

NIAGARA FALLS WATER BOARD **WASTEWATER FACILITIES ENFORCEMENT DIVISION**

SELF-MONITORING REPORT SIGNIFICANT INDUSTRIAL USERS

PERMIT NO. 49	QUARTER <u>2nc</u>	2014					
INDUSTRY NAME:	Occidental Chemical Corporation, c/o Glenn Springs Holdings, I	nc					
Pursuant to federal pretreatment reporting requirements and the Niagara Falls Water Board Regulations Part 1960, Significant Industrial Users shall submit periodic self-monitoring and compliance reports. Such reports shall be submitted using this form, according to the following schedule:							
Quarterly	 1st Quarter by February 28th 2nd Quarter by May 31st 3rd Quarter by August 31st 4th Quarter by November 30th 						
Semi-Annu	ll - by February 28 th and - by August 31 st						

Each section of this report form shall be filled out for those parameters listed in Section "C" of the company's Wastewater Discharge Permit. The analysis results must be reported in both concentration and mass. In addition, the calculated annual average load (lbs/day) for each pollutant shall also be reported.

The samples shall be collected at the monitoring points identified in the user permit. Identification of those points in this report should be as listed on page two (2) of the User Permit.

SELF-MONITORING REPORT Significant Industrial Users (SIUs)

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PART II of the report is the Compliance Monitoring section. The user is obligated to determine if the analysis results indicates compliance. All violations noted should be brought to the Niagara Falls Water Board — Wastewater Facilities attention immediately upon noting and should also be reported in this section. The analysis result should be compared against all applicable federal, state, and local standards and limitations. If no violations are noted then "NO VIOLATIONS" should appear on the report.

Pursuant to 40 CFR Part 403.12g of the Federal Standards, all violations noted must be followed up by a sample recollect/analysis and the results submitted to the Niagara Falls Water Board within thirty (30) days of first becoming aware of the violation.

Pursuant to 40 CFR Part 403.12g all Periodic Self-Monitoring Reports must be signed by a "responsible company official" certifying the following 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 person or 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.

Title: Operations Coordinator

Date: 5/31/14

PART I

ANALYTICAL RESULTS

SIU PERMIT NAME: Occidental Chemical Corp. c/o Glenn Springs Holdings, Inc.

SIU PERMIT NO.: 49

SAMPLE LOCATION: Hyde Park

	RESULTS		RESULTS		ANNUAL AVERAGE	ANNUAL AVERAGE
	μg/ ໃ	/ µg/{	lbs/day	/ lbs/day	μg/ ໃ	lbs/day
DATE SAMPLED: 3/19/2014						<u> </u>
24-HOUR FLOW IN MGD		0.095				
TOTAL PHOSPHOROUS		89		0.071	180	0.141
Vinyl Chloride		43		0.034	30	0.021

PART II

COMPLIANCE MONITORING

SIU NAME: Occidental Chemical Corp, c/o Glenn Springs Holdings, Inc.

PERMIT NO.: <u>49</u>

			SAMPLE			TYPE**
VIOLATION		FLOW	POINT	ACTUAL*	PERMIT	LIMIT
PARAMETER	DATE	[MGD]	LOCATION	DISCHARGE	LIMIT	VIOLATED
No Violations						

NOTES:

- * Actual discharge list actual analytical results and appropriate units.** Type Limit Violated List Type:

A.A. = Annual Average

D.M. = Daily Maximum

L.L. = Local Limits (Regulation 1960.5)

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CHAIN OF CUSTODY RECORD

Page 1 of 1 SHIP TO (LABORATORY NAME): SAMPLE RESULTS REPORTING TO: CRA/GLENN SPRINGS Test America Pittsburgh HYDE PARK QUARTERLY EFFLUENT Joel Spring 301 Alpha Drive Fax: (716) 283-2856 Phone: (716) 998-6975 Mailing Address: 805 97th Street Pittsburgh, PA 15328 FACILITY LOCATION: (PRINT NAME) SIGNATURE SAMPLER(S) NIAGARA FALLS, NY 14304 Hyde Park JS SAMPLER(S) C C C 0 P 0 0 N T N T M C P T REMARKS A 0 A I e S G T I N I R H N E v T A E E R e d DATE SAMPLE ID TIME E B R R S đ NO. of TYPE 7:00 AM 1LG 03/19/14 HP31914 EFF X 1 1 Samples Preserved: 7:00 AM HP31914 EFFA 03/18/14 X 2 2 Composite A, B, C and D In Lab 03/18/14 10:00 AM HP31914 EFFB X 2 2 Composite A, B, C and D In Lab AS MARKED 2:00 PM HP31914 EFFC X 2 2 PHENOL 8oz AG 03/18/14 Composite A, B, C and D In Lab * Bottles: 03/19/14 7:00 AM HP31914 EFFD X 2 2 Composite A, B, C and D In Lab 625 - 1 ltr AG Phenol = 8 oz AG PHENOL DISTILLED METHOD ALL SAMPLES SHIPPED IN COOLER(S) TOTAL NUMBER OF CONTAINERS 9 RELINQUISHED BY: DATE TIME 900 RECEIVED BY TIME 3-19-14 TIME RECEIVED BY: RELINQUISHED BY DATE TIME RECEIVED BY: TIME RELINQUISHED BY: DATE TIME DATE BOTTLE TYPES: G = GLASS; GW = GLASS WIDE MOUTH; AG = AMBER GLASS; P = HPDE (PLASTIC); SAG = SILANIZED AMBER GLASS HP 31914 JS CHAIN OF CUSTODY NO: METHOD OF SHIPMENT: SAMPLE TEAM: