



Agency Use

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

Form 2A. New and Existing Publicly Owned Treatment Works

Section 1. Basic Application Information for All Applicants

Facility Information

- 1.1 Facility Name _____
- Mailing Address _____
- Mailing City, State, Zip Code City _____ State _____ Zip Code _____
- Contact Name, Title Name _____ Title _____
- Contact Phone, Email Address Phone _____ Email _____
- Location Address _____
- Location City, State, Zip Code City _____ State _____ Zip Code _____

- 1.2 Is this application for a facility that has yet to commence discharge?
- No. Yes. See instructions on data submission requirements for new dischargers.

Applicant Information

- 1.3 Is applicant different from entity listed under Item 1.1 above?
- No. Skip to Item 1.4. Yes. Complete the applicant information below.
- Applicant Name _____
- Applicant Address _____
- City, State, Zip Code City _____ State _____ Zip Code _____
- Contact Name, Title Name _____ Title _____
- Contact Phone Number, Email Phone _____ Email _____
- 1.4 Is the applicant the facility's owner, operator, or both? (Check only one response.)
- Owner Operator Both
- 1.5 To which entity should the MPDES permitting authority send correspondence? (Check only one response.)
- Facility Applicant Facility and applicant (they are one and the same)

Existing Environmental Permits

- 1.6 Indicate below any existing environmental permits and provide the corresponding permit number for each.
- MPDES/NPDES (discharges to surface water) _____ NESHAPs (CAA) _____
- RCRA (hazardous waste) _____ Dredge or fill (Section 404) _____
- UIC (underground injection control) _____ Nonattainment program (CAA) _____
- PSD (air emissions) _____ Other (specify) _____

Collection System and Population Served

1.7 Provide the collection system information requested below for the treatment works.

Population Served _____ Municipality: _____	Collection System Type (indicate percentage) _____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	Ownership Status <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
Population Served _____ Municipality: _____	Collection System Type (indicate percentage) _____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	Ownership Status <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
Population Served _____ Municipality: _____	Collection System Type (indicate percentage) _____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	Ownership Status <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
Population Served _____ Municipality: _____	Collection System Type (indicate percentage) _____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	Ownership Status <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
Total Population Served _____	_____ Total Percentage of Sanitary Sewer System _____ Total Percentage of Combined Storm and Sanitary Sewer	

Indian Country

1.8 Is the treatment works located in Indian Country?

- No. Yes.

1.9 Does the facility discharge to a receiving water that flows through Indian Country?

- No. Yes.

Design and Actual Flow Rates

1.10 Provide design *and* actual flow rates in the designated spaces.

Design Flow Rate (mgd) _____

Actual Annual Average Flow Rates (mgd): Two years ago _____ Last Year _____ This Year _____

Actual Maximum Daily Flow Rates (mgd): Two years ago _____ Last Year _____ This Year _____

Discharge Points by Type

1.11 Provide the total number of effluent discharge points to state waters by type.

Treated Effluent _____ Untreated Effluent _____

Combined Sewer Overflows _____ Constructed Emergency Overflows _____

Bypasses _____

Outfalls and Other Discharge or Disposal Methods

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to state waters?

- No. Skip to Item 1.14. Yes. Continue below.

1.13 Provide the location of each surface impoundment and associated discharge information in the table below.

Surface Impoundment Location and Discharge Data		
Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.14 Is wastewater applied to land?

- No. Skip to Item 1.16 Yes. Continue below.

1.15 Provide the land application site and discharge data requested below.

Land Application Site and Discharge Data			
Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.16 Is effluent transported to another facility for treatment prior to discharge?

- No. Skip to Item 1.21 Yes. Continue below.

1.17 Describe the means by which the effluent is transported (e.g., tank truck, pipe).

1.18 Is the effluent transported by a party other than the applicant?

- No. Skip to Item 1.20 Yes. Complete 1.19 below.

1.19 Provide information on the transporter below.

Entity Name (company name) _____

Mailing Address _____

City, State, Zip Code City _____ State _____ Zip Code _____

Contact Name, Title Name _____ Title _____

Phone Number, Email Address Phone _____ Email _____

Outfalls and Other Discharge or Disposal Methods Continued

1.20 In the table below, indicate the name, address, contact information, MPDES number, and average daily flow rate of the receiving facility.

Facility Name _____

Mailing Address _____

City, State, Zip Code City _____ State _____ Zip Code _____

Contact Name, Title Name _____ Title _____

Contact Phone, Email Address Phone _____ Email _____

MPDES Number _____ None

Average Daily Flow Rate _____ mgd

1.21 Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to state waters?

No. Skip to Item 1.23 Yes. Complete 1.22 below.

1.22 Provide information in the table below on these other disposal methods.

Information on Other Disposal Methods				
Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Variance Requests

1.23 Do you intend to request or renew a variance at ARM 17.30.1322(14)?

No. No additional information is required.
 Yes. Specify which ARM 17.30.1322(14) variance you intend to request. _____

Contractor Information

1.24 Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?

No. Skip to Section 2 Yes. Continue below.

1.25 Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities. Attach additional sheets if necessary.

Contractor (company) Name _____

Mailing Address _____

City, State, Zip Code City _____ State _____ Zip Code _____

Contact Name, Title Name _____ Title _____

Phone Number, Email Phone _____ Email _____

Operational and Maintenance Responsibilities of Contractor _____

Section 2. Additional Information

Design Flow

2.1 Does the treatment works have a design flow greater than or equal to 0.1 mgd?

- No. Skip to Section 3 Yes. Continue below.

Inflow and Infiltration

2.2 Provide the treatment works' current average daily volume of inflow and infiltration _____ gpd

Indicate the steps the facility is taking to minimize inflow and infiltration.

Topographic Map

2.3 Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.)

- No. Yes.

Flow Diagram

2.4 Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.)

- No. Yes.

Scheduled Improvements and Schedules of Implementation

2.5 Are improvements to the facility scheduled?

- No. Skip to Section 3. Yes. Briefly list and describe the scheduled improvements below.

Scheduled Improvements:

- 1.
- 2.
- 3.
- 4.

2.6 Provide scheduled or actual dates of completion for improvements.

Scheduled or Actual Dates of Completion for Improvements					
Scheduled Improvement (from above)	Affected Outfall Number	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
1.					
2.					
3.					
4.					

2.7 Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response.

- No. Yes. None required or applicable

Explanation:

Section 3. Information on Effluent Discharges

Description of Outfalls

3.1 Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)

	Outfall Number _____	Outfall Number _____	Outfall Number _____
State			
County			
City or town			
Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.
Average daily flow rate	mgd	mgd	mgd
Latitude			
Longitude			

Seasonal or Periodic Discharge Data

3.2 Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges?

- No. Skip to Item 3.4 Yes. Continue below.

3.3 If so, provide the following information for each applicable outfall.

	Outfall Number _____	Outfall Number _____	Outfall Number _____
Number of times per year discharge occurs			
Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd
Months in which discharge occurs			

Diffuser Type

3.4 Are any of the outfalls listed under Item 3.1 equipped with a diffuser?

- No. Skip to Item 3.6 Yes. Complete Item 3.5 below.

3.5 Briefly describe the diffuser type at each applicable outfall.

	Outfall Number _____	Outfall Number _____	Outfall Number _____
Diffuser Description			

Waters of the State

3.6 Does the treatment works discharge or plan to discharge wastewater to state waters from one or more discharge points?

- No. Skip to Item 3.8 Yes. Continue below.

Receiving Water Description

3.7 Provide the receiving water and related information (if known) for each outfall.

	Outfall Number _____	Outfall Number _____	Outfall Number _____
Receiving water name			
Name of watershed, river, or stream system			
U.S. Soil Conservation Service 14-digit watershed code			
Name of state management/river basin			
U.S. Geological Survey 8-digit hydrologic cataloging unit code			
Critical low flow (acute)	cfs	cfs	cfs
Critical low flow (chronic)	cfs	cfs	cfs
Total hardness at critical low flow	mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃

Treatment Description

3.8 Provide the following information describing the treatment provided for discharges from each outfall.

	Outfall Number _____	Outfall Number _____	Outfall Number _____
Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other _____
Design Removal Rates by Outfall			
BOD ₅ or CBOD ₅	%	%	%
TSS	%	%	%
Phosphorus	% <input type="checkbox"/> Not applicable	% <input type="checkbox"/> Not applicable	% <input type="checkbox"/> Not applicable
Nitrogen	% <input type="checkbox"/> Not applicable	% <input type="checkbox"/> Not applicable	% <input type="checkbox"/> Not applicable
Other _____	% <input type="checkbox"/> Not applicable	% <input type="checkbox"/> Not applicable	% <input type="checkbox"/> Not applicable

Treatment Description Continued

3.9 Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.

	Outfall Number _____	Outfall Number _____	Outfall Number _____
Disinfection type			
Seasons used			
Dechlorination used?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

Effluent Testing Data

3.10 Have you completed monitoring for all Table A parameters and attached the results to the application package?

- No. Yes.

3.11 Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility’s discharges or on any receiving water near the discharge points?

- No. Skip to Item 3.13. Yes. Continue below.

3.12 Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility’s discharges by outfall number or of the receiving water near the discharge points.

	Outfall Number _____		Outfall Number _____		Outfall Number _____	
	Acute	Chronic	Acute	Chronic	Acute	Chronic
Number of tests of discharge water						
Number of tests of receiving water						

3.13 Does the treatment works have a design flow greater than or equal to 0.1 mgd?

- No. Skip to Item 3.16. Yes. Continue below.

3.14 Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent?

- No. Complete Table B, omitting chlorine. Yes. Complete Table B, including chlorine.

3.15 Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package?

- No. Yes.

3.16 Does one or more of the following conditions apply?

- The facility has a design flow greater than or equal to 1 mgd.
- The POTW has an approved pretreatment program or is required to develop such a program.
- The MPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).

- No. Skip to Section 4. Yes. Complete Tables C, D, and E as applicable.

3.17 Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package?

- No. Yes.

Effluent Testing Data Continued

3.18 Have you completed monitoring for all applicable Table D pollutants required by your MPDES permitting authority and attached the results to this application package?

- No additional sampling required by MPDES. Yes. Continue below.

3.19 Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years?

- No. Complete tests and Table E and skip to Item 3.26. Yes. Continue below.

3.20 Have you previously submitted the results of the above tests to your MPDES permitting authority?

- No. Provide results in Table E and skip to item 3.26 Yes. Continue below.

3.21 Indicate the dates the data were submitted to your MPDES permitting authority and provide a summary of the results.

Date(s) Submitted (MM/DD/YYYY)	Summary of Results

3.22 Regardless of how you provided your WET testing data to the MPDES permitting authority, did any of the tests result in toxicity?

- No. Skip to Item 3.26. Yes. Continue below.

3.23 Describe the cause(s) of the toxicity:

3.24 Has the treatment works conducted a toxicity reduction evaluation?

- No. Skip to Item 3.26. Yes. Continue below.

3.25 Provide details of any toxicity reduction evaluations conducted:

3.26 Have you completed Table E for all applicable outfalls and attached the results to the application package?

- Not applicable because previously submitted information. Yes.

Section 5. Combined Sewer Overflows

CSO Map and Diagram

- 5.1 Does the treatment works have a combined sewer system?
 No. Skip to Section 6. Yes. Continue below.
- 5.2 Have you attached a CSO system map to this application? (See instructions for map requirements.)
 No. Yes.
- 5.3 Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.)
 No. Yes.

CSO Outfall Description

5.4 For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)

	CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____
City or town			
State and ZIP code			
County			
Latitude			
Longitude			
Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.

CSO Monitoring

5.5 Did the POTW monitor any of the following items in the past year for its CSO outfalls?

	CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____
Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CSO Events in Past Year

5.6 Provide the following information for each of your CSO outfalls.

	CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____
Number of CSO events in the past year	_____ events	_____ events	_____ events
Average duration per event	_____ hours <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	_____ hours <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	_____ hours <input type="checkbox"/> Actual <input type="checkbox"/> Estimated
Average volume per event	_____ million gallons <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	_____ million gallons <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	_____ million gallons <input type="checkbox"/> Actual <input type="checkbox"/> Estimated
Minimum rainfall causing a CSO event in last year	_____ inches of rainfall <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	_____ inches of rainfall <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	_____ inches of rainfall <input type="checkbox"/> Actual <input type="checkbox"/> Estimated

CSO Receiving Waters

5.7 Provide the information in the table below for each of your CSO outfalls.

	CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____
Receiving water name			
Name of watershed/ stream system			
U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
Name of state management/river basin			
U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

Section 6. Certification Statement

6.1 Certification Statement

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 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. [75-5-633, MCA].

Name (print or type first and last name)	Official title
Signature	Date signed

Table A. Effluent Parameters for All POTWs							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD ₅ <input type="checkbox"/> CBOD ₅							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
pH (minimum)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
pH (maximum)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Temperature (winter)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Temperature (summer)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total suspended solids (TSS)							<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

Table B. Effluent Parameters for all POTWs with a Flow Equal to or Greater than 0.1 MGD.							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids							<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

Table C. Effluent Parameters for Selected POTWs							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO ₃)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Arsenic, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cadmium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chromium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Copper, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Lead, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Mercury, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Selenium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Silver, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cyanide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total phenolic compounds							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Volatile Organic Compounds							
Acrolein							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acrylonitrile							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bromoform							<input type="checkbox"/> ML <input type="checkbox"/> MDL

Table C. Effluent Parameters for Selected POTWs							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorodibromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloroethylvinyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroform							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dichlorobromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
trans-1,2-dichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichloropropylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl bromide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2,2-tetrachloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Tetrachloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Toluene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,1-trichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2-trichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Trichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

Table C. Effluent Parameters for Selected POTWs							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Vinyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acid-Extractable Compounds							
p-chloro-m-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Base-Neutral Compounds							
Acenaphthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acenaphthylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzidine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,4-benzofluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(ghi)perylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(k)fluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

Table C. Effluent Parameters for Selected POTWs							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Bis (2-chloroethoxy) methane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethyl) ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-bromophenyl phenyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Butyl benzyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloronaphthalene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-chlorophenyl phenyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chrysene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-octyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dibenzo(a,h)anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Diethyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dimethyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrotoluene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,6-dinitrotoluene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-diphenylhydrazine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

Table C. Effluent Parameters for Selected POTWs							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Fluorene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclopentadiene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodi-n-propylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodimethylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

Table D. Additional Pollutants as Required by MPDES Permitting Authority							
Pollutant (list)	Maximum Daily Discharge		Average Daily Discharge			Analytical Method¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<input type="checkbox"/> No additional sampling is required by MPDES permitting authority.							
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

Table E. Effluent Monitoring for Whole Effluent Toxicity			
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.			
Test Information			
	Test Number _____	Test Number _____	Test Number _____
Test species			
Age at initiation of test			
Outfall number			
Date sample collected			
Date test started			
Duration			
Toxicity Test Methods			
Test method number			
Manual title			
Edition number and year of publication			
Page number(s)			
Sample Type			
Check one:	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite
Sample Location			
Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
Point in Treatment Process			
Describe the point in the treatment process at which the sample was collected for each test.			
Toxicity Type			
Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both

Table E. Effluent Monitoring for Whole Effluent Toxicity						
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.						
	Test Number _____		Test Number _____		Test Number _____	
Test Type						
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through		<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through		<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	
Source of Dilution Water						
Indicate the source of dilution water. (Check one response.)	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water		<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water		<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	
If laboratory water, specify type.						
If receiving water, specify source.						
Type of Dilution Water						
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)		<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)		<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	
Percentage Effluent Used						
Specify the percentage effluent used for all concentrations in the test series.						
Parameters Tested						
Check the parameters tested.	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent		%		%		%
LC ₅₀						
95% confidence interval		%		%		%
Control percent survival		%		%		%

Table E. Effluent Monitoring for Whole Effluent Toxicity						
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.						
	Test Number _____		Test Number _____		Test Number _____	
Acute Test Results Continued						
Other (describe)						
Chronic Test Results						
NOEC		%		%		%
IC ₂₅		%		%		%
Control percent survival		%		%		%
Other (describe)						
Quality Control/Quality Assurance						
Is reference toxicant data available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?						
Other (describe)						

Table F. Industrial Discharge Information			
Response space is provided for three SIUs. Copy the table to report information for additional SIUs.			
	SIU ____	SIU ____	SIU ____
Name of SIU			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Description of all industrial processes that affect or contribute to the discharge.			
List the principal products and raw materials that affect or contribute to the SIU's discharge.			
Indicate the average daily volume of wastewater discharged by the SIU.	gpd	gpd	gpd
How much of the average daily volume is attributable to process flow?	gpd	gpd	gpd
How much of the average daily volume is attributable to non-process flow?	gpd	gpd	gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Under what categories and subcategories is the SIU subject?			

Table F. Industrial Discharge Information			
Response space is provided for three SIUs. Copy the table to report information for additional SIUs.			
	SIU ____	SIU ____	SIU ____
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			