



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

**SELF-MONITORING REPORT
SIGNIFICANT INDUSTRIAL USERS**

PERMIT NO. 49

QUARTER 4th 2016

INDUSTRY NAME: Occidental Chemical Corporation, c/o Glenn Springs Holdings, Inc.

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 | - | 1 st Quarter by February 29 th |
| | - | 2 nd Quarter by May 31 st |
| | - | 3 rd Quarter by August 31 st |
| | - | 4 th Quarter by November 30 th |
| Semi-Annual | - | by February 29 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.

Signed:



Title:

Operations Coordinator

Date:

November 30, 2016

ANALYTICAL RESULTS

SAMPLE LOCATION: Hyde Park

001069-4th Qtr 2016-SIU

COMPLIANCE MONITORING

PERMIT NO.: **49**

NOTES:

- ADMIN\WINWORD\ZAEPFEL\SIU\SELF-MONITORING REPORT FORM - BLANK

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CRA / GLENN SPRINGS			SHIP TO (LABORATORY NAME): ALS 1565 Jefferson Road, Building 300, Suite 360 Rochester, New York 14623			HYDE PARK QUARTERLY EFFLUENT			SAMPLE RESULTS REPORTING TO: Joel Spring Fax: (716) 283-2856 Phone: (716) 998-6975 Mailing Address: 805 97th Street NIAGARA FALLS, NY 14304									
FACILITY LOCATION: Hyde Park			SAMPLER(S) (PRINT NAME) SAMPLER(S)			SIGNATURE JS												
DATE	TIME	SAMPLE ID	C O M P O S I T E	G R A B	O T H E R	C O N T A I N E R TYPE	C O N T A I N E R S NO. of	P h o s p h o r o u s	V i n y l C h l o r i d e								P r e s e r v e d	REMARKS
09/28/16	7:00 AM	HP92816 EFF		X		1LG	1	1									-	Samples Preserved :
09/27/16	7:00 AM	HP92816 EFFA		X			2		2	Composite A, B, C and D In Lab								
09/27/16	10:00 AM	HP92816 EFFB		X			2		2	Composite A, B, C and D In Lab								AS MARKED
09/27/16	2:00 PM	HP 92816 EFFC		X			2		2	Composite A, B, C and D In Lab								PHENOL 8oz AG
09/28/16	7:00 AM	HP92816 EFFD		X			2		2	Composite A, B, C and D In Lab								* Bottles:
																		625 -- 1 liter AG
																		Phenol = 8 oz AG
																		PHENOL DISTILLED METHOD
																		ALL SAMPLES
																		SHIPPED IN COOLER(S)
TOTAL NUMBER OF CONTAINERS							9											
RELINQUISHED BY: <i>Joel Spring</i>			DATE: 9-28-16		TIME: 0730		RECEIVED BY: <i>[Signature]</i>			DATE: 9-28-16		TIME: 1350						
RELINQUISHED BY:			DATE:		TIME:		RECEIVED BY:			DATE:		TIME:						
RELINQUISHED BY:			DATE:		TIME:		RECEIVED BY:			DATE:		TIME:						
BOTTLE TYPES : G = GLASS ; GW = GLASS WIDE MOUTH ; AG = AMBER GLASS ; P = HPDE (PLASTIC) ; SAG = SILANIZED AMBER GLASS																		
METHOD OF SHIPMENT :						SAMPLE TEAM: JS				CHAIN OF CUSTODY NO:						HP92816		



Cooler Receipt and Preservation Check Form

R1610181

5

GHD Services Inc.
Hyde Park 273-402-D02-3100Project/Client _____ Folder Number R16-10181Cooler received on 9-28-16 by: T-SCOURIER: ALS UPS FEDEX VELOCITY CLIENT

1	Were Custody seals on outside of cooler?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
2	Custody papers properly completed (ink, signed)?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
3	Did all bottles arrive in good condition (unbroken)?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
4	Circle: <u>Wet Ice</u> Dry Ice Gel packs present?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

5a	Perchlorate samples have required headspace?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/>
5b	Did VOA vials, Alk, or Sulfide have sig* bubbles?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/>
6	Where did the bottles originate?	<u>ALS/ROC</u> <u>CLIENT</u>
7	Soil VOA received as: Bulk Encore 5035set	<u>NA</u>

8. Temperature Readings Date: 9-28-16 Time: 1406 ID: IR#5 IR#6 From: Temp Blank Sample Bottle?

Observed Temp (°C)	<u>7.2</u>						
Correction Factor (°C)	<u>-2.5</u>						
Corrected Temp (°C)	<u>4.7</u>						
Within 0-6°C?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N
If <0°C, were samples frozen?	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N

If out of Temperature, note packing/ice condition: _____ Ice melted _____ Poorly Packed _____ Same Day Rule _____

& Client Approval to Run Samples: _____ Standing Approval _____ Client aware at drop-off _____ Client notified by: _____

All samples held in storage location: ROCZ by TS on 9-28-16 at 1406
5035 samples placed in storage location: _____ by _____ on _____ at _____Cooler Breakdown: Date: 9/28/16 Time: 1648 by: SW

- Were all bottle labels complete (i.e. analysis, preservation, etc.)? YES NO
- Did all bottle labels and tags agree with custody papers? YES NO
- Were correct containers used for the tests indicated? YES NO
- Were 5035 vials acceptable (no extra labels, not leaking)? YES NO
- Air Samples: Cassettes / Tubes Intact _____ Canisters Pressurized _____ Tedlar® Bags Inflated NA

Explain any discrepancies:

pH	Reagent	Yes	No	Lot Received	Exp	Sample ID	Vol. Added	Lot Added	Final pH
≥12	NaOH								
≤2	HNO ₃								
≤2	H ₂ SO ₄		<input checked="" type="checkbox"/>	<u>client label</u>		<u>-001</u>	<u>1.0</u>	<u>W061001A</u>	<u>≤2</u>
<4	NaHSO ₄								
Residual Chlorine (-)	For CN Phenol and 522			If +, contact PM to add Na ₂ S ₂ O ₃ (CN), ascorbic (phenol).					
	Na ₂ S ₂ O ₃	-	-						
	ZnAcetate	-	-						
	HCl	**	**	<u>client label</u>					

Yes=All samples OK

No=Samples were preserved at The lab as listed

PM OK to Adjust: _____

**Not to be tested before analysis – pH tested and recorded by VOAs on a separate worksheet

Bottle lot numbers: client, client label
Other Comments: _____

CLRES	BULK
DO	FLDT
HPROD	HGFB
HTR	LL3541
PH	SUB
SO3	MARRS
ALS	REV

PC Secondary Review: _____

*significant air bubbles: VOA > 5-6 mm : WC > 1 in. diameter