



ATOMIC POWER COMPANY •

April 21, 1981
FM-81-61

JHG-81-135
2.C.2.1
EDISON DRIVE
AUGUSTA, MAINE 04336
(207) 623-3521



United States Nuclear Regulatory Commission
Washington D. C. 20555

Attention: Office of Nuclear Reactor Regulation

References: (a) License No. DPR-36 (Docket 50-309)
(b) Letter MY to USNRC dated 3/7/81 (WMY-80-42)

Gentlemen:

Attached is the Application for NPDES Permit Renewal submitted by Central Maine Power Company for Maine Yankee Atomic Power Station to the United States Environmental Protection Agency. This application is provided for your information in accordance with our commitment set forth in Ref. (b).

If there are any questions, please do not hesitate to call.

Very truly yours,

MAINE YANKEE ATOMIC POWER COMPANY

John H. Garritty

John H. Garritty, Director
Nuclear Engineering & Licensing

Attachment: Letter, Central Maine Power Company to U.S.
Environmental Protection Agency dated 4/8/81;
Subject: Application for NPDES Permit Renewal
Maine Yankee Atomic Power Station,
NPDES ME 0002569.

JHG/bjp

B104240 449

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THIS DOCUMENT CONTAINS
POOR QUALITY PAGES



Central Maine Power Company

GENERAL OFFICE, JOHNSON DRIVE, AUGUSTA, MAINE 04336

(207) 623-3521

April 8, 1981

Mr. John R. Moebes
Chief, Permits Branch
U.S. Environmental Protection Agency
JFK Federal Building
Boston, MA 02203

Subject: Application for NPDES Permit Renewal
Maine Yankee Atomic Station
NPDES ME 0002569

Dear Mr. Moebes:

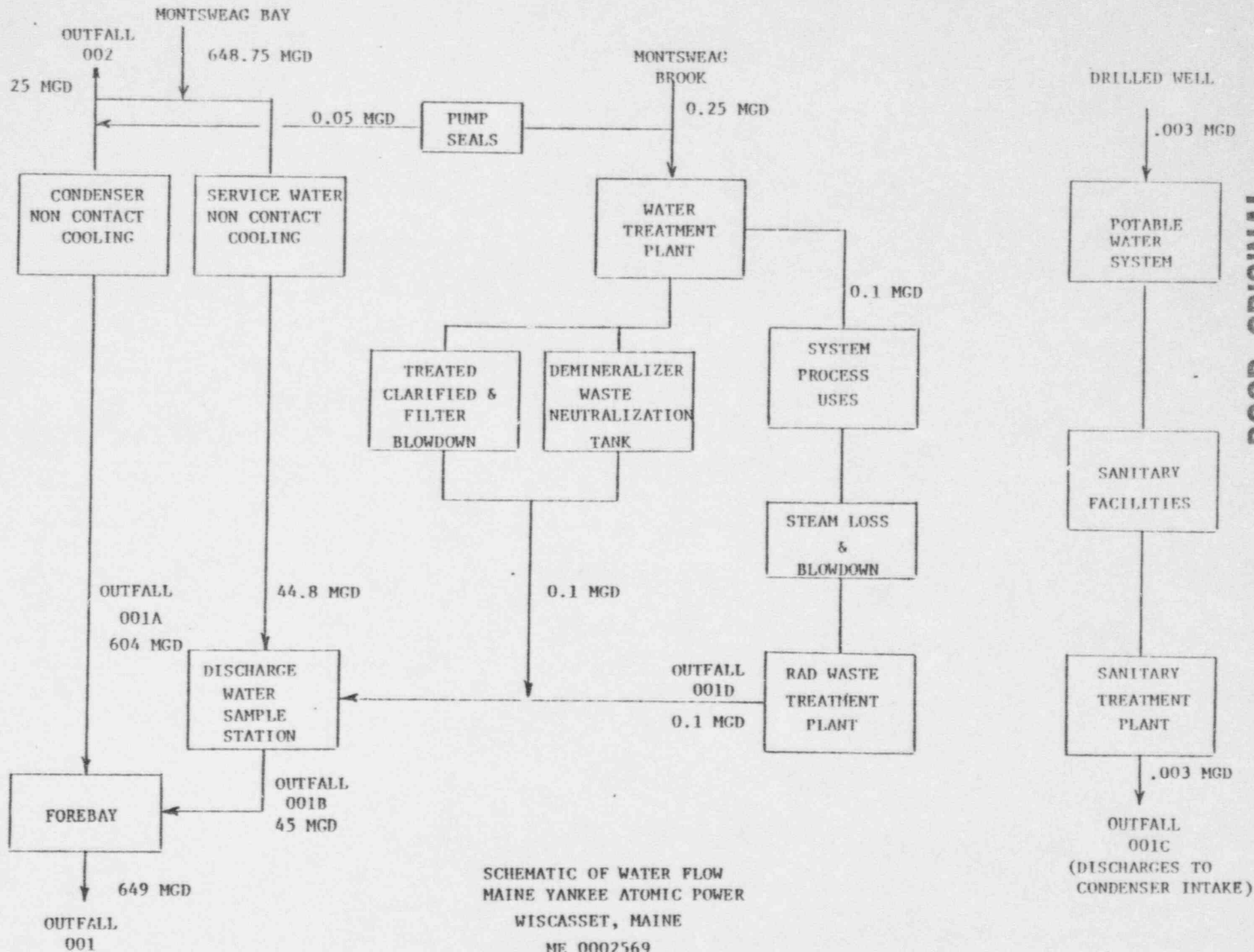
In reply to your letter of March 30, 1981 we have clarified Form 2C, Item III, Part B as requested. We also have completed all other parts of subject application and are returning it herewith for your approval.

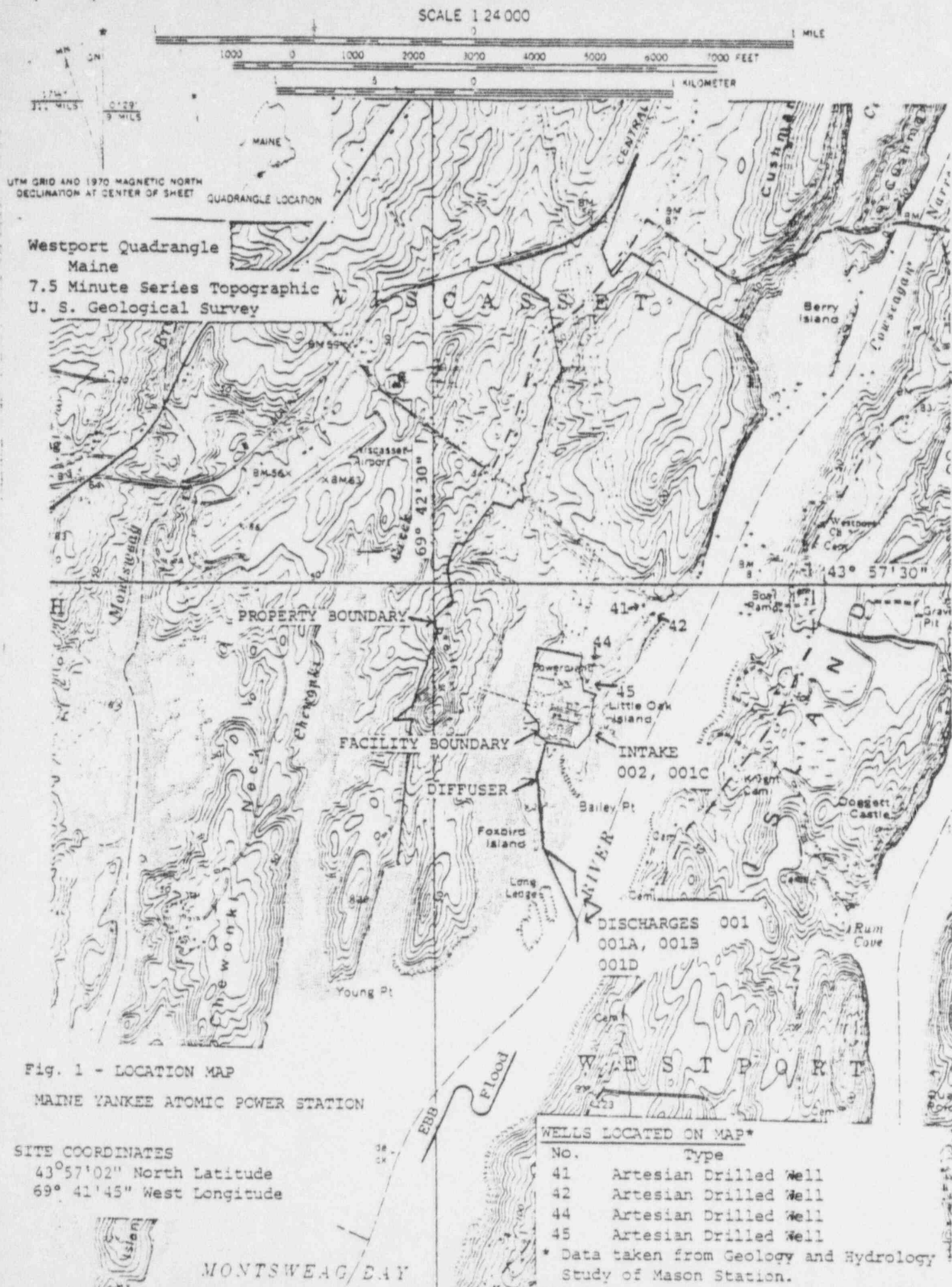
Very truly yours,

W. L. Flanders
Senior Staff Engineer

WLF/lw

cc: Mr. Steve Groves w/attach
Maine DEP





FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER FME0002569	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
III. FACILITY NAME				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 authorities under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: 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	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	FORM ATTACHED	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)
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)		X		X	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)
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X			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)
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)			X		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)
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)			X		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)
III. NAME OF FACILITY					
1 SKIP MAINE YANKEE ATOMIC POWER STATION					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 FLANDERS WILLIAM SR STAFF ENGR 207			623 3521		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 EDISON DRIVE					
B. CITY OR TOWN			C. STATE	D. ZIP CODE	
4 AUGUSTA			ME	04336	
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 BAILEY POINT					
B. COUNTY NAME					
LINCOLN					
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 WISCASSET			ME	04578	

CONTINUED FROM THE FRONT

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

A. FIRST				B. SECOND			
7	4	9	1	(specify)	4	9	3
Electric Services				Electric & Other Services Combined			
C. THIRD				D. FOURTH			
7				(specify)			

VIII. OPERATOR INFORMATION

E. MAINE YANKEE ATOMIC POWER COMPANY										F. Is the name listed in Item VII? A. also the owner?	
										<input type="checkbox"/> YES <input type="checkbox"/> NO	
G. STATUS OF OPERATOR (Enter the appropriate letter into the space below. If "Other," specify.)										H. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE M - PUBLIC (other than federal or state) O - OTHER (specify)										A 2 0 7 6 2 3 3 5 2 1	
I. STREET OR P.O. BOX											
EDISON DRIVE											
J. CITY OR TOWN										K. ZIP CODE	
AUGUSTA										ME 04336	
L. INDIAN LAND										Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										B. PSL (Air Emissions from Proposed Sources)									
S N M E 0 0 0 2 5 6 9										S P									
C. UIC (Underground Injection of Fluids)										D. OTHER (specify)									
S U										S 1 3 3 5									
E. RCRA (Hazardous Wastes)										F. OTHER (specify)									
S R M E D 0 7 1 7 4 9 3 2 9										S 7 4 6									
										State Air Emission Permit									
										State Water Disch. 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 fluid 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)

Production of Electricity (Steam - Electric Plant)

X. Existing Permits (cont.):

I-026 State Interim Hazardous Waste Permit

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	
G. E. Monty - Vice President		<i>G. E. Monty</i>		11/14/80	

COMMENTS FOR OFFICIAL USE ONLY

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ME 0002569

Form Approved OMB No. 158-R0173

Please print or type in the unshaded areas only.

FORM
2C
NPOES

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	57	02	69	41	45	MONTSWEAG BAY
001 A							
001 B							
001 C							
001 D							
002	V	V	V	V	V	V	

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	Cooling water and	649 MGD	See 001A, 001B,	4 B
	All Operational		001D	1 O
	Plant wastes			
001A	Cooling water	604 MGD	None	4 B
001B	Water Treatment	45 MGD	Neutralization	2 K
	Boiler Process waste		Neutralization	2 K
	Service Cooling System		None	4 B
001C	Sanitary Facilities	.003 MGD	Chlorination &	2 F
			Aeration	3 E
001D	Liquid Radiation Wastes	0.1 MGD	Demineralization &	2 J
			Evaporation	1 F
002	Condenser Back Flush	25 MGD	None	4 B
		When in use		

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUED FROM THE FRONT

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 <i>(list)</i>	2. OPERATION(S) CONTRIBUTING FLOW <i>(list)</i>	3. FREQUENCY		4. FLOW					5. DUR- ATION <i>(in days)</i>
		A. DAYS PER WEEK <i>(specify average)</i>	B. MONTHS PER YEAR <i>(specify average)</i>	6. FLOW RATE <i>(in mgd)</i>		7. TOTAL VOLUME <i>(specify with units)</i>			
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY		
002	Condenser Back Flush	1	4	25	25	25 MG	25 MG	0.2	

III. MAXIMUM 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 maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. MAXIMUM QUANTITY			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
1850	Megawatts Thermal	Condenser cooling water	001A
* Note: Discharge 001A is based on production rate. All other discharges have effluent guidelines.			

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 waste-water 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 COM- PLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. RE- QUIRED	b. PRO- JECTED
N/A					

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

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CONTINUED FROM PAGE 2

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
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you do or expect that you will over the next 5 years use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)☒ NO (go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharges of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ YES (complete Item VI-C below)☒ NO (go to Section VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years, to the best of your ability at this time. Continue on additional sheets if you need more space.

CONTINUED FROM THE FRONT

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 discharge 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?

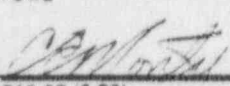
☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Arnold Greene Testing Laboratories	6 Huron Drive Natick, MA.	617-235-7330	All except flow temperature, fecal coliform & chlorine
John Fancy, Inc.	Waldoboro, Maine	207-832-7584	Fecal coliform & chlorine

IX. CERTIFICATION

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 individuals immediately responsible for obtaining the information, 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. PHONE NO. (area code & no.)
C. E. Monty Senior Vice President, Engineering & Production	207-623-3521
C. SIGNATURE	D. DATE SIGNED
	4/6/81

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)

ME 0002569

Form Approved OMB No. 158-R0173

OUTFALL NO

001B

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						J. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)			a. 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	
a. Biochemical Oxygen Demand (BOD)	1.0	117					1	mg/l	Kg			
b. Chemical Oxygen Demand (COD)	637	74,529					1	mg/l	Kg			
c. Total Organic Carbon (TOC)	24.0	2808					1	mg/l	Kg			
d. Total Suspended Solids (TSS)	36.0	4212					1	mg/l	Kg			
e. Ammonia (as N)	0.043	5					1	mg/l	Kg			
f. Flow	VALUE		VALUE		VALUE		1	MGD		VALUE		
g. Temperature (summer)	VALUE	30.9	VALUE		VALUE		1	°C		VALUE		
h. Temperature (winter)	VALUE	13	VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM			1	STANDARD UNITS				
	7.76	7.80										

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 2 a for any pollutant, you must provide the results of at least one analysis for that pollutant. 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						J. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)		
	a. PRESENT	b. ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)			a. 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	
a. Bromide (24959-67-9)		X												
b. Chlorine Total Residual		X												
c. Color	X		15	-					1	PCUU	-			
d. Fecal Coliform		X												
e. Fluoride (16984-48-6)		X												
f. Nitrate Nitrate (as N)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK X (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)	3. EFFLUENT				4. UNITS		5. INTAKE (optional)		6. NO OF ANAL. VSES
		A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. CONCENTRATION	D. MASS	E. CONCENTRATION	F. MASS	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS					
g. Nitrogen (as N)	X									
h. Oil and Grease	X									
i. Phosphorus (as P), Total (7723 14 0)	X	< 0.4	< 4.7							
j. Radioactivity										
(1) Alpha, Total	X	0	-							
(2) Beta, Total	X	610	-							
(3) Radium, Total										
(4) Radium 226, Total										
k. Sulfate (as SO ₄), Total (14018 79 8)	X									
l. Sulfide (as S)	X									
m. Sulfite (as SO ₃), Total (14265 45 3)	X									
n. Surfactants										
o. Aluminum, Total (7429 90 5)	X									
p. Barium, Total (7440 39 3)	X									
q. Boron, Total (7440 42 8)	X	3.1	363							
r. Cobalt, Total (7440 48 4)	X									
s. Iron, Total (7439 89 6)	X	0.50	58.5							
t. Magnesium, Total (7439 95 4)	X									
u. Molybdenum, Total (7439 98 7)	X									
v. Manganese, Total (7439 96 5)	X									
w. Tin, Total (7440 31 5)	X									
x. Titanium, Total (7440 32 6)	X									

EPA ID NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
ME 0002569	001B

Form Approved OMB No. 158-R0173

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, non-process wastewater outfalls, and non-required 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 to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part, please review each carefully. Complete one table (all seven 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. TOXIC METALS	B. CYANIDES	C. GC/MS FRACTIONS	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVG. VALUE (if available)		D. NO. OF ANALYSES	E. CONCENTRATION	F. MASS	G. LONG TERM AVERAGE VALUE		H. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M Antimony, Total (7440-36-0)	X		X	< 0.5	< 58.5					1	mg/l	Kg			
2M Arsenic, Total (7440-38-2)	X		X	< 0.001	< 0.117					1	mg/l	Kg			
3M Beryllium, Total (7440-41-7)	X		X	< 0.02	< 2.34					1	mg/l	Kg			
4M Cadmium, Total (7440-43-9)	X		X	0.03	3.51					1	mg/l	Kg			
5M Chromium, Total (7440-47-3)	X	X		0.03	3.51					1	mg/l	Kg			
6M Copper, Total (7550-90-8)	X	X		0.07	8.19					1	mg/l	Kg			
7M Lead, Total (7439-97-6)	X		X	0.20	23.4					1	mg/l	Kg			
8M Mercury, Total (7439-97-6)	X		X	0.93	0.24					1	ppb	LB			
9M Nickel, Total (7440-02-0)	X	X		0.23	26.91					1	mg/l	Kg			
10M Selenium, Total (7782-49-2)	X		X	0.004	0.468					1	mg/l	Kg			
11M Silver, Total (7440-22-4)	X		X	0.03	3.51					1	mg/l	Kg			
12M Thallium, Total (7440-28-0)	X		X	< 0.05	< 5.85					1	mg/l	Kg			
13M Zinc, Total (7440-66-6)	X	X		0.06	7.02					1	mg/l	Kg			
14M Cyanide, Total (57-12-5)	X		X	< 0.01	< 1.17					1	mg/l	Kg			
15M Phenols, Total	X		X	0.01	1.17					1	mg/l	Kg			
DIOXIN															
2,3,7,8 Tetra chlorodibenzo F Dioxin (1764-01-5)			X	DESCRIBE RESULTS < 0.2 ppb											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MAJOR X		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	1. VOL. OF WASTE (GAL)	2. CAS NO.	3. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	4. MAXIMUM 30 DAY VALUE (1) CONCENTRATION (2) MASS	5. LONG TERM AVG. VALUE (if available) (1) CONCENTRATION (2) MASS	6. NO. OF ANAL. YES	7. CONCENTRATION	8. MASS	9. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	10. NO. OF ANAL. YES
GC/MS FRACTION - VOLATILE COMPOUNDS										
1V Acetone (107 02 8)	X									
2V Acrylonitrile (107 13 1)	X									
3V Benzene (71 43 2)	X									
4V Bis (Chloromethyl) Ether (542 88 1)	X									
5V Bromoform (75 25 2)	X									
6V Carbon tetrachloride (56 23 5)	X									
7V Chloroform (108 90 7)	X									
8V Chloroform (124 48 1)	X									
9V Chloroethane (75 00 3)	X									
10V 2-Chloroethylvinyl Ether (110 75 8)	X									
11V Chloroform (67 66 3)	X									
12V Dichlorobromomethane (75 27 4)	X									
13V Dichlorodifluoromethane (75 71 8)	X									
14V 1,1-Dichloroethane (75 34 3)	X									
15V 1,2-Dichloroethane (107 06 2)	X									
16V 1,1-Dichloroethylene (75 35 4)	X									
17V 1,2-Dichloropropane (78 87 5)	X									
18V 1,2-Dichloropropylene (542 75 6)	X									
19V Ethylbenzene (100 41 4)	X									
20V Methyl Bromide (74 83 9)	X									
21V Methyl Chloride (74 83 3)	X									

EPA ID NUMBER (copy from Item 1 of Form 1) OUTFALL NUMBER

001B

ME 0002569

CONTINUED FROM PAGE V.4

1 POLLUTANT AND CAS NUMBER (if available)	2 MAXIMUM DAILY VALUE		3 EFFLUENT		4 UNITS		5 INTAKE (optional)	
	MAXIMUM DAILY VALUE (1) CONCENTRATION	MAXIMUM DAILY VALUE (2) MASS	MAXIMUM DAILY VALUE (1) CONCENTRATION	MAXIMUM DAILY VALUE (2) MASS	CONCENTRATION	MASS	CONCENTRATION	MASS
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)								
22V. Methylene Chloride (75 09 2)	X	0	X	0				
23V. 1,1,2,2 Tetra chloroethane (79 34 5)	X	0	X	0				
24V. Tetrachloro ethylene (127 18 4)	X	0	X	0				
25V. Toluene (108 88 3)	X	0	X	0				
26V. 1,2 Trans-Dichloroethylene (156 80 5)	X	0	X	0				
27V. 1,1,1 Tri chloroethane (71 55 6)	X	0	X	0				
28V. 1,1,2 Tri chloroethane (79 00 5)	X	0	X	0				
29V. Trichloro ethylene (79 01 6)	X	0	X	0				
30V. Trichloro fluoromethane (75 28 4)	X	0	X	0				
31V. Vinyl Chloride (75 01 4)	X	0	X	0				
GC/MS FRACTION - ACID COMPOUNDS								
1A. 2 Chlorophenol (95 57 8)	X	0	X	0				
2A. 2,4 Dichloro phenol (120 83 2)	X	0	X	0				
3A. 2,4 Dimethyl phenol (105 67 9)	X	0	X	0				
4A. 4,6 Dinitro O Cresol (534 52 1)	X	0	X	0				
5A. 2,4 Dinitro phenol (51 28 5)	X	0	X	0				
6A. 2 Nitrophenol (88 75 5)	X	0	X	0				
7A. 4 Nitrophenol (106 02 2)	X	0	X	0				
8A. P Chloro M Cresol (59 50 7)	X	0	X	0				
9A. Pentachloro phenol (87 86 5)	X	0	X	0				
10A. Phenol (108 95 2)	X	0	X	0				
11A. 2,4,6 Tri-chlorophenol (86 06 2)	X	0	X	0				

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MAX. X CONC. IN AIR (if available)				3. EFFLUENT D. MAXIMUM 30 DAY VALUE (if available)				4. UNITS				5. INTAKE (optional)		6. NO. OF ANAL YES
	100 PPM	10 PPM	1 PPM	1 PPM	100 PPM	10 PPM	1 PPM	1 PPM	CONCEN- TRATION	D. MASS	CONCEN- TRATION	D. MASS	CONCEN- TRATION	D. MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1A Acenaphthene (83 32 9)	X				X					0					
2B Acenaphthylene (208 96 8)	X				X					0					
3B Anthracene (120 12 7)	X				X					0					
4B Benzidine (92 87 5)	X				X					0					
5B Benzo (a) Anthracene (56 55 3)	X				X					0					
6B Benzo (a) Pyrene (50 32 8)	X				X					0					
7B 3,4 Benzo- fluoranthene (205 99 2)	X				X					0					
8B Benzo (ghi) Perylene (191 24 2)	X				X					0					
9B Benzo (k) fluoranthene (207 08 9)	X				X					0					
10B Bis (2 Chloro ethyl) Methane (111 91 1)	X				X					0					
11B Bis (2 Chloro ethyl) Ether (111 44 4)	X				X					0					
12B Bis (2 Chloro isopropyl) Ether (196 36 32 9)	X				X					0					
13B Bis (2 Ethyl hexyl) Phthalate (117 81 7)	X				X					0					
14B 4-Bromo phenyl Phenyl Ether (101 55 3)	X				X					0					
15B Butyl Benzyl Phthalate (85 68 7)	X				X					0					
16B 2-Chloro naphthalene (91 58 7)	X				X					0					
17B 4-Chloro phenyl Phenyl Ether (7005 72 3)	X				X					0					
18B Chrysene (218 01 9)	X				X					0					
19B Dibenz (a,h) Anthracene (53 70 3)	X				X					0					
20B 1,2-Dichloro benzene (95 50 1)	X				X					0					
21B 1,3-Dichloro benzene (541 73 1)	X				X					0					

001B

ME 0002569

1. POLLUTANT AND CAS NUMBER (if available)	2. MAXIMUM DAILY VALUE (if available)			3. EFFLUENT D. MAXIMUM DAILY VALUE (if available)			4. UNITS			5. INTAKE (optional)		
	GC/MS FRACTION	BASE/NEUTRAL COMPOUNDS	GC/MS FRACTION	BASE/NEUTRAL COMPOUNDS	GC/MS FRACTION	BASE/NEUTRAL COMPOUNDS	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS
22B 1,4 Dinitro benzene (106 46 7)	X	X	X	X	X	X	X	0				
23B 3,3' Dichloro benzidine (91 94 1)	X	X	X	X	X	X	X	0				
24B Diethyl phthalate (84 66 2)	X	X	X	X	X	X	X	0				
25B Dimethyl phthalate (131 11 3)	X	X	X	X	X	X	X	0				
26B Di-N Butyl phthalate (84 74 2)	X	X	X	X	X	X	X	0				
27B 2,4 Dinitro toluene (121 14 2)	X	X	X	X	X	X	X	0				
28B 2,6 Dinitro toluene (606 20 2)	X	X	X	X	X	X	X	0				
29B Di-N Octyl phthalate (117 83 0)	X	X	X	X	X	X	X	0				
30B 1,2 Diphenyl hydrazine (as Ac benzene) (122 66 7)	X	X	X	X	X	X	X	0				
31B Fluoranthene (206 43 0)	X	X	X	X	X	X	X	0				
32B Fluorene (86 73 7)	X	X	X	X	X	X	X	0				
33B Hexa chlorobenzene (118 71 1)	X	X	X	X	X	X	X	0				
34B Hexa chlorobenzene (87 68 3)	X	X	X	X	X	X	X	0				
35B Hexachloro cyclopentadiene (77 47 4)	X	X	X	X	X	X	X	0				
36B Hexachloro ethane (67 72 1)	X	X	X	X	X	X	X	0				
37B Indene (12 7 3) Pyrene (193 39 5)	X	X	X	X	X	X	X	0				
38B Isophthalic (98 59 1)	X	X	X	X	X	X	X	0				
39B Naphthalene (91 20 3)	X	X	X	X	X	X	X	0				
40B Nitrobenzene (108 95 3)	X	X	X	X	X	X	X	0				
41B N N Dimethylethylamine (62 75 0)	X	X	X	X	X	X	X	0				
42B N N Dimethylethylamine (62 75 0)	X	X	X	X	X	X	X	0				
43B N N Dimethylethylamine (62 75 0)	X	X	X	X	X	X	X	0				

CONTINUED FROM THE FRONT

1. POLLUTANT AAS CAS NUMBER (if available)	2. MAJOR X ¹			3. EFFLUENT			4. UNITS		5. INTAKE (optional)	
	1.1.1 CAS NO.	1.1.2 CAS NO.	1.1.3 CAS NO.	3.1 CONCENTRATION (1) (2)	3.2 CONCENTRATION (1) (2)	3.3 CONCENTRATION (1) (2)	4.1 CONCENTRATION	4.2 MASS	5.1 CONCENTRATION	5.2 MASS
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)										
43B N Nitro sodibenzenylamine (86 30 6)	X									
44B Phenanthrene (85 01 8)	X									
45B Pyrene (129 00 0)	X									
46B 1,2,4 - Tri- chlorobenzene (120 82 1)	X									
GC/MS FRACTION - PESTICIDES										
1P Aldrin (109 00 2)				X						
2P α BHC (319 84 6)				X						
3P β BHC (319 85 7)				X						
4P γ BHC (58 89 9)				X						
5P δ BHC (319 86 8)				X						
6P Chlordane (57 74 9)				X						
7P 4,4' DDT (50 29 3)				X						
8P 4,4' DDE (72 55 9)				X						
9P 4,4' DDD (72 54 8)				X						
10P Dieldrin (60 57 1)				X						
11P α Endosulfan (115 29 7)				X						
12P β Endosulfan (115 29 7)				X						
13P Endosulfan Sulfate (1031 07 8)				X						
14P Aroclor (72 20 8)				X						
15P Endrin Aroclor (7421 93 4)				X						
16P Heptachlor (76 44 8)				X						

CONTINUED FROM PAGE V-8

CONTINUED FROM PAGE V8												ME 0002303		0010		FORM 8-78																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
1. POLLUTANT AND CAS NUMBER (if available)	2. MAXIMUM DAILY VALUE			3. EFFLUENT			4. UNITS		5. INTAKE (optional)		6. NO. OF ANAL YSES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
	1. MAX. DAILY VALUE	2. CONC. LIMITATION	3. MASS	4. MAXIMUM 30 DAY VALUE (if available)	5. CONC. LIMITATION	6. MASS	7. CONC. LIMITATION	8. MASS	9. CONC. LIMITATION	10. MASS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
GC/MS FRACTION - PESTICIDES (continued)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
17P. Heptachlor Epoxide (1024 57 3)			X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								

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)

ME 0002569

Form Approved OMB No. 158-P0173

OUTFALL NO.

001C

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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	30.0	0.15					1	mg/l	Kg			
b. Chemical Oxygen Demand (COD)	311.0	1.56					1	mg/l	Kg			
c. Total Organic Carbon (TOC)	59.0	0.3					1	mg/l	Kg			
d. Total Suspended Solids (TSS)	36.0	0.18					1	mg/l	Kg			
e. Ammonia (as N)	26.0	0.13					1	mg/l	Kg			
f. Flow	VALUE 1370		VALUE		VALUE		1	GPD		VALUE		
g. Temperature (river)	VALUE 18		VALUE		VALUE		1	°C		VALUE		
h. Temperature (dammed)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.5	MAXIMUM 6.5	MINIMUM	MAXIMUM	<div></div>		1	STANDARD UNITS		<div></div>		

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 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND APTS (if available)	2. PRESENT/ABSENT		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a	b	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. BOD (BOD5 at 20°C)		X												
b. Chemical Total Residual	X		2.0	0.08					1	ppm	LB			
c. Color	X		60	-					1	PCUU	-			
d. Total Coliform	X		0	0					1	COL/100	-			
e. Fluoride (HCL at 40°C)		X												
f. Heavy Metals (as N)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (If available)	2. NAME, X		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		6. NO. OF ANAL. YSES	
	D. NO. OF ANAL. YSES	E. NAME	B. MAXIMUM DAILY VALUE		C. LONG TERM AVG. VALUE (If available)		A. CONCENTRATION	D. MASS	F. AVERAGE VALUE			
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS		
g. Nitrogen, Total Organic (as N)		X										
h. Oil and Grease		X										
i. Phosphorus (as P) Total (7/23 14.0)		X										
j. Radiocesium												
(1) Alpha, Total		X										
(2) Beta, Total		X										
(3) Radium, Total		X										
(4) Radium, 226, Total		X										
k. Sulfate (as SO_4) Total (14508 79.8)		X										
l. Sulfide (as S)		X										
m. Sulfite (as SO_3) Total (14265 45.3)		X										
n. Surfactants		X										
o. Aluminum, Total (7429 90.5)					0.18	0.0009						
p. Barium, Total (7440 39.3)		X										
q. Boron, Total (7430 42.8)		X										
r. Cobalt, Total (7440 48.4)		X										
s. Iron, Total (7439 89.6)		X										
t. Magnesium, Total (7439 95.4)		X										
u. Molybdenum, Total (7439 98.7)		X										
v. Manganese, Total (7439 96.6)		X										
w. Tin, Total (7440 31.6)		X										
x. Titanium, Total (7440 32.6)		X										

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
ME 0002569	001C

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

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, non-process wastewater outfalls, and non-required 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 to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven 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. TOXIC METALS (if available)	B. D. CHLORINATED PHTHALATES	C. GC/MS FRACTIONS (if available)	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30-DAY VALUE (if available)		C. LONG TERM AVG. VALUE (if available)		D. NO. OF ANALYSES	A. CONCENTRATION	B. MASS	A. LONG TERM AVERAGE VALUE		D. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7550-60-8)			X												
7M. Lead, Total (7439-97-6)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-65-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-p-dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

CONTINUED FROM THE FRONT										
1. POLLUTANT AND CAS NUMBER (if available)	2. DATA X YES X NO X N/A X		3. EFFLUENT B. MAXIMUM DAILY VALUE (if available) C. MAXIMUM 30 DAY VALUE (if available) D. LONG TERM AVERAGE VALUE (if available)			4. UNITS A. CORRECTION FACTOR B. MASS		5. INTAKE (optional) A. LONG TERM AVERAGE VALUE (if available) B. MASS		6. NO. OF ANAL- YSES
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
VOLATILE COMPOUNDS										
1V. Acetone (107 02 8)	X									
2V. Acetone (107 13 1)	X									
3V. Benzene (71 43 2)	X									
4V. 1,1,1-Trichloroethane (70 14 7)	X									
5V. Bromoform (75 25 2)	X									
6V. Carbon Tetrachloride (56 23 5)	X									
7V. Chloroform (108 90 7)	X									
8V. Chloro- fluoromethane (124 48 1)	X									
9V. Chloroethane (75 00 3)	X									
10V. 2-Chloro- ethylchloride (110 75 8)	X									
11V. Chloroform (107 02 8)	X									
12V. Dichloro- fluoromethane (75 27 4)	X									
13V. Dichloro- difluoromethane (75 71 8)	X									
14V. 1,1-Dichloro- ethane (75 34 3)	X									
15V. 1,2-Dichloro- ethane (107 06 2)	X									
16V. 1,1-Dichloro- ethylene (75 35 4)	X									
17V. 1,2-Dichloro- propane (78 07 5)	X									
18V. 1,2-Dichloro- propane (542 75 6)	X									
19V. Ethylbenzene (100 41 4)	X									
20V. Methyl Bromide (74 83 9)	X									
21V. Methyl Chloride (74 87 3)	X									

CONTINUED FROM PAGE V-4

ME 0002569

001C

Form Approved OMB No. 155-00173

1. POLLUTANT AND CAS NUMBER (if available)	2. MAJOR K ⁺		3. EFFLUENT MAXIMUM 30 DAY VALUE (if available)		4. LONG TERM AVERAGE VALUE (if available)		5. UNITS		6. NO. OF ANAL YES
	NO. OF ANAL YES	NO. OF ANAL YES	CONCENTRATION	(1) MASS	CONCENTRATION	(1) MASS	CONCENTRATION	(1) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)									
22V. Methylene chloride (75 00 2)									
23V. 1,1,2,2 Tetra chloroethane (79 34 5)									
24V. Tetrachloro ethylene (127 18 4)									
25V. Toluene (108 88 3)									
26V. 1,2 Trans Dichloroethylene (156 60 5)									
27V. 1,1,1 Tri chloroethane (71 55 6)									
28V. 1,1,2 Tri chloroethane (79 00 5)									
29V. Trichloro ethylene (79 01 6)									
30V. Trichloro fluoromethane (75 69 4)									
31V. Vinyl Chloride (75 01 4)									
GC/MS FRACTION - ACID COMPOUNDS									
1A. 2 Chloropheno (95 57 8)									
2A. 2,4 Dichloro phenol (120 83 2)									
3A. 2,4 Dimethyl phenol (105 67 9)									
4A. 4,6 Dinitro O Cresol (53 14 5)									
5A. 2,4 Dinitro phenol (51 28 5)									
6A. 2 Nitrophenol (88 75 5)									
7A. 4 Nitrophenol (100 02 7)									
8A. 2 Chloro M Cresol (59 50 7)									
9A. Pentachloro phenol (87 86 5)									
10A. Phenol (108 96 2)									
11A. 2,4,6 Tri chlorophenol (88 06 2)									

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. NAME & CAS NO.			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	NAME LD	CAS NO.	CAS NO.	6. MAXIMUM DAILY VALUE		7. MAXIMUM 30 DAY VALUE (if available)		8. LONG TERM AVERAGE VALUE (if available)		9. CONCENTRATION	10. MASS	11. NO. OF ANAL. VES.
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			
BASE/NEUTRAL COMPOUNDS												
1B. Acenaphthene (83-32-9)												
2B. Acenaphthylene (208-06-8)												
3B. Anthracene (120-12-7)												
4B. Benzidine (92-87-5)												
5B. Benzo (a) Anthracene (56-55-3)												
5B. Benzo (a) Pyrene (50-32-8)												
7B. 3,4 Benzo-fluoranthene (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-Chloroisopropyl) Ether (39638-32-9)												
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)												
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)												
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)												

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CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. ANALYSIS			3. EFFLUENT						6. NO. OF ANAL- YSES	4. UNITS		5. INTAKE (optional)			
	ANALYSIS DATE BY METHOD	ANALYST NAME FIRM	ANALYST ADDRESS	8. MAXIMUM DAILY VALUE		9. MAXIMUM 30 DAY VALUE (if available)		10. LONG TERM AVG. VALUE (if available)			7. NO. OF ANAL- YSES	8. CONCENTRATION	9. MASS	11. LONG TERM AVERAGE VALUE		12. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS					(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichloro- benzene (106-46-7)				X												
23B. 3,3'-Dichloro- benzidine (91-94-1)				X												
24B. Diethyl Phthalate (84-66-2)				X												
25B. Dimethyl Phthalate (131-11-3)				X												
26B. Di-N-Butyl Phthalate (84-74-2)				X												
27B. 2,4-Dinitro- toluene (121-14-2)				X												
28B. 2,6-Dinitro- toluene (606-20-2)				X												
29B. Di-N-Octyl Phthalate (117-84-0)				X												
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)				X												
31B. Fluoranthene (206-44-0)				X												
32B. Fluorene (86-73-7)				X												
33B. Hexa- chlorobenzene (118-71-1)				X												
34B. Hexa- chlorobutadiene (87-68-3)				X												
35B. Hexachloro- cyclopentadiene (77-47-4)				X												
36B. Hexachloro- ethane (67-72-1)				X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)				X												
38B. Isophorone (78-59-1)				X												
39B. Naphthalene (91-20-3)				X												
40B. Nitrobenzene (98-95-3)				X												
41B. N-Nitro- sodimethylamine (62-75-9)				X												
42B. N-Nitrosodi- N-Propylamine (621-64-7)				X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MAJOR C. IN USE		3. EFFLUENT		4. UNITS		5. BIOMASS (optional)	
	CAS NO. (if available)	CAS NO. (if available)	6. MAXIMUM DAILY VALUE		7. LONG TERM AVG. VALUE		A. CONCEN-TRATION	B. MASS
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)								
43B. N Nitro- isopropylamine (96.30.6)								
44B. Phenanthrene (85.01.8)								
45B. Pyrene (129.00.0)								
46B. 1,2,4 - Tri- chlorobenzene (120.82.1)								
GC/MS FRACTION - PESTICIDES								
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)								
9P. 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)								

EPA ID NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
ME 0002569	001C

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CONTINUED FROM PAGE V-1

1. POLLUTANT ATRI CAS NUMBER (if available)	2. ANALYSIS			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	A. GC/MS FRACTION	B. GC/MS FRACTION	C. GC/MS FRACTION	6. MAXIMUM DAILY VALUE		7. MAXIMUM 30 DAY VALUE (if available)		8. LONG TERM AVG. VALUE (if available)		9. NO. OF ANAL YSES	10. CONCENTRATION	11. MASS	12. LONG TERM AVERAGE VALUE		13. NO. OF ANAL YSES
				(a) CONCENTRATION	(b) MASS	(a) CONCENTRATION	(b) MASS	(a) CONCENTRATION	(b) MASS				(a) CONCENTRATION	(b) MASS	
GC/MS FRACTION - PESTICIDES (continued)															
17P. Heptachlor Epoxide (102457-3)		X													
18P. PCB 1242 (53469-21-9)		X													
19P. PCB 1254 (11097-69-1)		X													
20P. PCB 1221 (11104-28-2)		X													
21P. PCB 1232 (11141-16-5)		X													
22P. PCB 1248 (12672-29-6)		X													
23P. PCB 1260 (11096-82-5)		X													
24P. PCB 1016 (12674-11-2)		X													
25P. Toxaphene (8001-35-2)		X													

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EPA ID NUMBER (copy from Item 1 of Form 1)

ME 0002569

Form Approved OMB No. 158 R0173

OUTFALL NO

001

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. NO. OF ANALYSES	4. UNITS (specify if blank)	5. INTAKE (optional)				
	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVG. VALUE (if available)				6. CONCENTRATION	7. MASS	8. LONG TERM AVERAGE VALUE		9. NO. OF ANALYSES
	(a) CONCENTRATION	(b) MASS	(c) CONCENTRATION	(d) MASS	(e) CONCENTRATION	(f) MASS					(g) CONCENTRATION	(h) MASS	
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	625	VALUE		VALUE		1	MGD		VALUE			
g. Temperature (number)	VALUE	22	VALUE		VALUE		1	°C		VALUE			
h. Temperature (number)	VALUE		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 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT	2. PRESENCE		3. EFFLUENT						4. NO. OF ANALYSES	5. UNITS		6. INTAKE (optional)		7. NO. OF ANALYSES
	a. PRESENT	b. ABSENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVG. VALUE (if available)			6. CONCENTRATION	7. MASS	8. LONG TERM AVERAGE VALUE		
			(a) CONCENTRATION	(b) MASS	(c) CONCENTRATION	(d) MASS	(e) CONCENTRATION	(f) MASS				(g) CONCENTRATION	(h) MASS	
a. Bacteria (Coliforms)														
b. Chemicals														
c. Color														
d. Total Solids														
e. Chloride (as Cl)														
f. Fluoride (as F)														

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MAXIMUM DAILY VALUE		3. EFFLUENT		4. UNITS		5. INTAKE (optional)		6. NO. OF ANAL. YSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)									
h. Oil and Grease									
i. Phosphorus (as P), Total (7723 14 0)									
j. Radioactivity									
(1) Alpha, Total									
(2) Beta, Total									
(3) Radium, Total									
(4) Radium-226, Total									
k. Sulfate (as SO ₄), Total (14806 79 6)									
l. Sulfide (as S)									
m. Sulfite (as SO ₃), Total (14266 45 3)									
n. Surfactants									
o. Aluminum, Total (7429 90 5)									
p. Barium, Total (7440 39 3)									
q. Boron, Total (7440 42 8)									
r. Cobalt, Total (7440 48 4)									
s. Iron, Total (7439 89 6)									
t. Magnesium, Total (7439 95 4)									
u. Molybdenum, Total (7439 98 7)									
v. Manganese, Total (7439 96 5)									
w. Tin, Total (7440 31 5)									
x. Titanium, Total (7440 32 6)									

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

ME 0002569

Form Approved OMB No. 158-R0173

OUTFALL NO

001A

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		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVG. VALUE (if available)			D. NO. OF ANALYSES	A. LONG TERM AVERAGE VALUE		D. NO. OF ANALYSES
	(i) CONCENTRATION	(ii) MASS	(i) CONCENTRATION	(ii) MASS	(i) CONCENTRATION	(ii) MASS			(i) CONCENTRATION	(ii) MASS	
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	582	VALUE		VALUE		1	MGD		VALUE	
g. Temperature (winter)	VALUE	22	VALUE		VALUE		1	°C		VALUE	
h. Temperature (summer)	VALUE		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 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	3. EFFLUENT						4. UNITS	5. INTAKE (optional)			
	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVG. VALUE (if available)			D. NO. OF ANALYSES	A. LONG TERM AVERAGE VALUE		D. NO. OF ANALYSES
	(i) CONCENTRATION	(ii) MASS	(i) CONCENTRATION	(ii) MASS	(i) CONCENTRATION	(ii) MASS			(i) CONCENTRATION	(ii) MASS	
2. Bromide (24959-67-9)											
b. Chlorine, Total Residual											
c. Color											
d. Fecal Coliform											
e. Fluoride (146084-48-8)											
f. Nitrate Nitrite (as N)											

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (If available)	2. MAXIMUM DAILY VALUE (If available)		3. EFFLUENT (If available)		4. UNITS		5. INTAKE (optional)		6. NO. OF ANAL. YSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)									
h. Oil and Grease									
i. Phosphorus (as P), Total (7723 14 0)									
j. Radioactivity									
(1) Alpha, Total									
(2) Beta, Total									
(3) Radium, Total									
(4) Radium 226, Total									
k. Sulfate (as SO_4) (14808 29 8)									
l. Sulfide (as S)									
m. Sulfite (as SO_3) (14265 45 3)									
n. Surfactants									
o. Aluminum, Total (7429 90 5)									
p. Barium, Total (7440 39 3)									
q. Boron, Total (7440 42 8)									
r. Cobalt, Total (7440 48 4)									
s. Iron, Total (7439 89 6)									
t. Magnesium, Total (7439 95 4)									
u. Molybdenum, Total (7439 98 7)									
v. Manganese, Total (7439 96 5)									
w. Tin, Total (7440 31 5)									
x. Titanium, Total (7440 32 6)									

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EPA ID NUMBER (copy from Item 1 of Form 1)

ME 0002569

Form Approved OMB No. 158-R0173

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 (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANALYSES
	(i) CONCENTRATION	(j) MASS	(i) CONCENTRATION	(j) MASS	(i) CONCENTRATION	(j) MASS				(i) CONCENTRATION	(j) MASS	
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total suspended solids (TSS)												
e. Ammonia gas (NH ₃)												
f. Flow	VALUE	25	VALUE		VALUE		1	MGD		VALUE		
g. Temperature (ambient)	VALUE	41	VALUE		VALUE		1	°C		VALUE		
h. Temperature (surface)	VALUE		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 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT	2. PRESENT/ABSENT	3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANALYSES
		(i) CONCENTRATION	(j) MASS	(i) CONCENTRATION	(j) MASS	(i) CONCENTRATION	(j) MASS				(i) CONCENTRATION	(j) MASS	
a. Biochemical Oxygen Demand (BOD)													
b. Chemical Oxygen Demand (COD)													
c. Total Organic Carbon (TOC)													
d. Total suspended solids (TSS)													
e. Ammonia gas (NH ₃)													
f. Flow													
g. Temperature (ambient)													
h. Temperature (surface)													
i. pH													

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK A B. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	3. EFFLUENT		4. UNITS		5. INTAKE (optional)		6. NO. OF ANALYSES
		D. MAXIMUM 30 DAY VALUE (1) CONCENTRATION (2) MASS	E. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	F. CONCENTRATION	G. MASS	H. CONCENTRATION	I. MASS	
g. Nitrogen Total Organic (as N)								
h. Oil and Grease								
i. Phenolics (as P), Total (7723 14 0)								
j. Radioactivity								
(1) Alpha Total								
(2) Beta Total								
(3) Gamma Total								
(4) Radon Total								
k. Sulfate (as S), Total (14808 12 8)								
l. Sulfide (as S)								
m. Sulfite (as S), Total (14265 3b 3)								
n. Surfactants								
o. Aluminum Total (7429 90 5)								
p. Barium Total (7440 4b 3)								
q. Boron Total (7440 42 8)								
r. Cobalt Total (7440 4b 4)								
s. Iron, Total (7439 89 6)								
t. Magnesium Total (7439 95 4)								
u. Molybdenum Total (7439 98 7)								
v. Manganese Total (7439 96 b)								
w. Tin, Total (7440 31 5)								
x. Titanium Total (7440 32 6)								



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION I

J.F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

January 5, 1981

Mr. W. L. Flanders
Senior Staff Engineer
Central Maine Power Co.
Edison Drive
Augusta, ME 04336

Re: Reply to the Request for Waiver on some Aspects of
NPDES Application Form 2C
ME0002569 - Maine Yankee

Dear Mr. Flanders:

For outfalls: 001, 001A and 002, only temperature and
flow will be required to be tested.

Very truly yours,

Allen J. Ikalainen
Allen J. Ikalainen
Chief, Special Permits Development Section