

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 N/C/S
 ADDRESS
 FACILITY
 LOCATION
 A/E/R:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

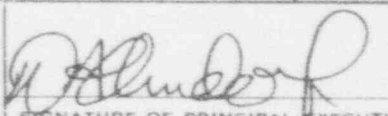
PA0025015
 PERMIT NUMBER
 101 A
 DISCHARGE NUMBER

MAJOR (SUBS US)
 F - FIDAL
 101 CHEMICAL WASTE TREATMENT
 Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

MONITORING PERIOD
 FROM YEAR 94 MO 02 DAY 01 TO YEAR 94 MO 02 DAY 29
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (4 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (46-53) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-65) | SAMPLE TYPE (69-70) |
|---------------------------------------|--------------------|---|--------------------|-------|--|------------------|--------------------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| 00400 1 0 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | 6.81 | ***** | 7.58 | (12) | 0 | 1/WK G |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 30 | | WEEKLY GRAB |
| 00330 1 0 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | 4.34 | 5.36 | (19) | 0 | 1/7 2HC |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 NO AVG | 100 DAILY MX | MG/L | | WEEKLY COMP-2 |
| 00330 1 0 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | 5.14 | 5.57 | (19) | 0 | 1/7 G |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 NO AVG | 20 DAILY MX | MG/L | | WEEKLY GRAB |
| 00610 1 0 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | NA | NA | (19) | 0 | NA NA |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT NO AVG | REPORT DAILY MX | MG/L | | WEEKLY GRAB |
| 00330 1 0 0 0 EFFLUENT GROSS VALUE | | 0.010 | 0.032 | (03) | ***** | ***** | ***** | | 0 | 1/0 CONT. |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | DAILY CONTIN |
| 01313 1 0 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | NA | NA | (19) | 0 | NA NA |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT NO AVG | REPORT DAILY MX | MG/L | | WEEKLY GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

| | | | | | | |
|--|--|---|----------------|------|----|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE | | |
| TYPED OR PRINTED | | | 412 393-5113 | 94 | 03 | 24 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NA = Not applicable

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME PAVOZSOLIS

ADDRESS 201 A

1110; SAUNON ROAD

SAUNON ROAD CA 95077

FACILITY

LOCATION

1110; SAUNON ROAD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAVOZSOLIS
PERMIT NUMBER

201 A
DISCHARGE NUMBER

MAJOR (SUDA 05)
F - FINAL
201 SUDA 05 REGENERANTS

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 26 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

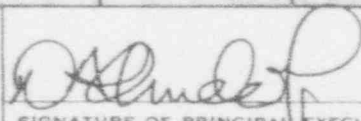
| PARAMETER (32-37) | SAMPLE MEASUREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) | | | NO. EX (52-63) | FREQUENCY OF ANALYSIS (54-65) | SAMPLE TYPE (69-70) |
|--|--------------------|---|--------------------|---------------|--|-----------------|-----------------|----------------|-------------------------------|-----------------------|
| | | AVERAGE (46-53) | MAXIMUM (54-61) | UNITS (54-61) | MINIMUM (38-45) | AVERAGE (46-53) | MAXIMUM (54-61) | | | |
| Pb 00400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | 7.24 | ***** | 7.30 | (12) | 0 | 2/28 G |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 50 | | TWICE/GRAB MONTH |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <4.00 | <4.00 | (19) | 0 | 2/28 G |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 NO AVG | 100 DAILY MX | MG/L | | TWICE/GRAB MONTH |
| OIL AND GREASE FROM CATHODIC TANK 00550 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <5.00 | <5.00 | (19) | 0 | 2/28 G |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 NO AVG | 20 DAILY MX | MG/L | | TWICE/GRAB MONTH |
| FLOW, IN CONTROL OR THRU TREATMENT PLANT 00030 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.001 | 0.019 | (03) | ***** | ***** | ***** | | 0 | 2/28 EST |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | MG/D | ***** | ***** | ***** | ***** | | TWICE/ESTIMA MONTH |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
AREA CODE NUMBER
DATE
94 03 24
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIT 2 AUX BUIER BLUNDOWN
 ADDRESS 10000 10000
10000 10000
10000 10000

FACILITY _____
 LOCATION _____
 STATE _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PA0025015
 PERMIT NUMBER

301
 DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 20 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

PAJON (SJA 05)
 1 - FINAL
 UNIT 2 AUX BUIER BLUNDOWN
 Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (54-61) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------|---|--------------------|-------|--|--------------|-----------------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| SOLIDS, TOTAL SUSPENDED 00330 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | <4.00 | <5.00 | <4.00 | (19) | 0 2/28 G |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 NO AVG | 100 DAILY MX | MG/L | | TWICE/GRAB MONTH |
| Oil and Grease PACON EXHAUSTION 00330 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | <5.00 | <5.00 | | (19) | 0 2/28 G |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 NO AVG | DAILY MX | MG/L | | TWICE/GRAB MONTH |
| FLOW, IN CUBIC FEET OR THRU TREATMENT PLANT 00000 1 0 0 EFFLUENT GROSS VALUE | ***** | 0.001 | 0.001 | (03) | ***** | ***** | ***** | ***** | | 0 1/7 EST |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | WEEKLY ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 18 USC § 1319. Penalties under these statutes may include fines up to \$100k and/or maximum imprisonment of between 6 months and 3 years.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 94 03 24
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME OF THE FACILITY: WATER TREATMENT PLANT

ADDRESS: 1001 10th St

11th Street, Union

Union, Michigan

FACILITY

LOCATION

STATE: MICHIGAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER: PA0025615

(2-16)

DISCHARGE NUMBER: 401 6

(17-19)

MAJOR (SUSP) F - FINAL CHEM. FEED AREA OF AUX BUILDING

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 74 | 02 | 01 | | 74 | 02 | 28 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

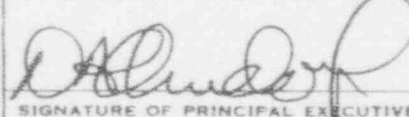
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-43) | | | NO. EX (52-63) | FREQUENCY OF ANALYSIS (54-68) | SAMPLE TYPE (59-70) |
|--|--------------------|---|--------------------|---------------|--|-----------------|-------------------|----------------|-------------------------------|---------------------|
| | | AVERAGE (46-53) | MAXIMUM (54-61) | UNITS (54-61) | MINIMUM (38-43) | AVERAGE (46-53) | MAXIMUM (54-61) | | | |
| PH | | ***** | ***** | | | ***** | | (12) | | |
| 00400 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 MINIMUM | ***** | REPORT MAXIMUM | 50 | | TWICE/GRAB MONTH |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 NO AVG | 100 DAILY MX | MG/L | | TWICE/GRAB MONTH |
| OIL AND GREASE FROM EXISTING AREA | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | |
| 00550 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 NO AVG | 20 DAILY MX | MG/L | | TWICE/GRAB MONTH |
| FLOW, IN CUBIC FT OR LTRD TREATMENT PLANT | SAMPLE MEASUREMENT | NO FLOW | | (03) | ***** | ***** | ***** | | | 0 1/2 EST |
| 00050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
Chemistry Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 23 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
DATE: 94 03 24
AREA CODE: 412 NUMBER: 393-5113 YEAR: 94 NO: 03 DAY: 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Flow

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ALLEN FORDER UNION
 ADDRESS 400 W. 1st St
ALLEN, IOWA 50001

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0023415 DISCHARGE NUMBER 301 A

CAJON (5088 05)
 r - FINAL
 UNIL I GEMIN BLWDR FILE N

Form Approved.
 OMB No. 2040-0004.
 Approval expires 6-30-91.

FACILITY ALLEN FORDER UNION
 LOCATION ALLEN FORDER UNION

MONITORING PERIOD
 FROM YEAR 94 MO 02 DAY 01 TO YEAR 94 MO 02 DAY 25
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (46-53) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------|---|-----------------|---------------|--|-----------------|-----------------|----------------|-------------------------------|---------------------|
| | | AVERAGE (54-55) | MAXIMUM (54-61) | UNITS (54-61) | MINIMUM (48-45) | AVERAGE (46-53) | MAXIMUM (54-61) | | | |
| SOLIDS, TOTAL SUSPENDED SOLIDS 00330 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | No Flow | | (19) | 0 1/2 NA NA | NA NA |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 NO AVG | 100 DAILY MX | MG/L | | WEEKLY GRAB |
| FLOW, IN CUBIC FEET PER SECOND 50050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | NO FLOW | | (03) | ***** | ***** | ***** | | 0 1/2 | EST |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY STINA |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113 DATE 94 03 24
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Flow

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME ALVIN RUDOLPH DUBOIS
 ADDRESS 1000 N. 10th St
ALVIN RUDOLPH DUBOIS
BRIDGEVILLE Pa 15017

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (17-19)
 PA0025075
 PERMIT NUMBER
 001 A
 DISCHARGE NUMBER

MAJOR (508R 05)
 F - FINAL
 UNITS 162 COOLG. TOWER BLEWDS.

Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

FACILITY
 LOCATION
 ALVIN RUDOLPH DUBOIS

MONITORING PERIOD
 FROM YEAR 94 MO 02 DAY 21 TO YEAR 94 MO 02 DAY 28
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-43) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-----------------------|--------------------|---|-----------------|-------|--|-----------------|-----------------|-------|----------------|-------------------------------|---------------------|
| | | AVERAGE (46-53) | MAXIMUM (54-61) | UNITS | MINIMUM (38-43) | AVERAGE (46-53) | MAXIMUM (54-61) | UNITS | | | |
| Pa | SAMPLE MEASUREMENT | ***** | ***** | | 7.56 | ***** | 8.03 | (12) | 0 | 1/7 | G |
| 00490 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | 6.5 | ***** | 9.0 | | | WEEKLY GRAB | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | (19) | 0 | NA | NA |
| WILCOX, RIVER | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | REPORT NO AVG | REPORT DAILY MX | | | WEEKLY GRAB | |
| TOTAL (15 N) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | (19) | 0 | 1/0 | CONT |
| 00510 1 0 1 | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | ***** | | | DAILY CONTIN | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | (19) | 0 | 2/0 | G |
| FLOW, IN CONDUIT (IN) | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | ***** | | | CONTIN RECORD | |
| THRU INSTALLED PUMP | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | (19) | 0 | NA | NA |
| 00000 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | ***** | | | WEEKLY GRAB | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | (19) | 0 | NA | NA |
| CULVERT, FROM | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | ***** | | | WEEKLY GRAB | |
| AVAILABLE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | (19) | 0 | NA | NA |
| 00004 1 0 1 | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | ***** | | | WEEKLY GRAB | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | (19) | 0 | NA | NA |
| HYDRAULIC | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | ***** | | | WEEKLY GRAB | |
| 01313 1 0 1 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | (19) | 0 | NA | NA |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | ***** | | | WEEKLY GRAB | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 4 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 393-5113

DATE
 94 03 24

AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 HYDRAULIC AND WILCOX MONITORING TO APPLY DURING PERIODS OF NET LAYOUT. QUARTERLY SAMPLING TO BE CONDUCTED IN 00004 PUMP.
 NA = Not Applicable

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME OLYMPIA WASTE POWER PLANT
ADDRESS 4000 104th Ave NE, ANDERSON BLDG
SHIPPERSVILLE PA 15077
FACILITY _____
LOCATION _____
PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
PA0025413 (102 A)
PERMIT NUMBER (DISCHARGE NUMBER)
MONITORING PERIOD
 FROM YEAR 94 MO 02 DAY 01 TO YEAR 94 MO 02 DAY 28
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

HAJOS (SUBD US)
 F - FINAL
 102 INTAKE SCREENHOUSE
 Form Approved.
 OMB No. 2040-0004.
 Approval expires 6-30-91.
 *** NO DISCHARGE [] ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-43) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|---|---|--------------------|-------|--|--------------|-----------------|-------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.03 | ***** | 7.14 | (12) | 0 | 2/28 | G |
| 00400 1 0 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 50 | | TWICE/GRAB MONTH | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 4.67 | 5.33 | (19) | 0 | 2/28 | G |
| 00530 1 0 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 30 NO AVG | 100 DAILY MX | MG/L | | TWICE/GRAB MONTH | |
| OIL AND GREASE FROM INTAKE SCREEN | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <5.00 | <5.00 | (19) | 0 | 2/28 | G |
| 00550 1 0 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 15 NO AVG | 20 DAILY MX | MG/L | | TWICE/GRAB MONTH | |
| FLOW, IN CUBIC FT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.001 | 0.001 | (U3) | ***** | ***** | ***** | | 0 | 2/28 | EST. |
| 00650 1 0 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | MG/D | ***** | ***** | ***** | **** | | TWICE/ESTIMA MONTH | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | |
|--|--|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 3 years. | TELEPHONE | | DATE | | |
| | | 412 | 393-5113 | 94 | 03 | 24 |
| TYPE OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Refer to all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME DRY CLEANERS CORP. STRAUB
 ADDRESS P.O. BOX 4
ATLANTA GEORGIA 30301

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PA0025615 (2-16) PERMIT NUMBER
 002 a (17-19) DISCHARGE NUMBER

WJ00a (SUBA 03)
 c - FINAL
 INTAKE SCREEN BACKWASH
 Form Approved OMB No. 2040-0004
 Approval expires 6-30-91.

FACILITY _____
 LOCATION _____
 SITE: ATLANTA GEORGIA

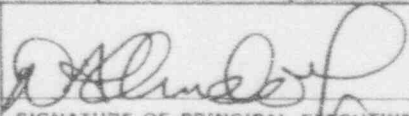
MONITORING PERIOD
 FROM YEAR 94 MO 02 DAY 21 TO YEAR 94 MO 02 DAY 28
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING | | | (4 Card Only) QUALITY OR CONCENTRATION | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-65) | SAMPLE TYPE (69-70) |
|--|--------------------|-----------------------------------|-----------------|-------|--|-----------------|-----------------|----------------|-------------------------------|---------------------|
| | | AVERAGE (46-51) | MAXIMUM (54-61) | UNITS | MINIMUM (38-43) | AVERAGE (46-53) | MAXIMUM (34-61) | | | |
| FLOW, IN CONDUIT OR THROUGH TREATMENT UNIT | 0.006 | 0.046 | (03) | ***** | ***** | ***** | 0 | 1/7 | EST. | |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | *** | WEEKLY ESTIMA | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 18 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 DATE: 94 03 24
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME CLAYTON TRUSS CATCH BASIN
 ADDRESS U.S. BOA #
115, HUNTER COLLEGE
BRONX, NY 10477

FACILITY
 LOCATION
115, HUNTER COLLEGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PA0025515
 PERMIT NUMBER

103 R
 DISCHARGE NUMBER

HAJOU
 (SUBB US)
 F - FINAL
 SLUDGE SATTLING BASIN

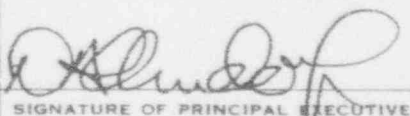
Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 20 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | X | (3 Card Only) QUANTITY OR LOADING (46-52) | | | (4 Card Only) QUALITY OR CONCENTRATION (54-61) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------------------|---|---|--------------------|-------|--|--------------|-----------------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | 7.09 | ***** | 7.12 | (12) | 0 | 2/28 G |
| | | ***** | ***** | *** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 50 | | TWICE/GRAB MONTH |
| 00330 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | *** | ***** | 30 NO AVG | 100 DAILY MX | MG/L | | TWICE/COMP24 MONTH |
| 00030 1 0 0 EFFLUENT GROSS VALUE | | 0.014 | 0.014 | (03) | ***** | ***** | ***** | | 0 | 2/28 EST |
| | | REPORT NO AVG | REPORT DAILY MX | MG/D | ***** | ***** | ***** | *** | | TWICE/ESTIMA MONTH |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
|--|---|-------------------------------|---|-----------|--------|------|----|-----|--|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.) | TELEPHONE 412 393-5113 | DATE | | | | | | | |
| | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  | AREA CODE | NUMBER | YEAR | MO | DAY | | |
| TYPED OR PRINTED | | | | | | | | | | |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: PA0025615
 ADDRESS: 400 S. ...
...
...

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER: PA0025615
 DISCHARGE NUMBER: 203 A

MAJOR (300H US) - FINAL
 Form Approved OMB No. 2040-0004
 Approval expires 6-30-91

FACILITY: ...
 LOCATION: ...
 APTS: ...

MONITORING PERIOD
 FROM YEAR 94 MO 02 DAY 01 TO YEAR 94 MO 02 DAY 25
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|--------------------|---|-----------------|-------|--|---------------|-------------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| Pb | SAMPLE MEASUREMENT | ***** | ***** | | 6.63 | ***** | 6.70 | (12) | 0 2/28 | G |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 30 | | TWICE/GRAB MONTH |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 22.67 | 26.05 | (19) | 0 2/28 | 8HC |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 30 NO AVG | 60 DAILY MX | MG/L | | TWICE/COMP-8 MONTH |
| Pb, IN CONCENTRATION THROUGH TREATMENT PLANT | SAMPLE MEASUREMENT | 0.004 | 0.008 | (03) | ***** | ***** | ***** | | 0 1/7 | MEAS |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 0.023 NO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | *** | | WEEKLY/BEASRD |
| COALFISH, FISH GENERAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.00 | ***** | (13) | 0 2/28 | G |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 2000 30DA GEO | ***** | 1 | | TWICE/GRAB MONTH |
| BOD, CARBONICUS US DAY, 20C | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 19.00 | 28.00 | (19) | 0 2/28 | 8HC |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 25 NO AVG | 50 DAILY MX | MG/L | | TWICE/COMP-8 MONTH |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 DATE: 94 03 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME PAUOZSOLIS

ADDRESS 111 DVA

1111 DVA

1111 DVA

FACILITY

LOCATION

1111 DVA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAUOZSOLIS

PERMIT NUMBER

303 A

DISCHARGE NUMBER

MAJOR (303 A) FINAL UNIT 1 OIL WATER SEPARATOR

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

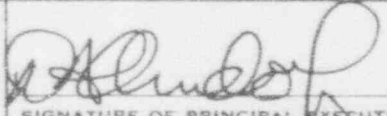
MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 29 |
| | (12-21) | (12-23) | (12-25) | | (12-27) | (12-29) | (12-31) |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING (46-51) | | | (4 Card Only) QUALITY OR CONCENTRATION (46-51) | | | NO. EX (52-53) | FREQUENCY OF ANALYSIS (54-58) | SAMPLE TYPE (60-70) |
|--|--------------------|---|-----------------|-------|--|-----------|--------------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.63 | ***** | 7.27 | (12) | 0 1/7 | G |
| | PERMIT REQUIREMENT | ***** | ***** | *** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 30 | | WEEKLY GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 10.18 | 19.4 | (19) | 0 1/7 | G |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 30 MG AVG | 100 DAILY MX | MG/L | | WEEKLY GRAB |
| OIL AND GREASE FROM LABORATORY | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <5.00 | <5.00 | (19) | 0 1/7 | G |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 15 NO AVG | 20 DAILY MX | MG/L | | WEEKLY GRAB |
| FLOX, IN COMBINATION THROUGH TREATMENT PLANT | SAMPLE MEASUREMENT | 0.019 | 0.056 | (03) | ***** | ***** | ***** | | 0 1/7 | EST |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | *** | | WEEKLY ESTIAA |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

| | | | | | | | |
|--|---|---|-----------|----------|------|----|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.) | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  | TELEPHONE | | DATE | | |
| | | | 412 | 393-5113 | 94 | 03 | 24 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME PAUO 23015
 ADDRESS 403 A
1111 ANAHEA DRIVE
SHIPPINGPORT HI 15077
 FACILITY _____
 LOCATION _____
1111 ANAHEA DRIVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)
 PAUO 23015 403 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBD US) Form Approved OMB No. 2040-0004
 F - RIAL Approval expires 6-30-91.
 CONDENSATE BLOWDOWN & RIVA WAI

MONITORING PERIOD
 FROM YEAR 94 MO 01 DAY 01 TO YEAR 94 MO 02 DAY 26
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | X | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (46-53) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-65) | SAMPLE TYPE (69-70) |
|-----------------------------------|--------------------|---|-----------------|---------------|--|-----------------|-----------------|----------------|-------------------------------|---------------------|
| | | AVERAGE (46-53) | MAXIMUM (54-61) | UNITS (54-61) | MINIMUM (54-61) | AVERAGE (46-53) | MAXIMUM (46-53) | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.38 | ***** | 7.38 | (12) | 0 1/7 | G |
| | PERMIT REQUIREMENT | ***** | ***** | *** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 30 | | WEEKLY GRAB |
| SULFIDE, TOTAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 17.39 | 17.39 | (19) | 0 1/7 | G |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 30 NO AVG | 100 DAILY MX | MG/L | | WEEKLY GRAB |
| CHLORIDE, FREE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 13.05 | 13.05 | (19) | 0 1/7 | G |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 15 NO AVG | 20 DAILY MX | MG/L | | WEEKLY GRAB |
| NITROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | NA | NA | (19) | 0 NA | NA |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | REPORT NO AVG | REPORT DAILY MX | MG/L | | WEEKLY GRAB |
| FLOW, IN CONDUIT OR THROUGH INLET | SAMPLE MEASUREMENT | 0.001 | 0.005 | (03) | ***** | ***** | ***** | | 0 1/7 | EST |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | MG/D | ***** | ***** | ***** | *** | | WEEKLY ESTIMA |
| ARSENIC | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | NA | (19) | 0 NA | NA |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 0 DAILY MX | MG/L | | WEEKLY GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: David Orndorf, Chemistry Manager
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 18 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 5 years.)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *David Orndorf*
 TELEPHONE: 412 393-5113
 DATE: 94 03 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 HYDRAULIC AND WINDMILL MONITORING TO APPLY DURING PERIODS OF NET LAYUP. NA = NOT APPLICABLE
 Flow occurred during only one week in Feb 1994.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME WATER TREATMENT PLANT

ADDRESS 1001 N. 10th St

WATER TREATMENT PLANT

CHICAGO, ILLINOIS 60617

FACILITY

LOCATION

WATER TREATMENT PLANT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER
PA0025015

DISCHARGE NUMBER
003 A

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 20 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

TRJOK
(SUBR 05)
F - FINAL
003 UNCONTAMINATED STORM WATER

Form Approved
OMB No. 2040-0004
Approval expires 6-30-91.

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

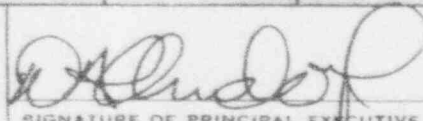
| PARAMETER (32-37) | X | (3 Card Only) QUANTITY OR LOADING (40-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|---|---|-----------------|--------|--|---------|---------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| FLOWS, BY CONDUIT OR TROUGH, TREATMENT PLANT EFFLUENT CROSS VALU | | 0.038 | 0.083 | (GJ) | ***** | ***** | ***** | 0 | 2/28 | EST |
| | | REPORT NO AVG | REPORT DAILY BY | NOU | ***** | ***** | ***** | **** | TWICE/MONTH | ESTINA |
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 23 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| | | | | |
|-----------|----------|------|----|-----|
| TELEPHONE | | DATE | | |
| 412 | 393-5113 | 94 | 03 | 24 |
| AREA CODE | NUMBER | YEAR | MO | DAY |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME PAUQUET STATION
 ADDRESS 1100 W. 10th St
MINNAPOLIS MN 55407

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PAU25013
 PERMIT NUMBER

004 A
 DISCHARGE NUMBER

MAJOR (USE 85)
 1 - FINAL
 UNIT ONE COOLING TOWER OVERFLOW

Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

FACILITY
 LOCATION
 APTS: 1100 W 10th St

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 23 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (46-53) | | | NO. EX (52-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|---|------------------|------------|--|-----------------|-----------------|----------------|-------------------------------|---------------------|
| | | AVERAGE (54-57) | MAXIMUM (58-61) | UNITS (62) | MINIMUM (64-67) | AVERAGE (68-71) | MAXIMUM (72-75) | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | | | | (12) | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | 6.0 | ***** | 9.0 | | WEEKLY | GRAB |
| FLOW IN CONDUIT OR TRAP (INDICATE UNIT) | SAMPLE MEASUREMENT | NO FLOW | | | (03) | ***** | ***** | ***** | | 0 1/2 MEAS. |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MAX | NOU | ***** | ***** | ***** | *** | | WEEKLY |
| COLORITY, PPM AVAILABLE | SAMPLE MEASUREMENT | ***** | ***** | | | | | (19) | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 0.2 | 0.5 | | CONTINUOUS | CORDR |
| | SAMPLE MEASUREMENT | | | | | DAILY MAX | INST MAX | MG/L | | UOOS |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

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|--|---|--------------|----------|-----------|--------|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 5 years.) | TELEPHONE | | DATE | | |
| | | 412 393-5113 | 94 03 24 | AREA CODE | NUMBER | YEAR |

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Flow.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME PAUZZO'S
 ADDRESS 1115 S. BROAD ST. PHOENIX, AZ 85001

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAUZZO'S
 PERMIT NUMBER

006 A
 DISCHARGE NUMBER

MAJUL (SUBD 05)
 1 - FINAL
 AUXILIARY SCREEN BALANCE
 Form Approved OMB No. 2040-0004
 Approval expires 6-30-91

FACILITY
 LOCATION
 AT 1115 S. BROAD ST. PHOENIX, AZ 85001

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 7 | 21 | | 94 | 02 | 26 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | X | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|---|--------------------|-------|--|---------|---------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| Flow, in gallons or [unclear] [unclear] [unclear] [unclear] EFFLUENT FLOW, GPD | | 0.002 | 0.016 | (03) | ***** | ***** | ***** | 0 | 1/7 | EST |
| | | REPORT 60 AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | *** | *** | WEEKLY |
| | | | | | | | | | | |
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 393-5113
 AREA CODE NUMBER
 DATE
 94 03 24
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME WATER TREATMENT PLANT
 ADDRESS U.S. HIGHWAY 100
WATER TREATMENT PLANT
SLIPPERY ROCK PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0025613 DISCHARGE NUMBER 007 A

MAJOR (SUBD US) F - FINAL
 AUXILIARY SYSTEMS

Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

FACILITY LOCATION
WATER TREATMENT PLANT

MONITORING PERIOD
 FROM YEAR 94 MO 02 DAY 01 TO YEAR 94 MO 02 DAY 23

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (46-53) | | | NO. EX (62-65) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------|---|-----------------|------------|--|-----------------|-----------------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT | <u>NO FLOW</u> | | | (03) | ***** | ***** | ***** | | <u>0 1/7 EST</u> | <u>WEEKLY/STINA</u> |
| DIFFERENTIAL GROSS FLOW | | <u>REPORT</u> | <u>REPORT</u> | <u>USD</u> | ***** | ***** | ***** | *** | | |
| PERMIT REQUIREMENT | | <u>NO AVG</u> | <u>DAILY MX</u> | | | | | *** | | |
| CHLORINE, FREE AVAILABLE | | ***** | ***** | | ***** | | | (19) | | |
| DIFFERENTIAL GROSS FLOW | | ***** | ***** | *** | ***** | <u>0.2</u> | <u>0.5</u> | | <u>WEEKLYGRAB</u> | |
| | | | | *** | | <u>DAILY MX</u> | <u>INST MAX</u> | <u>MG/L</u> | | |
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
Chemistry Manager

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 USC 1001 AND 33 USC 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113 DATE 94 03 24
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 MONITORING FOR FREE AVAILABLE CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE REACTOR PLANT OF THE REACTOR PLANT RIVER WATER SYSTEM. NO FLOW

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAMS
 ADDRESS
 CITY, STATE, ZIP

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PA0025525
 PERMIT NUMBER

00a
 DISCHARGE NUMBER

Madison (300a 05)
 Form Approved. OMB No. 2040-0004.
 Approval expires 6-30-91.
 UNIT 1 COOLING TOWER PUMPHOUSE

FACILITY
 LOCATION
 WITH: ADDRESS

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 20 |
| | (20-21) | (22-23) | (24-31) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (46-53) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-65) | SAMPLE TYPE (69-70) |
|--|--------------------|---|--------------------|-------|--|----------------|-----------------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| PH | | ***** | ***** | | 7.34 | ***** | 7.35 | (12) | 0 | 2/28 G |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 30 | | TWICE/GRAB MONTH |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 28.00 | 49.20 | (19) | 0 | 2/28 G |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 30 80 AVG | 100 DAILY MX | MG/L | | TWICE/GRAB MONTH |
| OLE AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | | 6.94 | 8.88 | 8.88 | (19) | 0 | 2/28 G |
| 00550 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | 15 3QDA AVG | 20 DAILY MX | 30 INST MAX | MG/L | | TWICE/GRAB MONTH |
| FOUR, IN CONSULT OR THIS TREATMENT PLANT | SAMPLE MEASUREMENT | 0.001 | 0.001 | (03) | ***** | ***** | ***** | | 0 | 1/4 EST |
| 00600 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | EGD | ***** | ***** | ***** | *** | | WEEKLY ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

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|--|--|------------------|--|-----------|--------|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years. | TELEPHONE | | DATE | | |
| | | TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: UNIT 2 COOLING WATER
 ADDRESS: 4116 ANDLER BOULDER
SPRINGFIELD, MA 01107

FACILITY: UNIT 2 COOLING WATER
 LOCATION: 4116 ANDLER BOULDER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER: PA0025615 (12-16)
 DISCHARGE NUMBER: 010 A (17-19)

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 29 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

Form Approved OMB No. 2040-0004
 Approval expires 6-30-91.
 UNIT 2 COOLING WATER

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (3 Card Only) QUANTITY OR LOADING (46-51) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-43) | | | NO. EX (52-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------|---|------------------|---------------|--|-----------------|-----------------|----------------|-------------------------------|---------------------|
| | | AVERAGE (46-51) | MAXIMUM (54-61) | UNITS (54-61) | MINIMUM (38-43) | AVERAGE (46-51) | MAXIMUM (54-61) | | | |
| 00400 1 0 0 EFFLUENT CROSS FLOW | SAMPLE MEASUREMENT | ***** | ***** | | 7.37 | ***** | 7.81 | (12) | 0 | 1/7 G |
| | PERMIT REQUIREMENT | ***** | ***** | *** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 30 | | WEEKLY GRAB |
| FLOW, IN COOLING WATER THROUGH THERMOCOUPLE | SAMPLE MEASUREMENT | 4,800 | 5,040 | (03) | ***** | ***** | ***** | | 0 | 1/7 MEAS |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MAX | MGD | ***** | ***** | ***** | *** | | WEEKLY MEASRD |
| CALCULATED, FROM AVAILABLE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.00 | 0.00 | (19) | 0 | 1/7 G |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 0.2 DAILY MAX | 0.5 INST MAX | MG/L | | WEEKLY GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

| | | | | | | |
|--|--|---------------|--------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 (SEE 18 USC § 1001 AND 33 USC § 1315) (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.) | TELEPHONE | | DATE | | |
| | | 7412 393-5113 | 94 | 03 | 24 | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
 ADDRESS 400 MICHIGAN AVENUE, S.W.
WASHINGTON, D.C. 20460

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0025615 (12-16)
 DISCHARGE NUMBER 012 A (17-19)

Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.
 CLOSURE FROM THE HVAC CONTROL

FACILITY _____
 LOCATION _____
 NAME: APOLON

MONITORING PERIOD
 FROM YEAR 94 MO 02 DAY 01 TO YEAR 94 MO 02 DAY 26
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-65) | SAMPLE TYPE (69-70) |
|---|--------------------|---|--------------------|-------|--|---------|----------------|----------------|-------------------------------|-----------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| PH 00400 1 0 0 EFFLUENT CROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | 7.80 | ***** | 7.80 | (12) | 0 | 1/28 G |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 5.0 MINIMUM | ***** | 9.0 MAXIMUM | DU | | ONCE/ GRAB MONTH |
| FURN, 18 RUSSELL C. INHO THERMAL TOWER 00000 1 0 0 EFFLUENT CROSS VALU | SAMPLE MEASUREMENT | 0.001 | 0.001 | (03) | ***** | ***** | ***** | | 0 | 1/28 EST |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MOD | ***** | ***** | ***** | **** | | ONCE/ ESTIMA MONTH |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
 AREA CODE NUMBER
 DATE
94 03 24
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIT 2 RAJUR POWER STATION
 ADDRESS 10000 100th Ave
Eden Prairie, MN 55324

FACILITY _____
 LOCATION _____
RAJUR POWER STATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER
PAU025013

DISCHARGE NUMBER
110 A

RAJUR
 (500000)
 E - FINAL
 UNIT 2 SERVICE WATER BACKWASH

Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 28 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (3 Card Only) QUANTITY OR LOADING (46-51) | | | (4 Card Only) QUALITY OR CONCENTRATION (46-53) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------|---|------------------|--------|--|---------|---------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| FLOW, IN GALLONS PER MINUTE (GPM) (38-40) | NO FLOW | REPORT NO AVG | REPORT DAILY MAX | (G3) | ***** | ***** | ***** | | 0 / 7 | EST |
| PERMIT REQUIREMENT | | | | | ***** | ***** | ***** | **** | | SEE ANALYST |
| PERMIT REQUIREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |
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| PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | |
|--|---|--------------|----------|-----------|--------|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.) | TELEPHONE | | DATE | | |
| | | 412 393-5113 | 94 03 24 | AREA CODE | NUMBER | YEAR |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO FLOW

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: U.S. FISH & WILDLIFE SERVICE
 ADDRESS: U.S. 30A 4
111 DIESEL GENERATOR BLDG
13 1077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER: PA0025615 (2-15)
 DISCHARGE NUMBER: 111 A (17-19)

MAJON (SUBJ 05)
 F - FINAL
 111 DIESEL GENERATOR BLDG
 Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

FACILITY: _____
 LOCATION: _____
111 DIESEL GENERATOR BLDG

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 28 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (12-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING (46-51) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-43) (46-51) (34-61) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|--------------------|---|-----------------|-------|--|-------------|--------------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | 7.08 | ***** | 7.28 | (12) | 0 1/7 | G |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 30 | WEEKLY | GRAB |
| SOLIDS, TOTAL SUSPENDED | ***** | ***** | ***** | ***** | ***** | <4.00 | <4.00 | (19) | 0 1/7 | G |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 30 NO AVG | 100 DAILY MX | MG/L | WEEKLY | GRAB |
| OIL AND GREASE FROM RAIN-DOWN ONLY | ***** | ***** | ***** | ***** | <5.00 | <5.00 | <5.00 | (19) | 0 1/7 | G |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 30DA AVG | 20 DAILY MX | 30 1ST MAX | MG/L | WEEKLY | GRAB |
| FLOW, IN CONDUIT OR TRENCH TREATMENT PLANT | ***** | 0.001 | 0.002 | (03) | ***** | ***** | ***** | ***** | 0 1/7 | Est |
| PERMIT REQUIREMENT | ***** | REPORT NO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | WEEKLY | ESTIMA |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 DATE: 94 03 24
 AREA CODE: 412 NUMBER: 393-5113 YEAR: 94 MO: 03 DAY: 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME DELAWARE PUBLIC SERVICE
 ADDRESS 100 N. MARKET ST.
DELAWARE 19701

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0025013 DISCHARGE NUMBER 211 A

RAJON (SUBR 05)
 2 - FINAL
 211 TONING 0100

Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

FACILITY
 LOCATION
11111 11111 11111

| MONITORING PERIOD | | | | | | |
|-------------------|---------|---------|----|---------|---------|---------|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 94 | 02 | 21 | | 94 | 02 | 28 |
| (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (46-53) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------------------|--------------------|---|--------------------|-------|--|----------------|-----------------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | ***** | 7.95 | ***** | 8.56 | (12) | 0 1/7 | G |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | | | WEEKLY GRAB |
| 00500 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | ***** | ***** | <4.00 | <4.00 | (13) | 0 1/7 | G |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 NO AVG | 100 DAILY MX | | | WEEKLY GRAB |
| 00600 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | ***** | 5.67 | 7.00 | 7.00 | (14) | 0 1/7 | G |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 15 30 DA AVG | 20 DAILY MX | 30 INST MAX | | | WEEKLY GRAB |
| 00700 1 0 0 EFFLUENT GROSS VALUE | | 0.001 | 0.002 | (03) | ***** | ***** | ***** | | 0 1/7 | EST |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | NO | ***** | ***** | ***** | | | WEEKLY ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

| | | | | | |
|--|--|---------------------------|-----------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 2325C § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years. | TELEPHONE 412 393-5113 | DATE | | |
| | | | AREA CODE | NUM | YEAR |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | 94 | 03 | 24 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ATIN: ANTONIA SUBICH
 ADDRESS U.S. BOX 4
ATIN: ANTONIA SUBICH
SHIPPINGTON VA 25077

FACILITY _____
 LOCATION _____
 ATIN: ANTONIA SUBICH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0025015 (12-16)
 DISCHARGE NUMBER 011 A (17-19)

MONITORING PERIOD
 FROM YEAR 78 MO 02 DAY 01 TO YEAR 78 MO 02 DAY 28
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

88303 (SUBR US)
 r - final
 WASTE GEN & TURBINE DRAINS

Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | X | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (54-61) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|---|---|--------------------|-------|--|---------|---------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| FLOR, IN CONDUIT OR LAND TREATMENT CANAL 50000 1 0 0 EFFLUENT CROSS VELOC | | 0.002 | 0.004 | (03) | ***** | ***** | ***** | 0 | 1/7 | EST |
| | | REPORT NO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | ***** | WEEKLY ESTIMA |
| | | | | | | | | | | |
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 94 03 24
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: UNITED STATES MARINE CORPS
 ADDRESS: 1000 10th St
WATERGATE
WASHINGTON DC 20540

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

FA0025015
 PERMIT NUMBER

113 A
 DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 94 MO 02 DAY 01 TO YEAR 94 MO 02 DAY 23
 (20-23) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | X | (1 Card Only) QUANTITY OR LOADING (46-51) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) | |
|------------------------------|---|---|-----------------|-------|--|---------------|-------------|----------------|-------------------------------|---------------------|--------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | UNITS |
| CO | | ***** | ***** | | 6.84 | ***** | 7.13 | (12) | 0 | 2/28 G | |
| PERMIT REQUIREMENT | | ***** | ***** | *** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 30 | | TWICE/GRAB MONTH | |
| COBALT, Total | | ***** | ***** | | ***** | ***** | 7.87 | 9.34 | (19) | 0 | 2/28 8HC |
| PERMIT REQUIREMENT | | ***** | ***** | *** | ***** | 30 NO AVG | 60 DAILY MX | MG/L | | TWICE/COMP-8 MONTH | |
| Flow, in Cubic ft per second | | 0.014 | 0.025 | (03) | ***** | ***** | ***** | ***** | | 0 | 2/28 MEAS |
| PERMIT REQUIREMENT | | 0.043 NO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | | WEEKLY MEASRD |
| COD, Chemical Oxygen Demand | | ***** | ***** | | ***** | ***** | 22.00 | ***** | (13) | 0 | 2/28 G |
| PERMIT REQUIREMENT | | ***** | ***** | *** | ***** | 2000 JODA GEO | ***** | 100ML | | | TWICE/GRAB MONTH |
| DO, Carbon Dioxide | | ***** | ***** | | ***** | ***** | 9.00 | 12.00 | (19) | 0 | 2/28 8HC |
| PERMIT REQUIREMENT | | ***** | ***** | *** | ***** | 25 NO AVG | 50 DAILY MX | MG/L | | | TWICE/COMP-8 MONTH |
| SAMPLE MEASUREMENT | | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 | 393-5113
 DATE: 94 | 03 | 24
 AREA CODE | NUMBER | YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

Facility Name/Location if different

NAME: DIVISION 20001 PUMPS DIVISION

ADDRESS: 400 S. DUBOIS

ALTO, WISCONSIN 53111

PERMITTING OFFICE: DIVISION 20001

FACILITY

LOCATION

ALTO, WISCONSIN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025015

213 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBJECT)

F - FINAL

UNIT 2 COOL TOWER RUNHOUSE

Form Approved

OMB No. 2040-0004

Approval expires 6-30-91

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 20 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|--------------------|--|--------------------|-------|---|--------------|-----------------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| PA | SAMPLE MEASUREMENT | ***** | ***** | | 8.09 | ***** | 8.22 | (12) | 0 | 2/28 G |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 30 | | TWICE/GRAB MONTH |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 142.4 | 143.5 | (19) | 3 | 2/28 G |
| 00330 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 30 NO AVG | 100 DAILY MX | MG/L | | TWICE/GRAB MONTH |
| OIL AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <5.00 | <5.00 | (19) | 0 | 2/28 G |
| FROM EXTENDED 00330 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 15 NO AVG | 20 DAILY MX | MG/L | | TWICE/GRAB MONTH |
| FLOW, IN CONDUIT OR TANK INSTALLED PER 00050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.001 | 0.001 | (03) | ***** | ***** | ***** | | 0 | 1/7 EST |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | NOU | ***** | ***** | ***** | *** | | WEEKLY ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

| | | | | | | |
|--|--|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 43 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years. | TELEPHONE | | DATE | | |
| | | 412 | 393-5113 | 94 | 03 | 24 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please refer to the enclosed reportable occurrence letter concerning Total suspended solids.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: CENTRAL PARKER UNION DISTRICT
 ADDRESS: 1000 10th St
 11th Avenue South
 Charlotte, NC 28203

FACILITY: _____
 LOCATION: _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PA0023315
 PERMIT NUMBER

313 A
 DISCHARGE NUMBER

82JUN (SUBR 05)
 r - FINAL
 313 TUNDING 0500 00AIN
 Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 23 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | 3 Card Only) QUANTITY OR LOADING (46-51) | | | 4 Card Only) QUALITY OR CONCENTRATION (46-51) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) | |
|---------------------|--------------------|--|-----------------|-------|---|-------------|--------------|----------------|-------------------------------|---------------------|-------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | UNITS |
| EFFLUENT GROSS FLOW | | ***** | ***** | | 8.07 | 9.50 | (12) | 1 | 1/7 | G | |
| EFFLUENT GROSS FLOW | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 MINIMUM | 9.0 MAXIMUM | 50 | | | WEEKLY GRAB | |
| EFFLUENT GROSS FLOW | | ***** | ***** | | ***** | 17.40 | 44.30 | (19) | 0 | 1/7 | G |
| EFFLUENT GROSS FLOW | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 NO AVG | 100 DAILY MX | MG/L | | WEEKLY GRAB | |
| EFFLUENT GROSS FLOW | | ***** | ***** | | ***** | 5.67 | 7.01 | (19) | 0 | 1/7 | G |
| EFFLUENT GROSS FLOW | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 NO AVG | 20 DAILY MX | MG/L | | WEEKLY GRAB | |
| EFFLUENT GROSS FLOW | | 0.001 | 0.002 | (03) | ***** | ***** | ***** | | 0 | 1/7 | EST |
| EFFLUENT GROSS FLOW | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | NO | ***** | ***** | ***** | **** | | WEEKLY ESTIMA | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | |
|--|---|----------------|--------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years. | TELEPHONE | | DATE | | |
| | | 412 393-5113 | | 94 | 03 | 24 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Please refer to enclosed reportable occurrence letter concerning pH.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME QUAKER CORP. (CONC. DIVISION)
 ADDRESS 400 GUNN ST
ALBANY, NEW YORK 12206
SHIPPING AREA PA 15077

FACILITY
 LOCATION
 NAME: NEWARK DUMPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0025615 (2-19)
 DISCHARGE NUMBER 413 A (17-19)

MAJOR (SUBD CD) 1 - FINAL
 BULK FUEL STORAGE DRAIN
 Form Approved. OMB No. 2040-0004.
 Approval expires 6-30-91.

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 20 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (54-63) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|--------------------|---|--------------------|-------|--|--------------|-----------------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| PH 00400 1 0 0 EFFLUENT GROSS VALU. | SAMPLE MEASUREMENT | ***** | ***** | | | | (12) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 50 | | WEEKLYGRAB |
| SOLIDS, TOTAL SUSPENDED 00330 1 0 0 EFFLUENT GROSS VALU. | SAMPLE MEASUREMENT | ***** | ***** | | | | (19) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MG AVG | 100 DAILY MX | MG/L | | WEEKLYGRAB |
| OIL AND GREASE FROM SKIM-OFF 00350 1 0 0 EFFLUENT GROSS VALU. | SAMPLE MEASUREMENT | ***** | ***** | | | | (19) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MG AVG | 20 DAILY MX | MG/L | | WEEKLYGRAB |
| FLOW, IN CUBIC FT OR IN 100 GALLON 00050 1 0 0 EFFLUENT GROSS VALU. | SAMPLE MEASUREMENT | NO FLOW | | | (03) | ***** | ***** | ***** | 0 1/7 | EST |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLYESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and a maximum imprisonment of between 6 months and 5 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412-393-5113
 DATE: 94 03 24
 AREA CODE NUMBER YEAR MO DAY

COMMENT: AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO FLOW

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: CLAYTON INDUSTRIAL DISTRICT
 ADDRESS: 1000 10th St
ST. LOUIS, MO 63101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

PA0020010
 PERMIT NUMBER

013 A
 DISCHARGE NUMBER

GAJUE
 (0888 05)
 P - FINAL
 UNCONTAMINATED SURF WATER

Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

FACILITY: _____
 LOCATION: _____
 A110: INDUSTRIAL DISTRICT

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 94 | 02 | 01 | | 94 | 02 | 28 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

| PARAMETER (12-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING (45-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-43) | | | NO. EX (62-67) | FREQUENCY OF ANALYSIS (64-65) | SAMPLE TYPE (69-70) |
|--|--------------------|---|---------|----------|--|---------|---------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| FLOW, IN CONDUIT OR OPEN TREATMENT CHANNEL | 0.016 | 0.028 | (JJ) | ***** | ***** | ***** | 0 | 1/7 | Est | |
| EFFLUENT FLOW VALUE | REPORT | REPORT | NO AVG | DAILY MX | NO | ***** | ***** | ***** | ***** | |
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY TO THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE: 412 393-5113
 DATE: 94 03 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.