

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	
	mysisd shrimp	sea urchin
A-NOEL		
C-NOEL		

Effluent Limitations	
A-NOEL	
C-NOEL	

Data summary	% survival	
	mysisd shrimp	sea urchin
QC standard	>90	>70
lab control		
receiving water control		
conc. 1 (%)		
conc. 2 (%)		
conc. 3 (%)		
conc. 4 (%)		
conc. 5 (%)		
conc. 6 (%)		
stat test used		

Salinity Adjustment	
brine	
sea salt	
other	

place * next to values statistically different from controls

Reference toxicant	% survival	
	mysisd 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."

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

Flow for Day (MGD)⁽¹⁾Flow Avg. for Month (MGD)⁽²⁾ Date Sample Collected Date Sample Analyzed

Laboratory _____ Telephone _____
Address _____

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.

FRESH WATER VERSION				Receiving Water or Ambient	Effluent Concentration (ug/L or as noted)
WHOLE EFFLUENT TOXICITY					
		Effluent Limits, %			
		Acute	Chronic		
	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		
			Acute ⁽⁶⁾	Chronic ⁽⁶⁾	Health ⁽⁶⁾
	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)

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

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Facility Name _____ MEPDES # _____ Facility Representative Signature _____
Pipe # _____ To the best of my knowledge this information is true, accurate and complete.

Licensed Flow (MGD) _____
Acute dilution factor _____
Chronic dilution factor _____
Human health dilution factor _____
Criteria type: M(marine) or F(fresh) _____

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

Date Sample Collected _____ Date Sample Analyzed _____

Laboratory Address _____ Telephone _____

Lab Contact _____ Lab ID # _____

MARINE AND ESTUARY VERSION

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

Please see the footnotes on the last page.

WHOLE EFFLUENT TOXICITY				Effluent Concentration (ug/L or as noted)		Possible Exceedance ⁽⁷⁾	
	Receiving Water or Ambient	Effluent Limits, %		WET Result, % Do not enter % sign	Reporting Limit Check	Possible Exceedance ⁽⁷⁾	
		Acute	Chronic			Acute	Chronic
Mysid Shrimp							
Sea Urchin							
WET CHEMISTRY							
pH (S.U.) ⁽⁸⁾	(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							
TOTAL RESIDUAL CHLORINE (mg/L) ⁽⁹⁾	Reporting Limit	Effluent Limits, ug/L	Health ⁽⁶⁾				
AMMONIA	0.05	Acute ⁽⁶⁾	Chronic ⁽⁶⁾				
ALUMINUM	NA			NA			
ARSENIC	5			(8)			
CADMIUM	1			(8)			
CHROMIUM	10			(8)			
COPPER	3			(8)			
CYANIDE	5			(8)			
LEAD	3			(8)			
NICKEL	5			(8)			
SILVER	1			(8)			
ZINC	5			(8)			

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WET and Chemical Specific Data Report Form

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PRIORITY POLLUTANTS (4)				Effluent Limits			Reporting Limit Check	Possible Exceedence (7)		
				Reporting Limit	Acute (6)	Chronic (6)		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)DICHLOBENZENE			5						
BN	1,2-DIPHENYLHYDRAZINE			10						
BN	1,3-(M)DICHLOBENZENE			5						
BN	1,4-(P)DICHLOBENZENE			5						
BN	2,4-DINITROTOLUENE			6						
BN	2,6-DINITROTOLUENE			5						
BN	2-CHLORONAPHTHALENE			5						
BN	3,3'-DICHLOBENZIDINE			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						

[illegible]

Notes:

[illegible]

- (1) Flow average for day pertains to WET/PP composite sample day.
- (2) Flow average for month is for month in which WET/PP sample was taken.
- (3) Analytical chemistry parameters must be done as part of the WET test chemistry.
- (4) Priority Pollutants should be reported in micrograms per liter (ug/L).
- (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.
- (6) Effluent Limits are calculated based on dilution factor, background allocation (10%) and water quality reserves (15% - to allow for new or changed discharges or non-point sources).
- (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.
- (8) These tests are optional for the receiving water. However, where possible samples of the receiving water should be preserved and saved for the duration of the WET test. In the event of questions about the receiving water's possible effect on the WET results, chemistry tests should then be conducted.
- (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

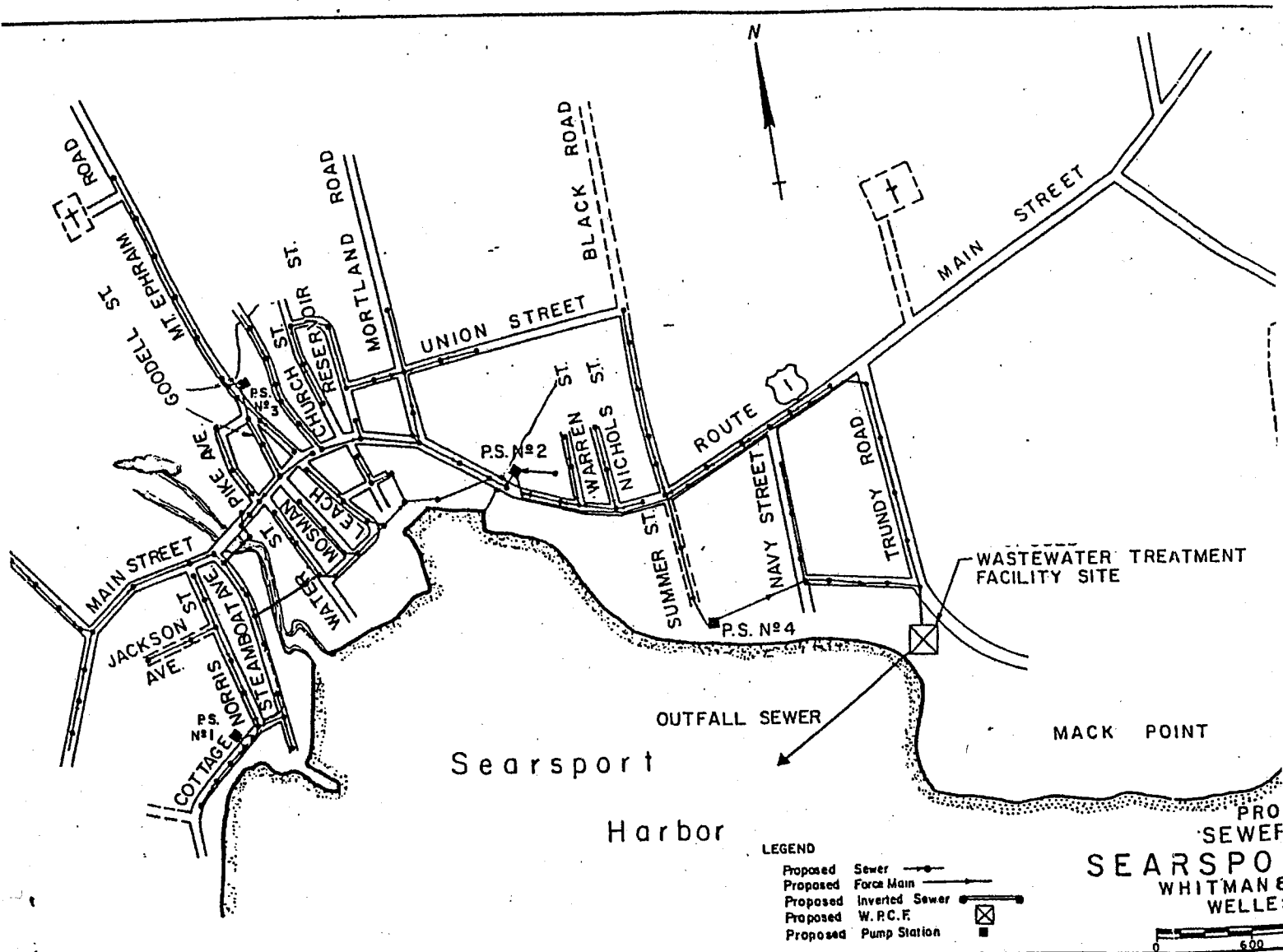
SAMPLE COLLECTION INFORMATION

Sampling Date: _____ mm dd yy	Sampling time: _____ AM/PM
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

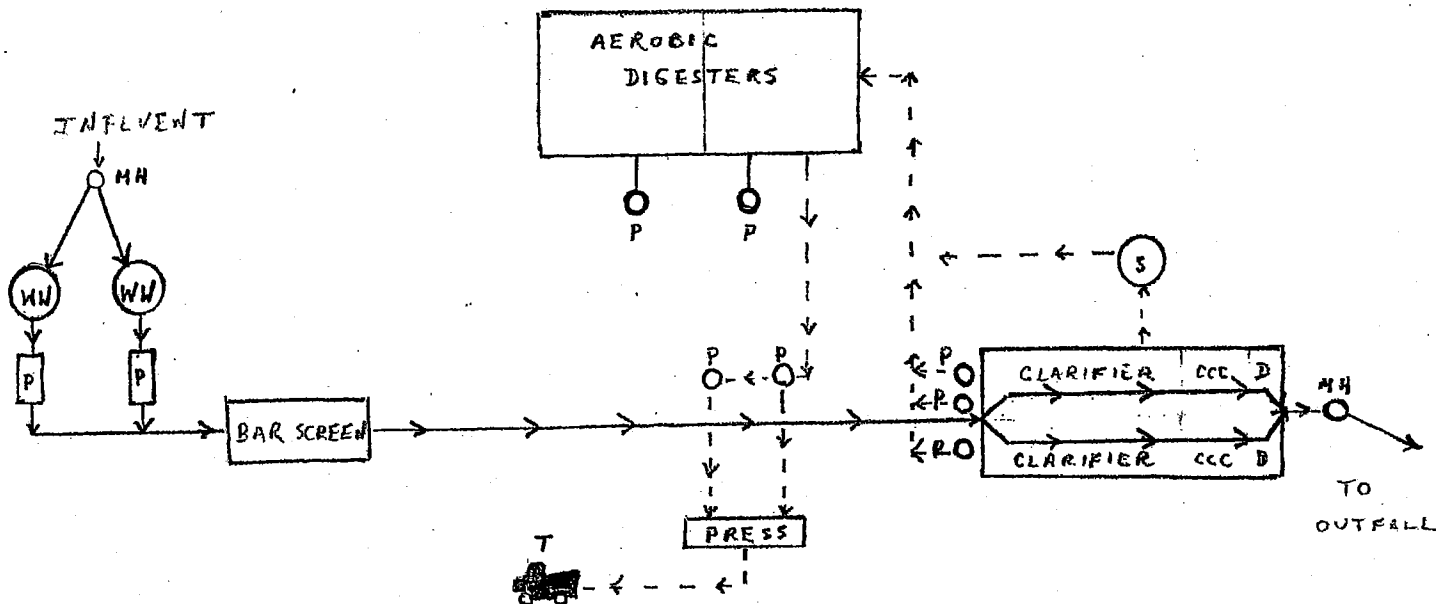
Name of Laboratory: _____	Result: _____ ng/L (PPT)
Date of analysis: _____	Please Enter Effluent Limits for your facility
Effluent Limits: Average = _____ ng/L	Maximum = _____ ng/L
Please attach any remarks or comments from the laboratory that may have a bearing on the results or their interpretation.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

CERTIFICATION

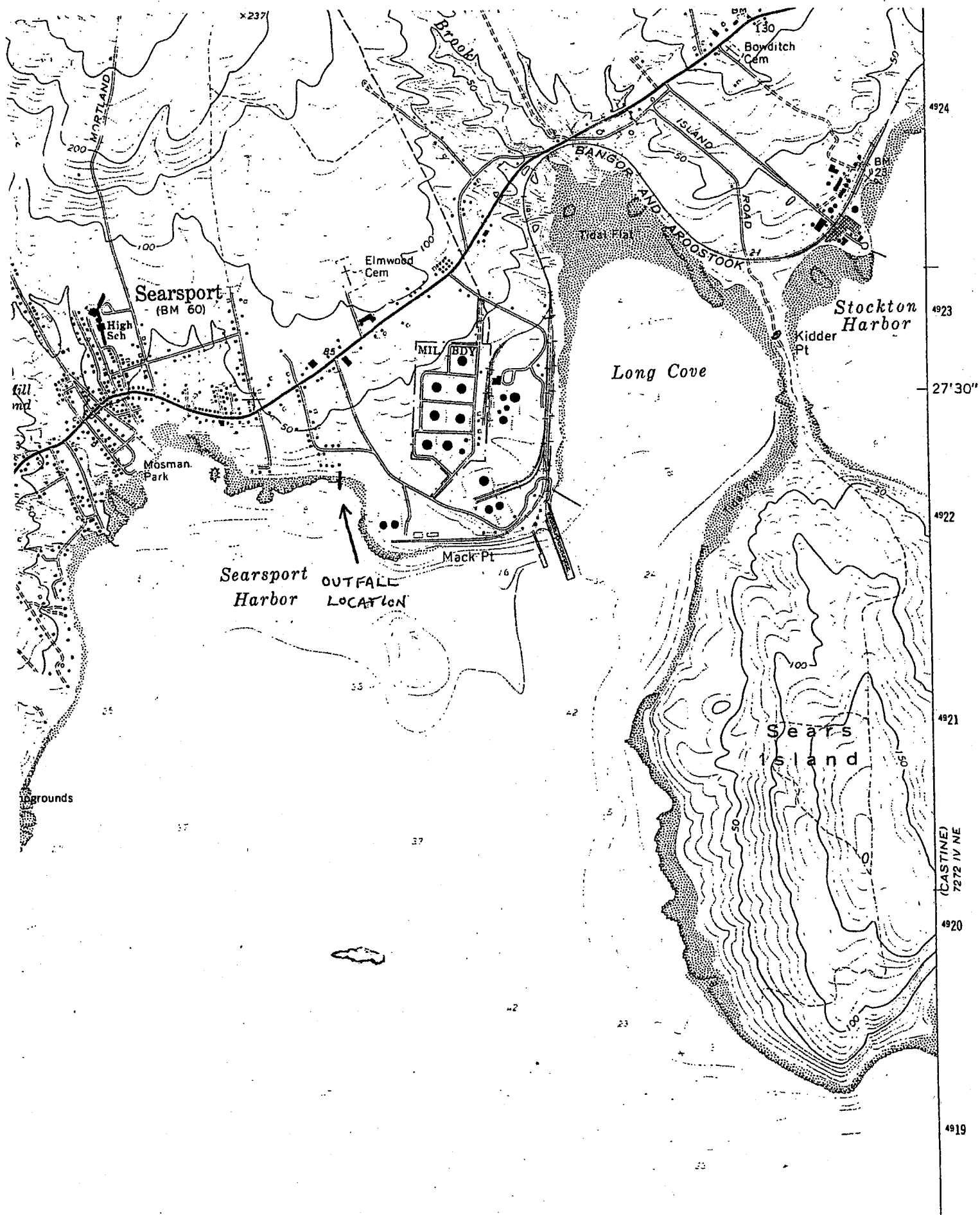


FORM DEPLW 1999-21

2.A) PLEASE SHOW BELOW OR ATTACH A LINE DRAWING SHOWING ALL TREATMENT UNITS AND IMPORTANT ASSOCIATED OR SUPPORTING UNITS.



P	PUMP
NW	NETWELL
CCC	CHLORINE CONTACT CHAMBER
D	DECHLORINATION
—	INFLUENT FLOW
--	SLUDGE FLOW
S	SCUM PIT





Maine Department of Marine Resources

Pollution Closed Area No. 33

Searsport



8/31/07

