

**MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
WHOLE EFFLUENT TOXICITY REPORT
MARINE WATERS**

Facility Name _____ MEPDES Permit # _____

Facility Representative _____ Signature _____

By signing this form, I attest that to the best of my knowledge that the information provided is true, accurate, and complete.

Facility Telephone # _____ Date Collected _____ Date Tested _____
mm/dd/yy mm/dd/yy

Chlorinated? _____ Dechlorinated? _____

Results	% effluent		Effluent Limitations
	mysid shrimp	sea urchin	
A-NOEL			A-NOEL
C-NOEL			C-NOEL

Data summary	% survival		% fertilized	Salinity Adjustment
	mysid shrimp	sea urchin		
QC standard	>90	>70		brine
lab control				sea salt
receiving water control				other
conc. 1 (%)				
conc. 2 (%)				
conc. 3 (%)				
conc. 4 (%)				
conc. 5 (%)				
conc. 6 (%)				
stat test used				

place * next to values statistically different from controls

Reference toxicant	mysid shrimp	sea urchin
	A-NOEL	C-NOEL
toxicant / date		
limits (mg/L)		
results (mg/L)		

Comments _____

Laboratory conducting test
Company Name _____ Company Rep. Name (Printed) _____
Mailing Address _____ Company Rep. Signature _____
City, State, ZIP _____ Company Telephone # _____

Report WET chemistry on DEP Form "ToxSheet (Marine Version), March 2007."

Printed 2/21/2007

**Maine Department of Environmental Protection
WET and Chemical Specific Data Report Form**

This form is for reporting laboratory data and facility information. Official compliance reviews will be done by D

Facility Name _____	MEPDES # _____ Pipe # _____	Facility Representative Signature _____ To the best of my knowledge this information is
Licensed Flow (MGD) _____	Flow for Day (MGD) ⁽¹⁾ _____	Flow Avg. for Month (MGD) ⁽²⁾ _____
Acute dilution factor _____	Date Sample Collected _____	Date Sample Analyzed _____
Chronic dilution factor _____	Laboratory _____	Telephone _____
Human health dilution factor _____	Address _____	
Criteria type: M(arine) or F(resh) f	Lab Contact _____	Lab _____

ERROR WARNING ! Essential facility information is missing. Please check required entries in bold above.

FRESH WATER VERSION

Please see the footnotes on the last page.

Receiving Water or Ambient				Effluent Concentration (ug/L or as noted)			
WHOLE EFFLUENT TOXICITY							
			Effluent Limits, %			WET Result, %	Poss
			Acute	Chronic		Do not enter % sign	Acute
	Trout - Acute						
	Trout - Chronic						
	Water Flea - Acute						
	Water Flea - Chronic						
WET CHEMISTRY							
	pH (S.U.) (9)				(8)		
	Total Organic Carbon (mg/L)				(8)		
	Total Solids (mg/L)						
	Total Suspended Solids (mg/L)						
	Alkalinity (mg/L)				(8)		
	Specific Conductance (umhos)						
	Total Hardness (mg/L)				(8)		
	Total Magnesium (mg/L)				(8)		
	Total Calcium (mg/L)				(8)		
ANALYTICAL CHEMISTRY ⁽³⁾							
	Also do these tests on the effluent with WET. Testing on the receiving water is optional	Reporting Limit	Effluent Limits, ug/L				Poss
			Acute ⁽⁶⁾	Chronic ⁽⁶⁾	Health ⁽⁶⁾		Acute
	TOTAL RESIDUAL CHLORINE (mg/L) (9)	0.05				NA	
	AMMONIA	NA				(8)	
M	ALUMINUM	NA				(8)	
M	ARSENIC	5				(8)	
M	CADMIUM	1				(8)	
M	CHROMIUM	10				(8)	
M	COPPER	3				(8)	
M	CYANIDE	5				(8)	
M	LEAD	3				(8)	
M	NICKEL	5				(8)	
M	SILVER	1				(8)	
M	ZINC	5				(8)	

Facility Representative Signature

To the best of my knowledge this information is true, accurate and complete.

MEPDES #	Pipe #
1	1
2	2
3	3
4	4
5	5
6	6
7	7
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96	96
97	97
98	98
99	99
100	100

Facility Name

Licensed Flow (MGD)
Acute dilution factor
Chronic dilution factor
Human health dilution factor
Criteria type: M(arine) or F(resh)

				E
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Flow Avg. for Month (MGD)⁽²⁾Flow for Day (MGD)⁽¹⁾

Date Sample Collected Date Sample Analyzed

collected

Human health dilution factor	Information	Telephone
100	100	100
10	10	10
1	1	1

horizon/

Lab Contact _____
Lab ID # _____

Contact

MARINE AND ESTUARY VERSION

ERROR WARNING ! Essential facility information is missing. Please check required entries in bold above.

WHOLE EFFLUENT TOXICITY									
		Effluent Limits, %		WET Result, % Do not enter % sign	Reporting Limit Check	Possible Exceedence ⁽⁷⁾			
		Acute	Chronic			Acute	Chronic		
	Mysid Shrimp								
	Sea Urchin								
WET CHEMISTRY									
	pH (S.U.) ⁽⁹⁾			(8)					
	Total Organic Carbon (mg/L)			NA					
	Total Solids (mg/L)			NA					
	Total Suspended Solids (mg/L)			NA					
	Salinity (ppt.)								
ANALYTICAL CHEMISTRY ⁽³⁾									
	Also do these tests on the effluent with WET. Testing on the receiving water is optional	Reporting Limit	Effluent Limits, ug/L		Reporting Limit Check	Possible Exceedence ⁽⁷⁾			
			Acute ⁽⁶⁾	Chronic ⁽⁶⁾		Acute	Chronic	Health	
	TOTAL RESIDUAL CHLORINE (mg/L) ⁽⁹⁾	0.05							
	AMMONIA	NA							
	ALUMINUM	NA							
M	ARSENIC	5							
M	CADMIUM	1							
M	CHROMIUM	10							
M	COPPER	3							
M	CYANIDE	5							
M	LEAD	3							
M	NICKEL	5							
M	SILVER	1							
M	ZINC	5							

Maine Department of Environmental Protection
WET and Chemical Specific Data Report Form

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PRIORITY POLLUTANTS ⁽⁴⁾		Effluent Limits				Possible Exceedence ⁽⁷⁾			
		Reporting Limit	Acute ⁽⁶⁾	Chronic ⁽⁶⁾	Health ⁽⁶⁾	Reporting Limit Check	Acute	Chronic	Health
M	ANTIMONY	5							
M	BERYLLIUM	2							
M	MERCURY (5)	0.2							
M	SELENIUM	5							
M	THALLIUM	4							
A	2,4,6-TRICHLOROPHENOL	3							
A	2,4-DICHLOROPHENOL	5							
A	2,4-DIMETHYLPHENOL	5							
A	2,4-DINITROPHENOL	45							
A	2-CHLOROPHENOL	5							
A	2-NITROPHENOL	5							
A	4,6-DINITRO-O-CRESOL (2-Methyl-4,6-dinitrophenol)	25							
A	4-NITROPHENOL	20							
A	P-CHLORO-M-CRESOL (3-methyl-4-chlorophenol)*B80	5							
A	PENTACHLOROPHENOL	20							
A	PHENOL	5							
BN	1,2,4-TRICHLOROBENZENE	5							
BN	1,2-(O)DICHLOROBENZENE	5							
BN	1,2-DIPHENYLHYDRAZINE	10							
BN	1,3-(M)DICHLOROBENZENE	5							
BN	1,4-(P)DICHLOROBENZENE	5							
BN	2,4-DINITROTOLUENE	6							
BN	2,6-DINITROTOLUENE	5							
BN	2-CHLORONAPHTHALENE	5							
BN	3,3'-DICHLOROBENZIDINE	16.5							
BN	3,4-BENZO(B)FLUORANTHENE	5							
BN	4-BROMOPHENYLPHENYL ETHER	2							
BN	4-CHLOROPHENYL PHENYL ETHER	5							
BN	ACENAPHTHENE	5							
BN	ACENAPHTHYLENE	5							
BN	ANTHRACENE	5							
BN	BENZIDINE	45							
BN	BENZO(A)ANTHRACENE	8							
BN	BENZO(A)PYRENE	3							
BN	BENZO(G,H,I)PERYLENE	5							
BN	BENZO(K)FLUORANTHENE	3							
BN	BIS(2-CHLOROETHOXY)METHANE	5							
BN	BIS(2-CHLOROETHYL)ETHER	6							
BN	BIS(2-CHLOROISOPROPYL)ETHER	6							
BN	BIS(2-ETHYLHEXYL)PHTHALATE	3							
BN	BUTYLBENZYL PHTHALATE	5							
BN	CHRYSENE	3							
BN	DI-N-BUTYL PHTHALATE	5							
BN	DI-N-OCTYL PHTHALATE	5							
BN	DIBENZO(A,H)ANTHRACENE	5							
BN	DIETHYL PHTHALATE	5							
BN	DIMETHYL PHTHALATE	5							

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[illegible]

DEPLW 0740-B2007

Page 4

(1) Flow average for day pertains to WET/PP composite sample day.

(3) Analytical chemistry parameters must be done as part of the WET test chemistry.

(5) Mercury is often reported in nanograms per liter (ng/L) by the contract laboratory, so be sure to convert to micrograms per liter on this spreadsheet.

(7) Possible Exceedence determinations are done for a single sample only on a mass basis using the actual pounds discharged. This analysis does not consider watershed wide allocations for fresh water discharges.

(9) pH and Total Residual Chlorine must be conducted at the time of sample collection. Tests for Total Residual Chlorine need be conducted only when an effluent has been chlorinated or residual chlorine is believed to be present for any other reason.

Comments:

Effluent Mercury Test Report

Name of Facility: _____ Federal Permit # ME _____

Purpose of this test: ☐ Initial limit determination
☐ Compliance monitoring for: year _____ calendar quarter _____
☐ Supplemental or extra test

SAMPLE COLLECTION INFORMATION

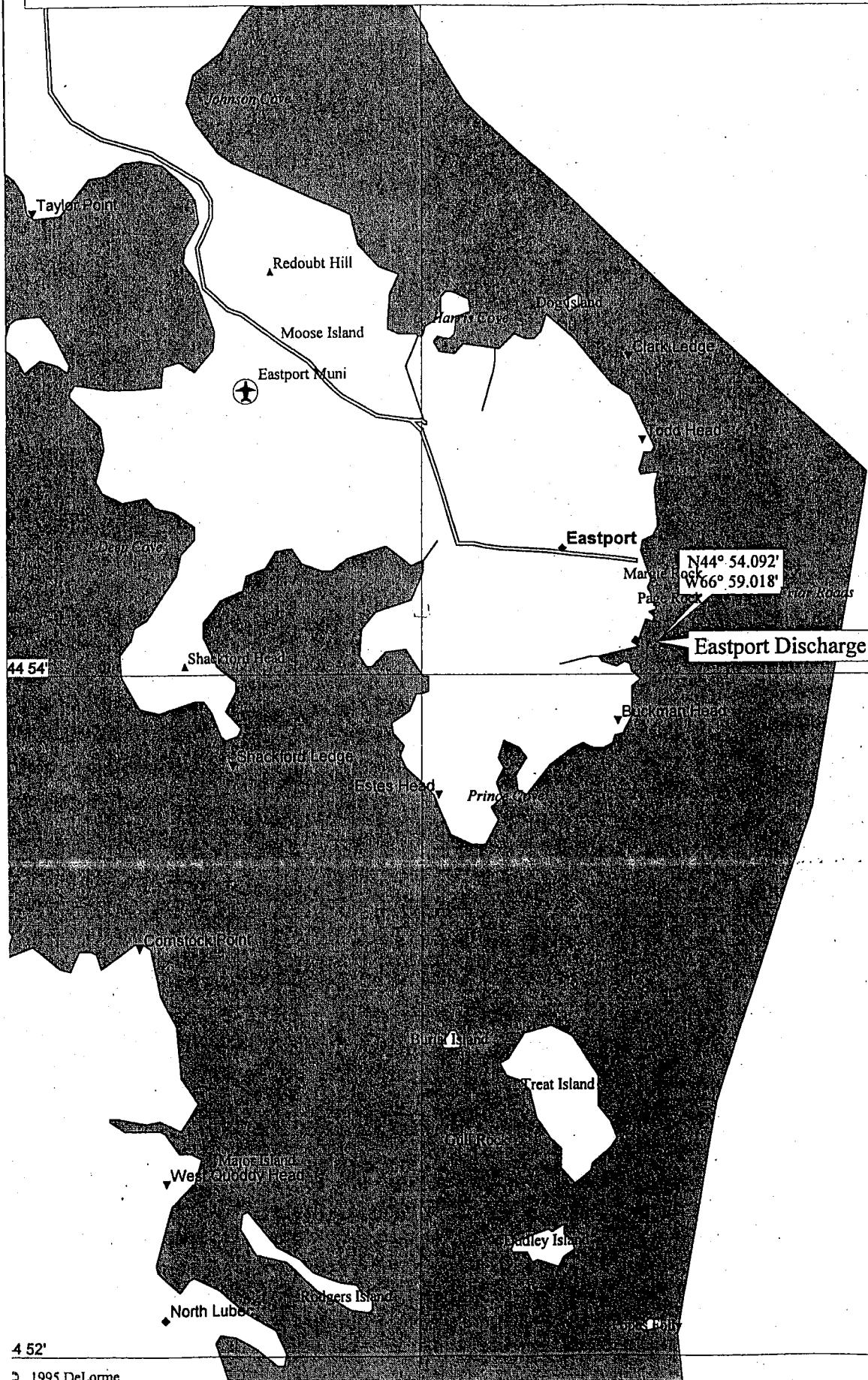
Sampling Date:	Sampling time: _____	AM/PM
mm dd yy		
Sampling Location: _____		
Weather Conditions: _____		
Please describe any unusual conditions with the influent or at the facility during or preceding the time of sample collection: _____		
Optional test - not required but recommended where possible to allow for the most meaningful evaluation of mercury results: _____		
Suspended Solids _____ mg/L	Sample type: _____	Grab (recommended) or _____ Composite

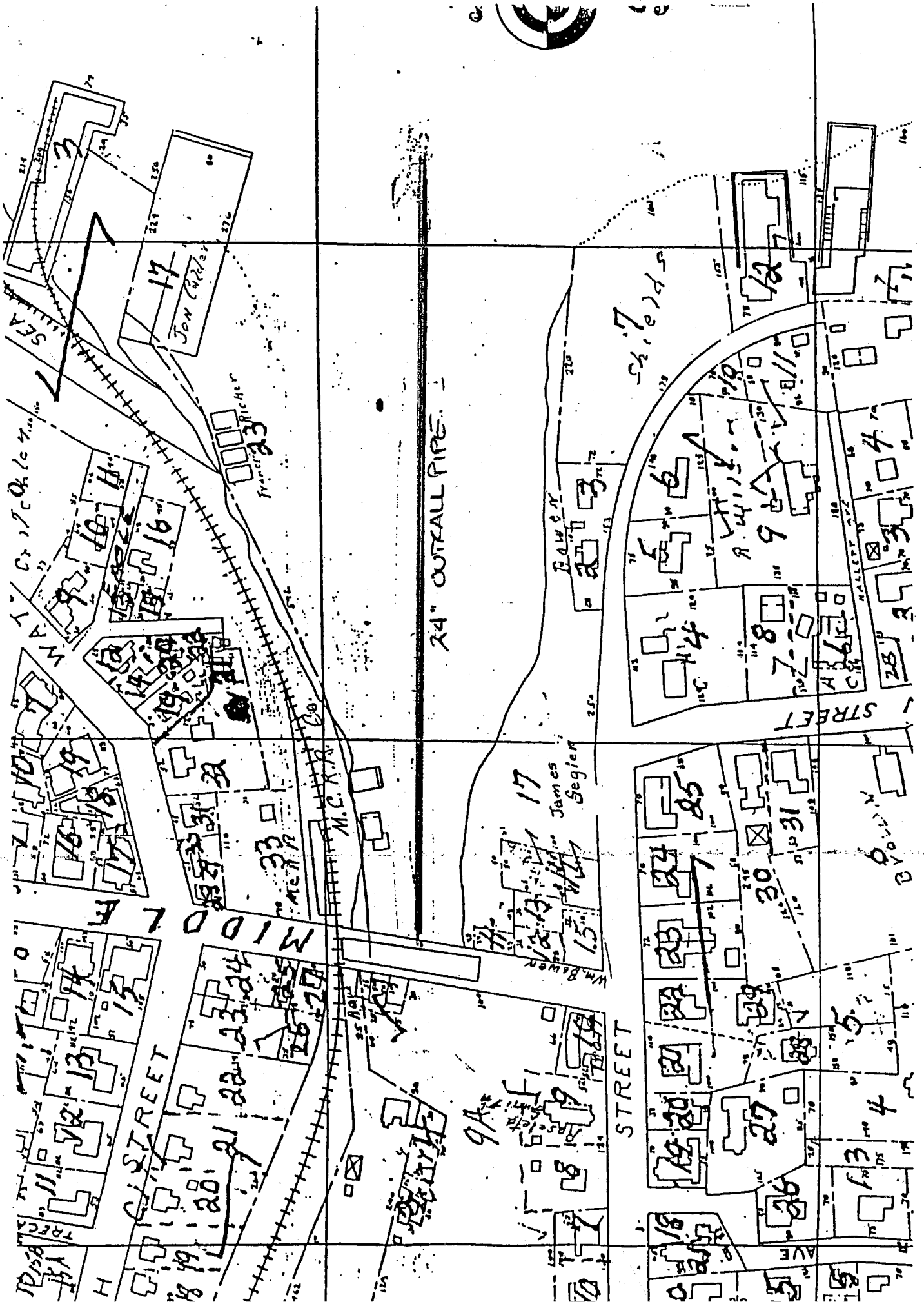
ANALYTICAL RESULT FOR EFFLUENT MERCURY

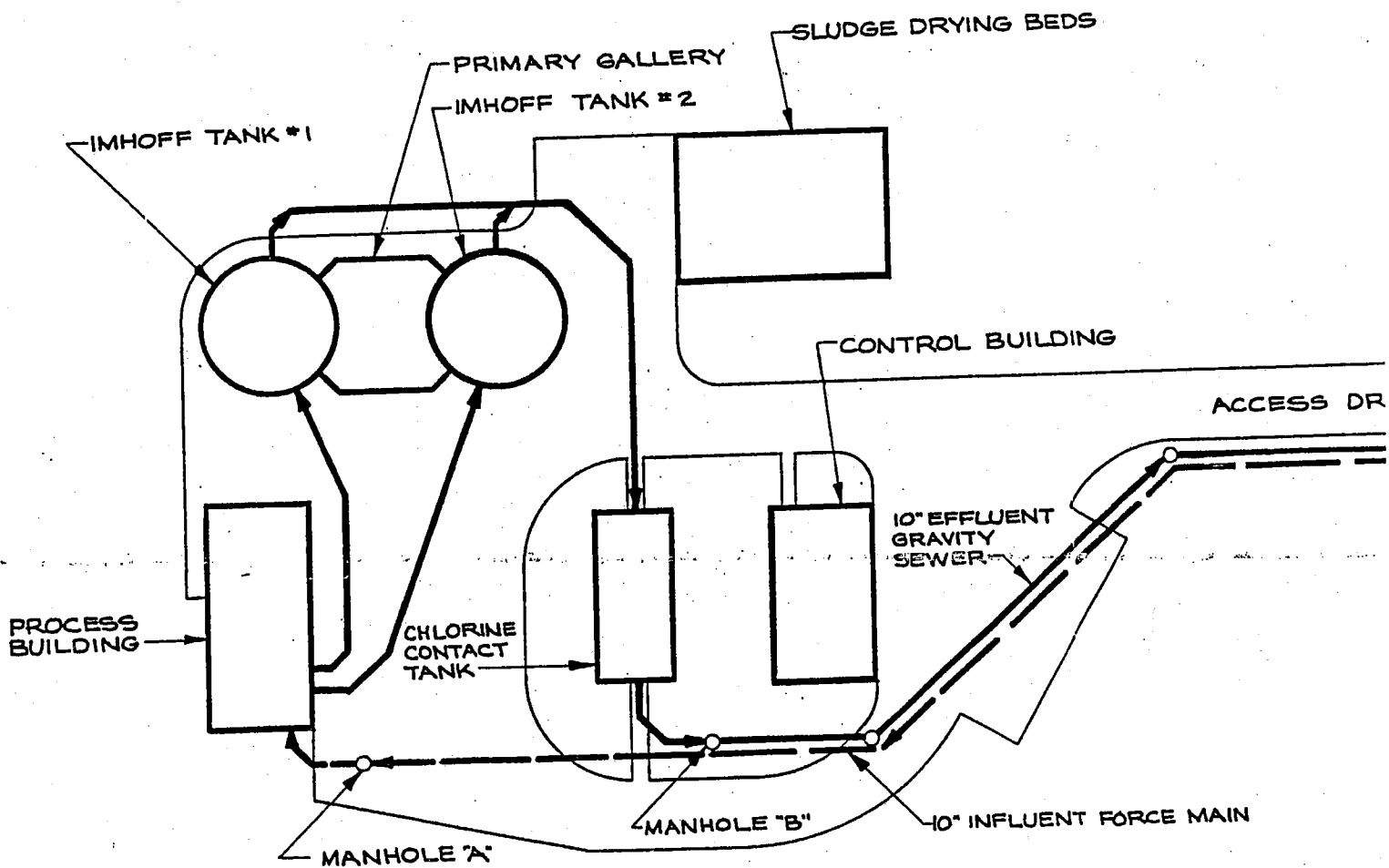
Name of Laboratory: _____	Result: _____	ng/L (PPT)
Date of analysis: _____	Please Enter Effluent Limits for your facility	
Effluent Limits: Average = _____ ng/L	Maximum = _____	ng/L
Please attach any remarks or comments from the laboratory that may have a bearing on the results or their interpretation. If duplicate samples were taken at the same time please report the average.		

CERTIFICATION

Attachement A - Eastport Discharge



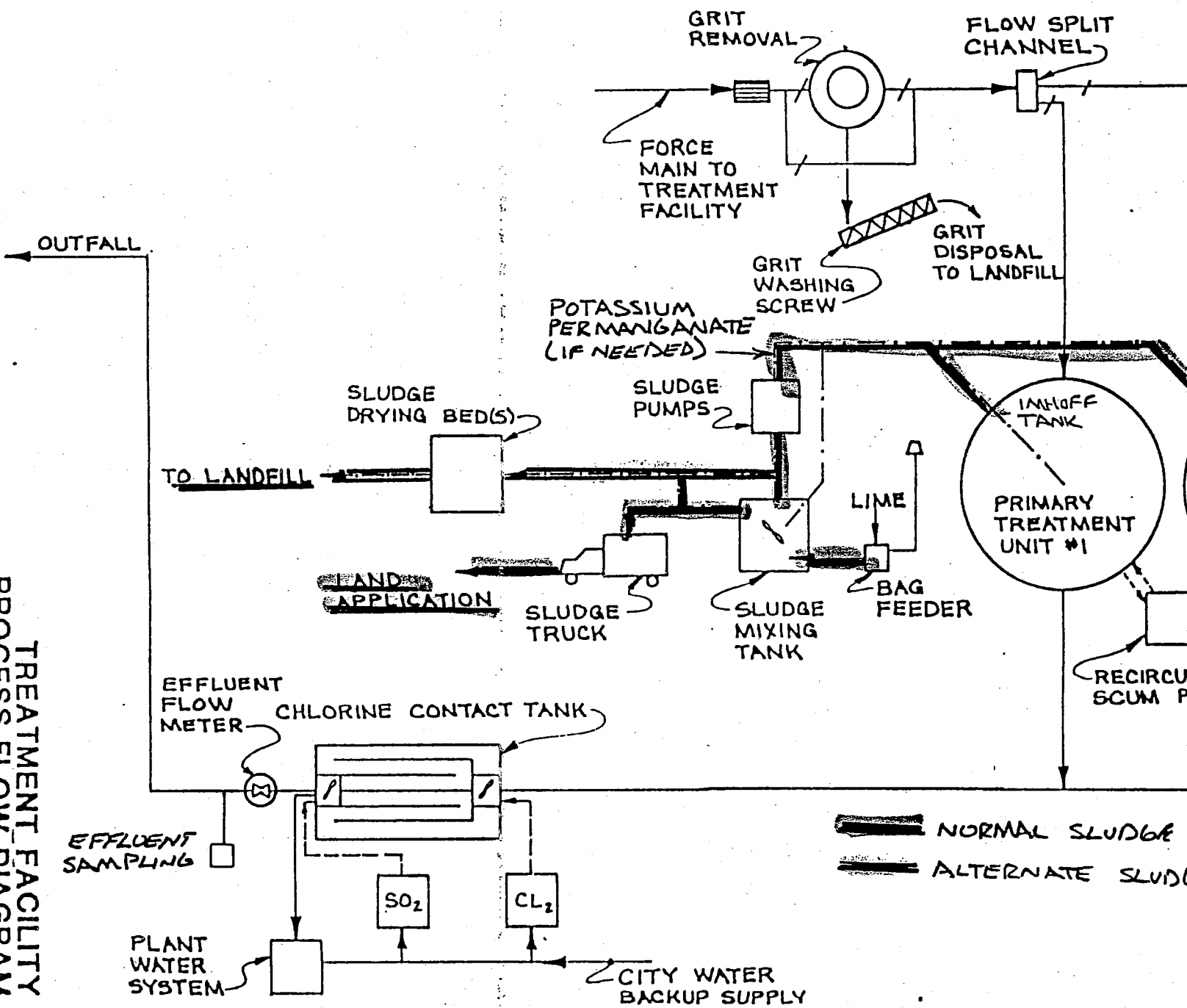




NOT TO SCALE

EASTPORT (MAIN) # W 2598-5L-C-R
 NPDES # ME D100200
 FLOW SCHEMATIC

TREATMENT FACILITY

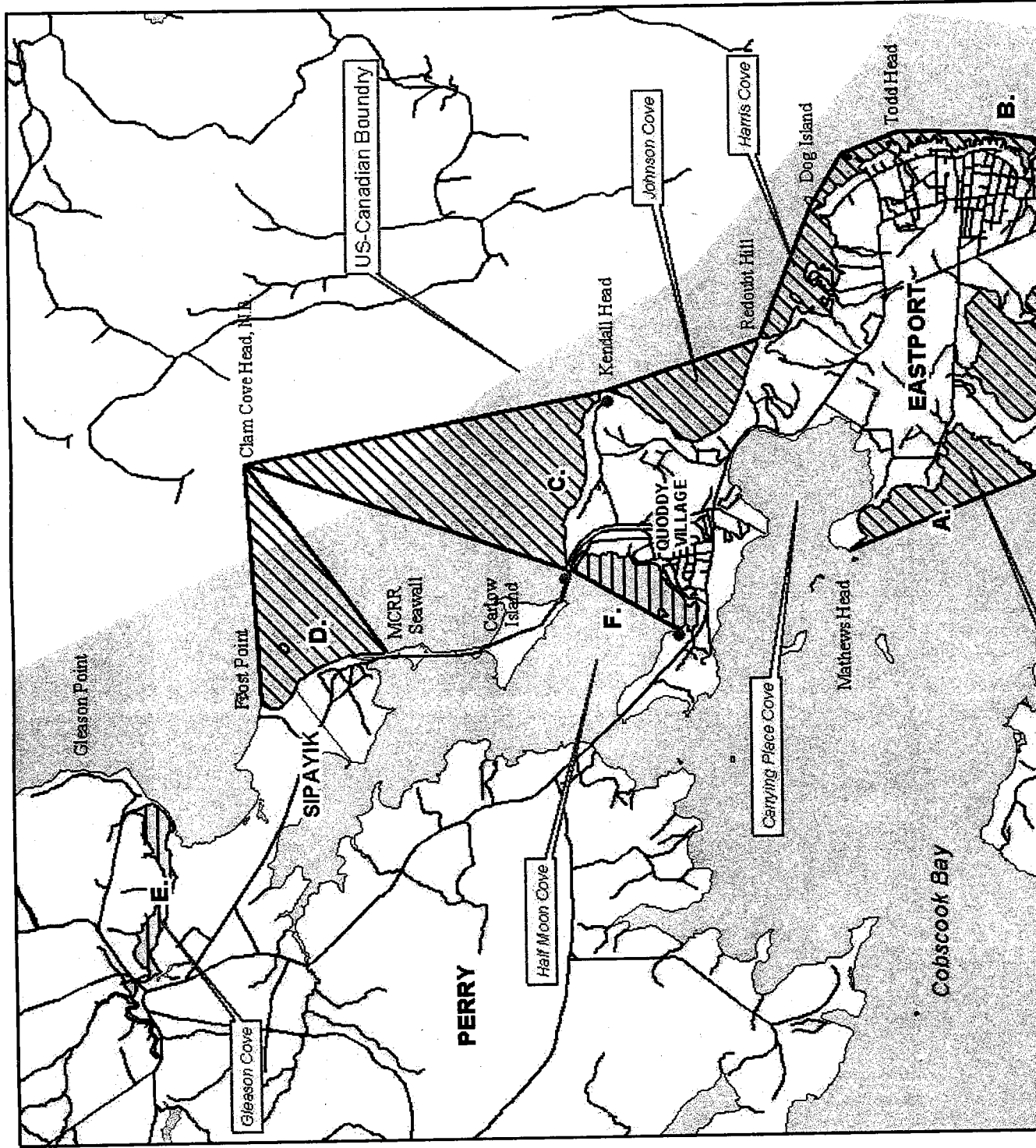
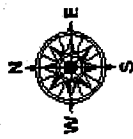


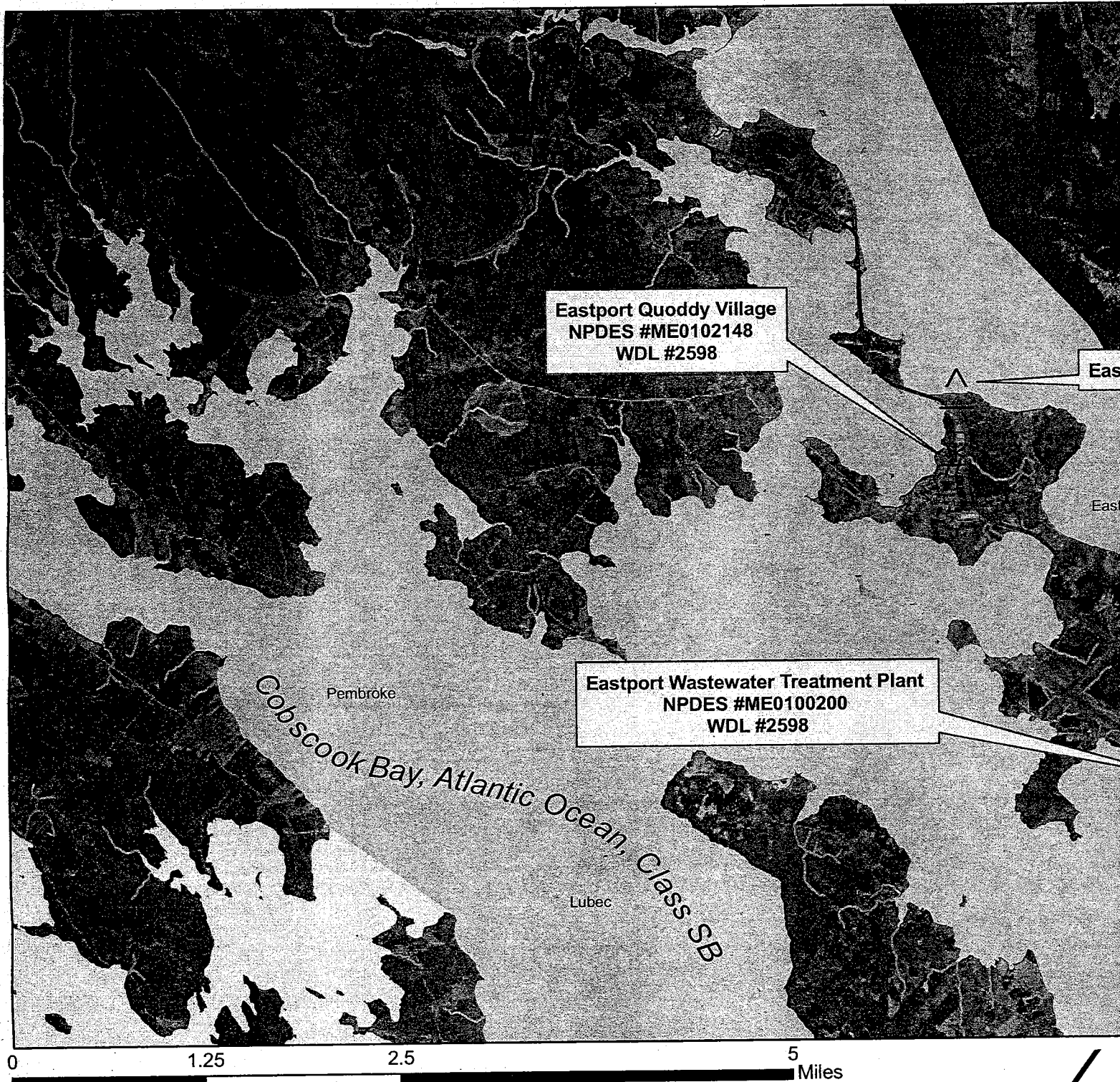


Maine Department of Marine Resources

Pollution Closed Area No. 59

Outer Cobscook Bay (Eastport and Perry) 02/06/07





Eastport Quoddy Village
NPDES #ME0102148
WDL #2598

Eastport Wastewater Treatment Plant
NPDES #ME0100200
WDL #2598

Pembroke
Cobscook Bay, Atlantic Ocean, Class SB
Lubec

0 1.25 2.5 5 Miles

Eastport Quoddy Village and Main Plant at Eastport, Maine