

Maine Department of Environmental Protection Waste Discharge Permit Application

Publicly Owned Treatment Facilities

Th	This form must be attached to the General Application for a Waste Discharge Permit			
	ease answer all questions completely, using additional pages as necessary with responses early identified by item number on this form.			
1.	Facility Name: NPDES # ME			
2.	2. Wastewater treatment facilities for normal (or dry weather) flows.			
	A.) Please show below or attach a line drawing showing all treatment units and important associated or supporting units.			
	B.) What is the design capacity of treatment facility in MGD?			
	Monthly Average Daily Maximum Peak Rate			
3. Wastewater treatment facilities for storm water flows.				
	A.) Please show below or attach a line drawing with all treatment units or operating practices used for storm water flows above the capacity of the facilities used for normal flows.			
	B.) What is the design capacity in MGD? Daily maximum Peak Rate			
	C.) What is the frequency of high flows?			
	D.) Does the facility have a high flow management plan? If so, date of last revision			

Number	Name		Location	Receiving Water
Sentage and	other waste	s received. (See Ch	apter 555 of the Depa	artment's rules)
				; Daily maximum
B.) Gallons	of septage r	requested for future.	Monthly total	; Daily maximum
C.) Describe current and/or proposed septage receiving and treatment facilities. Please attack the management plan for these facilities, per Chapter 555, Section 6.				
	er wastes red	ceived by truck or ot	her dedicated convey	vance? If so, describ
D.) Are other	er wastes rec	·		
			ss and other non-dom	nestic wastes.
Industrial co	ontributions.	Include only proces		nestic wastes. list of categorical industric

B.) Ot	her sig	enificant	(non-categorical)) sources of	process wastes.
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Source	Type of wastes	Pretreated?	Average volume and strength

C.) Other miscellaneous wastes such as rinse waters, cooling waters, etc.

Source	Nature of waste	Average volume and strength

7. Effluent toxicity testing

A.) Please list the dates of Whole Effluent Toxicity and Priority Pollutant screening and surveillance tests previously submitted under Chapter 530.5 during the last five years.

Date	Whole Effluent Toxicity done?	Priority Pollutant Scan done?

- B.) Please attach the results of additional effluent toxicity testing done but not reported as part of the tests listed above or the requirements of discharge permit limitations.
- 8. Facility modifications or improvements. Please include reference to plans, studies or reports done in support of these changes as appropriate.
 - A.) Describe modifications and improvements that have been completed since the previous permit issuance or reissuance.

B.) Describe modifications or improve proposed implementation schedules.	vements being planned or under consideration, including les.
9. Facility operations.	
A.) Describe significant operational is during the past two years.	ssues, upsets and problems that have been encountered
B.) Describe any proposed changes to	o the present facility operation.
10. Person completing this form	
Name:	Phone:
Affiliation:	Date:
Appendix A. List of Primary Industrial Control	<u>Categories</u>
Adhesives and sealants	Aluminum forming
Auto and other laundries	Battery manufacturing
Coal mining	Coil coating
Copper forming	Electrical and electronic components
Electroplating	Explosives manufacturing
Foundries	Gum and wood chemicals
Inorganic chemicals manufacturing	Iron and steel manufacturing
Leather tanning and finishing	Mechanical products manufacturing
Nonferrous metals manufacturing	Ore mining
Organic chemicals manufacturing	Paint and ink formulation
Pesticides	Petroleum refining
Pharmaceutical preparations	Photographic equipment and supplies
Plastics processing	Plastic and synthetic materials manufacturing
Porcelain enameling	Printing and publishing
Pulp and paper mills	Rubber processing
Soap and detergent manufacturing Textile mills	Steam electric power plants Timber products processing
TOALIC HILLS	riniber products processing