-48-8)	X	37	2.3					1	MG/L	TON		
f. Nitrate-Nitrite (as N)	X	16	1.0					1	MG/L	TON		

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		6. NO. OF ANALYSES
	a. BE-LEVELLED SENT	b. BE-LEVELLED SENT	(1) CONCENTRATION	(2) MASS	a. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS	
			b. MAXIMUM DAILY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES		
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X		<0.5	—			1	—	
h. Oil and Grease	X		<5	—			1	—	
i. Phosphorus (as P), Total (7723-14-0)	X		<0.05	—			1	—	
j. Radioactivity									
(1) Alpha, Total	X								
(2) Beta, Total	X								
Radium, Total	X								
(4) Radium 226, Total	X								
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	X		23	1.4			1	TON	
l. Sulfide (as S)	X		<1	—				—	
m. Sulfite (as SO <sub>3</sub> ) (14266-45-3)	X		<2	—				—	
n. Surfactants	X		<0.1	—				—	
o. Aluminum, Total (7429-90-5)	X		0.20	25.0				LBS	
p. Barium, Total (7440-39-3)	X		<0.05	—				—	
q. Boron, Total (7440-42-8)	X		0.20	25.0				LBS	
r. Cobalt, Total (7440-48-4)	X		<0.01	—				—	
s. Iron, Total (7439-89-6)	X		0.56	70.1				LBS	
t. Magnesium, Total (7439-95-4)	X		1.0	125				LBS	
u. Molybdenum, Total (7439-98-7)	X		<0.005	—				—	
v. Manganese, Total (7439-96-5)	X		0.033	4.13				LBS	
w. Tin, Total (7440-31-5)	X		<0.05	—				—	
x. Titanium, Total (7440-32-6)	X		<0.005	—				—	

**NHD000791509**

Form Approved.  
OMB No. 2040-0086  
Approval expires 7-31-88

CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2c for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS				5. INTAKE (optional)		
	a. TESTING QUANTITY	b. BEHAVIOR	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		b. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>													
1M. Antimony, Total (7440-36-0)	X		<0.05	-									
Arsenic, Total (7440-38-2)			<0.05	-									
3M. Beryllium, Total (7440-41-7)			<0.005	-									
4M. Cadmium, Total (7440-43-9)			<0.005	-									
5M. Chromium, Total (7440-47-3)			0.02	2.5						LBS			
6M. Copper, Total (7440-50-8)			<0.01	-									
7M. Lead, Total (7439-92-1)			<0.05	-									
8M. Mercury, Total (7439-97-6)			<0.002	-									
9M. Nickel, Total (7440-02-0)			<0.01	-									
10M. Selenium, Total (7782-49-2)			<0.05	-									
11M. Silver, Total (7440-22-4)			<0.005	-									
12M. Thallium, Total (7440-28-0)			<0.1	-									
13M. Zinc, Total (7440-66-6)			<0.005	-									
14M. Cyanide, Total (57-12-5)			<0.02	-									
15M. Phenols, Total			<0.05	-									
<b>DIOXIN</b>													
2,3,7,8-Tetra-chlorodibenzo-p-Dioxin (1764-01-6)		X											

DESCRIBE RESULTS

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	TESTING REQUIRED	CONCENTRATION	b. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVG. VALUE (if available) (1) CONCENTRATION	d. NO. OF ANALYSES	b. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>										
1V. Acrolein (107-02-8)	X			SEE 003B FOR UNIT.		0	-	-		
2V. Acrylonitrile (107-13-1)	X			SEE 003B FOR UNIT.		0	-	-		
3V. Benzene (71-43-2)	X		<1			1	UG/L	-		
4V. Bis (Chloro-methyl) Ether (542-88-1)			TESTING IS NO LONGER REQUIRED			-	-	-		
5V. Bromoform (75-25-2)	X		<2			1	UG/L	-		
Carbon tetrachloride (56-23-5)			<2							
7V. Chlorobenzene (108-90-7)			<1							
8V. Chlorodibromomethane (124-48-1)			<2							
9V. Chloroethane (75-00-3)			<10							
10V. 2-Chloroethylvinyl Ether (110-75-8)			<2							
11V. Chloroform (67-66-3)			<2							
12V. Dichlorobromomethane (75-27-4)			<2							
13V. Dichlorodifluoromethane (75-71-8)			<2							
1,1-Dichloroethane (75-34-3)	X		<2							
15V. 1,2-Dichloroethane (107-06-2)			<2							
16V. 1,1-Dichloroethylene (75-35-4)			<2							
17V. 1,2-Dichloropropane (78-87-5)			<2							
18V. 1,3-Dichloropropylene (542-75-6)			<2							
19V. Ethylbenzene (100-41-4)			<1							
20V. Methyl Bromide (74-83-9)			<10							
21V. Methyl Chloride (74-87-3)			<10							

1. POLLUTANT AND GAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		b. NO. OF ANALYSES
	a. TEST METHOD USED	b. BE-CAUSE PRESENT	b. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	c. LONG TERM AVG. VALUE (if available) (1) CONCENTRATION	(2) MASS	b. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>											
22V. Methylene Chloride (75-09-2)	X		<2				UG/L				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			<2								
24V. Tetrachloroethylene (127-18-4)			<2								
25V. Toluene (108-88-3)			<1								
26V. 1,2-Trans-Dichloroethylene (156-60-5)			<2								
27V. 1,1,1-Trichloroethane (71-95-6)			<2								
28V. 1,1,2-Trichloroethane (79-00-5)			<2								
29V. Trichloroethylene (79-01-6)			<2								
30V. Trichlorofluoromethane (75-69-4)			<b>TESTING IS NO LONGER REQUIRED</b>								
31V. Vinyl Chloride (75-01-4)	X		<10				UG/L				
<b>GC/MS FRACTION - ACID COMPOUNDS</b>											
1A. 2-Chlorophenol (95-57-8)	X		<10				UG/L				
2A. 2,4-Dichlorophenol (120-83-2)			<10								
3A. 2,4-Dimethylphenol (105-67-9)			<10								
4. 3-Dinitro-Cresol (534-52-1)			<50								
5A. 2,4-Dinitrophenol (51-28-5)			<50								
6A. 2-Nitrophenol (88-75-5)			<10								
7A. 4-Nitrophenol (100-02-7)			<50								
8A. P-Chloro-M-Cresol (59-50-7)			<50								
9A. Pentachlorophenol (87-86-5)			<50								
10A. Phenol (108-95-2)			<10								
11A. 2,4,6-Trichlorophenol (88-06-2)			<10								

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	TEST REQ. ED	D. SEC. L. OIL PAC. SENT	3. MAXIMUM DAILY VALUE		D. MAXIMUM 30 DAY VALUE (if available)	C. LONG TERM AVERAGE VALUE (if available)		D. NO. OF ANAL. YSES	
			(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS									
1B. Acenaphthene (83-32-9)	X		< 10					ug/L	
2B. Acenaphthylene (208-96-8)									
3B. Anthracene (120-12-7)									
4B. Benzidine (92-87-5)			< 50						
5B. Benzo (a) Anthracene (56-55-3)			< 10						
6B. Benzo (a) Anthracene (50-32-8)									
7B. 3,4-Benzo-fluoranthene (205-99-2)									
8B. Benzo (ghi) Perylene (191-24-2)									
9B. Benzo (h) Fluoranthene (207-08-9)									
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)									
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)									
12B. Bis (2-Chloro-propyl) Ether (102-60-1)									
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			60	7.5				LBS	
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			< 10						
15B. Butyl Benzyl Phthalate (85-68-7)									
16B. 2-Chloro-naphthalene (91-58-7)									
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)									
18B. Chrysene (218-01-9)									
19B. Dibenzo (a,h) Anthracene (53-70-3)									
20B. 1,2-Dichloro-benzene (95-50-1)									
21B. 1,3-Dichloro-benzene (541-73-1)									

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	TESTING REC'D	PREP. SENT	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>									
22B. 1,4-Dichlorobenzene (106-46-7)	X		<10						
23B. 3,3'-Dichlorobenzidine (91-94-1)			<50						
24B. Diethyl Phthalate (84-66-2)			<10						
25B. Dimethyl Phthalate (131-11-3)									
26B. Di-N-Butyl Phthalate (101-74-2)									
27B. 2,4-Dinitrotoluene (121-14-2)									
28B. 2,6-Dinitrotoluene (606-20-2)									
29B. Di-N-Octyl Phthalate (117-84-0)									
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			<100						
31B. Fluoranthene (206-44-0)			<10						
32B. Fluorene (86-73-7)									
33B. Hexachlorobenzene (118-74-1)									
34B. Hexachlorobutadiene (87-68-3)									
35B. Hexachloro-pentadiene (177-47-4)									
36B. Hexachloroethane (67-72-1)									
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)									
38B. Isophorone (78-59-1)									
39B. Naphthalene (91-20-3)									
40B. Nitrobenzene (98-95-3)									
41B. N-Nitrosodimethylamine (62-75-9)									
42B. N-Nitrosodi-N-Propylamine (621-64-7)									

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	TEST METHOD	USE PRESENT	B. MAXIMUM DAILY VALUE (1) CONCENTRATION	D. MAXIMUM 30 DAY VALUE (1) CONCENTRATION	B. CONCENTRATION	C. LONG TERM AVG. VALUE (1) CONCENTRATION	B. LONG TERM AVERAGE VALUE (1) CONCENTRATION	D. NO. OF ANALYSES	
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>									
43B. N-Nitrosodiphenylamine (86-30-6)	X		< 10						
44B. Phenanthrene (85-01-8)									
45B. Pyrene (129-00-0)									
46B. 1,2,4-Trichlorobenzene (120-82-1)									
<b>GC/MS FRACTION - PESTICIDES</b>									
Aldrin (309-00-2)		X							
2P. α-BHC (319-84-6)									
3P. β-BHC (319-85-7)									
4P. γ-BHC (58-89-9)									
5P. δ-BHC (319-86-8)									
6P. Chlordane (57-74-9)									
7P. 4,4'-DDT (50-29-3)									
8P. 4,4'-DDE (72-55-9)									
1,4'-DDD (54-8)									
10P. Dieldrin (60-57-1)									
11P. α-Endosulfan (115-29-7)									
12P. β-Endosulfan (115-29-7)									
13P. Endosulfan Sulfate (1031-07-8)									
14P. Endrin (72-20-8)									
15P. Endrin Aldehyde (7421-93-4)									
16P. Heptachlor (76-44-8)									

EPA I.D. NUMBER (copy from Item I of Form I) **003B**  
 OUTFALL NUMBER **003B**

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	A. TESTING QUANTITY	B. BE- LIEVED SENT	C. BE- LIEVED SENT	D. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	E. MAXIMUM 30 DAY VALUE (1) CONCENTRATION (2) MASS	F. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION (2) MASS	J. NO. OF ANAL. YSES	B. CONCENTRATION	B. MASS	B. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	B. NO. OF ANAL. YSES
<b>GC/MS FRACTION — PESTICIDES (continued)</b>											
17P. Heptachlor Epoxide (1024-57-3)			X								
18P. PCB-1242 (53469-21-9)											
19P. PCB-1254 (11097-69-1)											
20P. PCB-1221 (11104-28-2)											
21P. PCB-1232 (11141-16-5)											
22P. PCB-1248 (12672-29-6)											
23P. PCB-1260 (11096-82-6)											
24P. PCB-1016 (12674-11-2)											
25P. Toxaphene (8001-35-2)											



PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
 NHD 000 791509

Form Approved  
 OMB No. 2040-0086  
 Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C) OUTFALL NO. 003

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT		3. UNITS (specify if blank)	4. INTAKE (optional)	5. LONG TERM AVERAGE VALUE (1) CONCENTRATION	6. NO. OF ANALYSES
	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS				
a. Biochemical Oxygen Demand (BOD)	<6	-	MG/L	-	-	-
b. Chemical Oxygen Demand (COD)	13	16	TON	TON	-	-
c. Total Organic Carbon (TOC)	4	5	TON	TON	-	-
d. Total Suspended Solids (TSS)	<5	-	-	-	-	-
e. Ammonia (as N)	0.20	0.25	TON	TON	0.115	1
f. Flow	VALUE 300	VALUE 270	-	-	VALUE	-
g. Temperature (winter)	VALUE 27.8	VALUE 27.8	°C	-	VALUE	-
h. Temperature (summer)	VALUE 37.2	VALUE 37.2	°C	-	VALUE	-
i. PH	MINIMUM 6.2	MAXIMUM 7.4	-	-	VALUE	-
<del>STANDARD UNITS</del>						

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND AS NO. (available)	2. MARK 'X'	3. EFFLUENT		4. UNITS		5. LONG TERM AVERAGE VALUE (1) CONCENTRATION	6. NO. OF ANALYSES
		a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	a. CONCENTRATION	b. MASS		
a. Bromide (24959-67-9)	X	<1	-	MG/L	-	-	-
b. Chlorine Total Residual (24959-67-9)	X	<0.05	-	MG/L	-	-	-
c. Color	X	30	-	PCU	-	-	-
d. Fecal Coliform	X	<3	-	MPN/100ML	-	-	-
e. Fluoride (16984-48-8)	X	<0.1	-	MG/L	-	-	-
f. Nitrate-Nitrite (as N)	X	<0.5	-	MG/L	-	-	-

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT CAS NO. (if available)	2. MARKS: B. RECOVERED PRESENT	3. EFFLUENT		C. LONG TERM AVERAGE VALUE (if available)		D. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)		6. NO. OF ANALYSES
		B. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		B. CONCENTRATION	D. MASS	(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X	<0.5	-			1	MG/L				
h. Oil and Grease	X	<5	-			1	MG/L				
i. Phosphorus (as P), Total (7723-14-0)	X	<0.05	-			1	MG/L				
j. Radioactivity											
(1) Alpha, Total	X										
(2) Beta, Total	X										
Radium, Total	X										
(4) Radium 226, Total	X										
k. Sulfate (as SO4) (14808-79-8)	X	7	9			1	MG/L	TON			
l. Sulfide (as S)	X	<1	-								
m. Sulfite (as SO3) (14266-46-3)	X	<2	-								
n. Surfactants	X	<0.1	-								
o. Aluminum Total (7429-90-5)	X	0.11	275						LBS	0.17	426
p. Barium Total (7440-39-3)	X	<0.05	-							<0.05	1
q. Boron Total (7429-90-5)	X	<0.01	-							<0.01	1
r. Cobalt Total (7440-48-4)	X	<0.01	-							<0.01	1
s. Iron, Total (7439-89-8)	X	0.24	601						LBS	0.25	626
t. Magnesium Total (7439-96-4)	X	0.88	1.10						TON	0.80	1.00
u. Molybdenum Total (7439-98-7)	X	<0.005	-							<0.005	1
v. Manganese Total (7439-96-5)	X	0.072	180						LBS	0.057	143
w. Tin, Total (7440-31-5)	X	<0.01	-							<0.01	1
x. Titanium Total (7440-32-6)	X	<0.005	-							<0.005	1

EPA I.D. NUMBER (copy from Item 1 of Form 1) **OUTFALL NUMBER**

**NH D000791609** **003**

CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C:** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2c for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND GAS NUMBER (if available)	2. MARK 'X' TESTING REQUIRED		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. RECEIVED PRESENT	b. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (1) CONCENTRATION	c. LONG TERM AVG. VALUE (if available) (1) CONCENTRATION	d. NO. OF ANALYSES	b. CONCENTRATION	b. MASS	b. LONG TERM AVERAGE VALUE (1) CONCENTRATION	b. NO. OF ANALYSES
1M. Antimony Total (7440-36-0)	X		<0.05			/	Mg/L		<0.05	/
2M. Arsenic Total (7440-61-7)			<0.01						<0.01	
3M. Beryllium Total (7440-41-7)			<0.001						<0.001	
4M. Cadmium Total (7440-43-9)			<0.001						<0.001	
5M. Chromium Total (7440-47-3)			<0.002						<0.002	
6M. Copper Total (7440-50-8)			<0.01						<0.01	
7M. Lead Total (7439-92-1)			<0.01						<0.01	
8M. Mercury Total (7439-97-6)			<0.0002						<0.0002	
9M. Nickel Total (7440-02-0)			<0.01						<0.01	
10M. Selenium Total (782-49-2)			<0.05						<0.05	
11M. Silver Total (7440-22-4)			<0.005						<0.005	
12M. Thallium Total (7440-28-0)			<0.1						<0.1	
13M. Zinc Total (7440-66-6)			0.009	22.5				LBS	0.009	22.5
14M. Cyanide Total (57-12-5)			<0.02							
15M. Phenols Total			<0.05							

DIOXIN		DESCRIBE RESULTS	
2,3,7,8-Tetra-chlorodibenzo-p-dioxin (1784-01-6)	X		

1. POLLUTANT NUMBER (if available)	2. MARK X (if available)	3. EFFLUENT (if available)				4. UNITS		5. INTAKE (optional)	
		b. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	d. MAXIMUM 30 DAY VALUE (1) CONCENTRATION	(2) MASS	a. CONCENTRATION	b. MASS	(1) AVERAGE VALUE	(2) MASS
1V. Acrolein (107-02-8)	X	<20					ug/L		
2V. Acrylonitrile (107-13-1)	X	<20							
3V. Benzene (71-43-2)	X	<1							
4V. Bis (Chloromethyl) Ether (542-88-1)		TESTING IS NO LONGER REQUIRED							
5V. Bromoform (75-25-2)	X	<2					ug/L		
6V. Carbon Tetrachloride (56-23-5)		<2							
7V. Chlorobenzene (108-90-7)		<1							
8V. Chlorodibromomethane (124-48-1)		<2							
9V. Chloroethane (75-00-3)		<10							
10V. 2-Chloroethylvinyl Ether (110-78-8)		<2							
11V. Chloroform (67-66-3)		<2							
12V. Dichlorobromomethane (75-27-4)		<2							
13V. Dichlorodifluoromethane (75-71-8)		TESTING IS NO LONGER REQUIRED							
14V. 1,1-Dichloroethane (78-34-3)	X	<2					ug/L		
15V. 1,2-Dichloroethane (107-06-2)		<2							
16V. 1,1-Dichloroethane (78-35-6)		<2							
17V. 1,2-Dichloropropane (78-27-5)		<2							
18V. 1,2-Dichloropropane (542-76-6)		<2							
19V. Ethylbenzene (100-41-4)		<1							
20V. Methyl Bromide (74-83-9)		<10							
21V. Methyl Chloride (74-87-3)		<10							

1. POLLUTANT AND GAS NUMBER (If available)	2. MARKING		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	TEST EQUIPMENT	CONCENTRATION	MAXIMUM DAILY VALUE (1) MASS	MAXIMUM 30 DAY VALUE (2) MASS	CONCENTRATION (1) MASS	CONCENTRATION (2) MASS	LONG TERM AVERAGE VALUE (1) CONCENTRATION	LONG TERM AVERAGE VALUE (2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>									
22V. Methylene Chloride (75-09-2)	X		<Z						
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			<Z						
24V. Tetrachloroethylene (127-18-4)			<Z						
25V. Toluene (108-88-3)			<1						
26V. 1,2-Trans-Dichloroethylene (156-60-5)			<Z						
27V. 1,1,1-Trichloroethane (79-71-3)			<Z						
28V. 1,1,2-Trichloroethane (79-00-5)			<Z						
29V. Trichloroethylene (79-01-6)			<Z						
30V. Trichlorofluoromethane (75-69-4)	TESTING	IS NO LONGER REQUIRED							
31V. Vinyl Chloride (75-01-4)	X		<Z						
<b>GC/MS FRACTION - ACID COMPOUNDS</b>									
1A. 2-Chlorophenol (95-57-8)	X		<10						
1A. 2,4-Dichlorophenol (120-83-2)			<10						
1A. 2,4-Dimethylphenol (105-67-8)			<10						
1A. 2-Nitrophenol (res.) (34-52-1)			<100						
1A. 2,4-Dinitrophenol (51-28-5)			<100						
1A. 2-Nitrophenol (88-75-5)			<10						
1A. 4-Nitrophenol (100-02-7)			<100						
1A. P-Chloro-M-resol (59-50-7)			<10						
1A. Pentachlorophenol (87-86-5)			<100						
0A. Phenol (108-95-2)			<10						
1A. 2,4,6-Trichlorophenol (88-06-2)			<10						

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' IF RECEIVED PRESENT		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		
	a. TEST RECEIVED	b. PRESENT	c. LONG TERM (if available)	d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	(1) CONCENTRATION	(2) LONG TERM AVERAGE VALUE	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS									
8. MAXIMUM DAILY VALUE (2) MASS									
9. MAXIMUM 30 DAY VALUE (1) CONCENTRATION									
10. LONG TERM (if available) (1) CONCENTRATION									
11. MASS (2) MASS									
12. ANALYSES									
1B. Acenaphthene (83-32-9)	X		< 10						ug/L
2B. Acenaphthylene (208-96-8)			< 10						
3B. Anthracene (120-12-7)			< 10						
4B. Benzidine (92-87-5)			< 20						
5B. Benzo (a) Anthracene (56-55-3)			< 10						
6B. Benzo (a) Pyrene (50-32-8)									
7B. 3,4-Benzofluoranthene (205-99-2)									
8B. Benzo (ghi) perylene (191-24-2)									
9B. Benzo (k) Fluoranthene (207-08-9)									
10B. Bis (2-Chloroethoxy) Methane (111-91-1)									
11B. Bis (2-Chloroethyl) Ether (111-44-4)									
12B. Bis (2-Chloropropyl) Ether (102-60-1)									
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)									
14B. 4-Bromophenyl Phenyl Ether (01-55-3)									
15B. Butyl Benzyl Phthalate (89-98-7)									
16B. 2-Chloronaphthalene (91-58-7)									
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)									
18B. Chrysene (218-01-8)									
19B. Dibenzo (a,h) Anthracene (53-70-3)									
20B. 1,2-Dichlorobenzene (95-50-1)									
21B. 1,3-Dichlorobenzene (541-73-1)									

POLLUTANT AND CAS NUMBER (if available)	2. MARK X		3. EFFLUENT		4. UNITS		5. INTAKE (optional)			
	a. test	b. se- lected equiv- alent	a. MAXIMUM DAILY VALUE CONCENTRATION	b. MAXIMUM 30 DAY VALUE CONCENTRATION	c. LONG TERM (if applicable) CONCENTRATION	d. NO. OF ANAL- YSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	h. NO. OF ANAL- YSES
22B. 1,4-Dichloro- benzene (106-46-7)		X	< 10			/	ug/L			
23B. 3,3'-Dichloro- benzidine (91-94-1)										
24B. Diethyl- Phthalate (84-66-2)										
25B. Dimethyl- Phthalate (131-11-3)										
26B. Di-N-Butyl- Phthalate (84-74-2)										
27F. 1-Dinitro- tol. (121-14-2)										
28B. 2,6-Dinitro- toluene (506-20-2)										
29B. Di-N-Octyl- Phthalate (117-84-0)										
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)										
31B. Fluoranthene (206-44-0)										
32B. Fluorene (86-73-7)										
33B. Hexachlorobenzene (118-74-1)										
34B. Hexa- chlorobutadiene (87-68-3)										
35B. Hexachloro- cyclohexadiene (7-3)										
36B. Hexachloro- ethane (67-72-1)										
37B. Indeno- (1,2,3-cd) Pyrene (193-39-5)										
38B. Isophorone (78-59-1)										
39B. Naphthalene (91-20-3)										
40B. Nitrobenzene (98-96-3)										
41B. N-Nitro- sodimethylamine (62-75-6)										
42B. N-Nitrosodi- N-Propylamine (621-64-7)										

CONTINUED FROM THE FRONT

POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		B. MAXIMUM DAILY VALUE (continued)		3. EFFLUENT		C. LONG TERM AVG. VALUE (if available)		4. UNITS		5. INTAKE (optional)		b. NO. OF ANAL. YSES
	a. BEING TESTED	b. BEING LIVED WITH	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)													
13B. N-Nitroiodiphenylamine (86-30-6)	X		<10							ug/L			
14B. Phenanthrene (85-01-8)	X		<10							ug/L			
15B. Pyrene (129-00-0)	X		<10							ug/L			
16B. 1,2,4-Trichlorobenzene (120-82-1)	X		<10							ug/L			
13C/M <sup>o</sup> FRACTION - PESTICIDES													
1P. Dieldrin (309-00-2)		X											
2P. α-BHC (319-84-6)													
3P. β-BHC (319-85-7)													
4P. γ-BHC (58-89-9)													
5P. δ-BHC (319-86-8)													
6P. Chlordane (57-74-9)													
7P. 4,4'-DDT (50-29-3)													
8P. 4,4'-DDE (72-55-9)													
9P. DDD (72-55-9)													
10P. Dieldrin (60-57-1)													
11P. α-Endosulfan (115-29-7)													
12P. β-Endosulfan (115-29-7)													
13P. Endosulfan Sulfate (1031-07-8)													
14P. Endrin (72-20-8)													
15P. Endrin Aldehyde (7421-93-4)													
16P. Heptachlor (76-44-8)													

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
	TESTING OVER PERIOD	RECEIVED BY STATE	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
GC/MS FRACTION -- PESTICIDES (continued)	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
17P. Heptachlor Epoxide (1024-57-3)								
18P. PCB-1242 (53469-21-9)								
19P. PCB-1254 (11097-59-1)								
20P. PCB-1221 (11104-28-2)								
21P. PCB-1232 (11141-16-6)								
22P. PCB-1248 (14002-29-6)								
23P. PCB-1260 (11096-32-6)								
24P. PCB-1016 (12674-11-2)								
25P. Toxaphene (8001-35-2)								



PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
**MHD000791509**

Form Approved.  
 OMB No. 2040-0086  
 Approval expires 7-31-88

OUTFALL NO.  
**004**

**V. INTAKE AND EFFLUENT CHARACTERISTICS** (continued from page 3 of Form 2-C)

**PART A** You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE		c. LONG TERM AVG. VALUE		d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE (optional)	5. LONG TERM AVERAGE VALUE	6. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		a. CONCENTRATION	b. MASS			
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Suspended Solids (TSS)												
e. Ammonia (as N)												
f. Flow	VALUE	2.5	VALUE	2.5	VALUE	2.4	EST	MGD			VALUE	
g. Temperature (winter)	VALUE		VALUE		VALUE			°C			VALUE	
h. Temperature (summer)	VALUE		VALUE		VALUE			°C			VALUE	
i. pH	MINIMUM	4.9	MAXIMUM	7.0	MINIMUM				STANDARD UNITS			

**PART B** Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND 5 NO. (if applicable)	2. MARK 'X'		3. EFFLUENT		4. UNITS		5. LONG TERM AVERAGE VALUE	6. NO. OF ANALYSES
	a. RECEIVED SENT	b. BELIEVED SENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE	a. CONCENTRATION	b. MASS		
a. Bromide (24959-67-9)								
b. Chlorine								
c. Color								
d. Fecal Coliform								
e. Fluoride (16984-49-8)								
f. Nitrate-Nitrite (as N)								





**Northeast  
Utilities System**

107 Seligman Street, Berlin CT 06037

Northeast Utilities Service Company  
P.O. Box 270  
Hartford, CT 06141-0270  
(860) 665-5315  
Fax (860) 665-6263

**RECEIVED**

May 19, 1997

MAY 23 1997

D11131

MUNICIPAL ASSISTANCE UNIT

Ronald G. Chevalier  
Vice President - Fossil/Hydro Engineering  
and Operations

Ms. Shelley B. Puleo  
Environmental Protection Specialist  
US Environmental Protection Agency  
Office of EcoSystem Protection  
Municipal Assistance Unit  
John F. Kennedy Federal Building  
Boston, Massachusetts 02203-0001

- References:
1. Application for Permit Renewal (D10884), R. G. Chevalier to S. B. Puleo, dated March 10, 1997.
  2. Letter (C07318), S. B. Puleo to R. G. Chevalier, dated March 20, 1997.

Dear Ms. Puleo:

Merrimack Station - NPDES Permit NH0001465 ✓  
Application for Stormwater Discharge:  
Additional Information

Public Service Company of New Hampshire (PSNH) submitted an application for renewal of the NPDES Permit No. NH0001465, Reference 1. EPA provided a notification stating that the application appeared to be timely and complete, with the exception of Form 2F data for the two stormwater outfalls that were identified, see Reference 2. This submittal provides the requested information.

Only one of the two drains appears to discharge; the catch basin identified in the application as the "North Yard Drain" collects very little water that quickly infiltrates into the ground. All of the enclosed data is for the "Rail Switch Storm Drain", which discharges a small amount of stormwater from an approximately 5000 square foot area that is primarily roadway and railroad. The drain was installed in 1994 to prevent the rail switch from freezing.

Several attempts to collect representative samples were unsuccessful due to the nature of the storm events and the small size of the drainage area. The storm that was eventually sampled was only 29 hours following the previous measurable rain event, not 72 hours. The data is submitted to provide EPA with some initial information to evaluate the outfall characteristics. PSNH will continue efforts to sample a more representative storm event if EPA requires additional data.



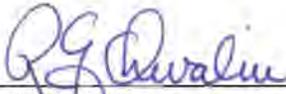
Shelley Puleo  
D11131/Page 2  
May 19, 1997

As mentioned in the original application, we prefer that these discharges continue to be regulated in the facility permit as Outfall 006, and not in a separate stormwater permit.

Should you have any questions or require additional sampling data, please contact Allan G. Palmer, PSNH Fossil/Hydro, at (603)634-2439.

Very truly yours,

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE



---

R.G. Chevalier

Enclosures

cc: NH Department of Environmental Services  
Water Division  
Permits and Compliance Section  
64 North Main Street  
Concord, NH 03301





**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
006	5000 Sq. Ft.				

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Significant materials have never been used or located in the drainage area (which consists primarily of roadway and railroad).

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment of the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
006	Direct discharge with no treatment. A nearby transformer has been bermed.	4-A

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
R. G. Chevalier Vice President		5/19/97

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

This single source pipe was installed in 1994 for the sole purpose of draining stormwater from a railroad track switch to prevent freezing.

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

Approximately one-half pint of motor oil leaked from a vehicle and discharged via a yard drain on 10/28/96 (NRC Case #365854). This drain (which is Outfall 006 in the existing permit) has since been eliminated.

No other spills have occurred in the last 3 years.

Continued from Page 2

**VII. Discharge Information**

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
 Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in table 2F-2, 2F-3 or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

Yes (list all such pollutants below)

No (go to Section IX)

**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

Yes (list all such pollutants below)

No (go to Section IX)

**IX. Contract Analysis Information**

Were any of the analysis reported in item VII performed by a contract laboratory or consulting firm?

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Eastern Analytical, Inc.	25 Chenell Drive Concord, NH 03301	(603)228-0525	All except pH and TRC

**X. 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.

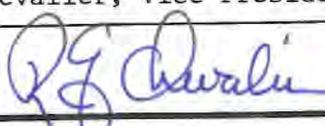
A. Name & Official Title (type or print)

R. G. Chevalier, Vice President

B. Area Code and Phone No.

(860)665-5000

C. Signature



D. Date Signed

5/19/97







FOR ENTIRE SITE PLAN, REFER TO DWG NO. MK-S-30-1, SUBMITTED WITH THE FACILITY RE-APPLICATION, MARCH 10, 1997 (NU REF NO. D10884)

STORMWATER OUTFALL 006  
DRAINAGE AREA = 5000 SQ FT +/-

SCALE: 1" = 50'

