

NIAGARA FALLS WATER BOARD WASTEWATER FACILITIES ENFORCEMENT DIVISION

SELF-MONITORING REPORT SIGNIFICANT INDUSTRIAL USERS

PERMIT NO. 49		QUARTER	1st 2018
INDUSTRY NAME:	Occidental Chemical Corpora	ation, c/o Glenn Spr	ings 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 - 1st Quarter by February 28th

- 2nd Quarter by May 31st

- 3rd Quarter by August 31st

- 4th Quarter by November 30th

Semi-Annual - by February 28th

and

by August 31st

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)

PAGE 2

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.

Hoyt on behalf of Hoyt Joseph Branch

Signed:

Title:

Operations Coordinator

Date:

February 28, 2018

PART I

ANALYTICAL RESULTS

SIU PERMIT NAME:

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

SIU PERMIT NO.:

49

SAMPLE LOCATION:

Hyde Park

I I LO	ULTS	KESI	JLTS	ANNUAL AVERAGE	ANNUAL AVERAGE
μg/L	/ µg/L	lbs/day	/ lbs/day		lbs/day
				1 3/	
	-				
	0.108				
					0.117
	<1 (J)		0	198	0.119
		, v		12	
		a a	×	V 0 00	-
			2		
15		, * 1	F _{att}		
	7	at .	5		
			15		
-	9	2.4		(a) 3	
				1.	
	19		,		
*					
				-	
			2		
A					· · · · · · · · · · · · · · · · · · ·
7/	8 =		н	± 0	
<u> </u>		1			
					NO. A
	-				
	-			500	,
	μg/L	0.108 195 <1 (J)	0.108 195 <1 (J)	0.108 195 0.176 <1 (J) 0	μg/L / μg/L lbs/day / lbs/day μg/L 0.108 195 <1(J) 0 198

PART II

COMPLIANCE MONITORING

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

PERMIT NO.:

49

			SAMPLE		12. 11	TYPE**
VIOLATION		FLOW	POINT	ACTUAL*	PERMIT	LIMIT
PARAMETER	DATE	[MGD]	LOCATION	DISCHARGE	LIMIT	VIOLATED
			9	200	100	
						e)
No Violations		= 19				
57						
	e e	es sen 8	/2 //	es Je		
	-0				- 20	e e
<i>y</i>					2	
			10			
				9		
	,		2	2 19	5.	-
		ē			5 =	
Cres	*					\times_{\parallel}
		14			a ^e	
, x		×			*	
				0		2
4						
	*					
			,	* .		
,				- 9	95	is .
	* x 8				1977	

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)

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

10DY / LABORATORY ANALYSIS REQUES 1 FO 1009 / 1000

www.alsglobal.com

T049114

Đ				11-6		7-1	11-11	11-08									Invoice Information P.O.#	Bill To:			Received By:	Signature	Printed Name	Firm	ည
			/ nm PDS LIFES:	1-81 MAC) - A		B-10AM, 12-17-1	10- MA-10	12-30-17						F			Report Requirements I. Results Only II. Results + QC Summaries (LCS.	DUP, MS/MSD as required) III. Results + QC and Cilibration	Summaries IV. Data Validation Report with Raw Data	EDataYesNo	Relinquished By:	Signature	Printed Name	Firm	Date R1712117
					ь Remarks			COMP A. B. S.D									Furnaround Requirements RUSH (SURCHARGES APPLY)		REQUESTED FAX DATE	Requested Report Date	Received By:	Signature	Printed Name	Firm	Date/Time
, N	2 .			= 1	3 3					0							Turnarou RUSH (8	Standard	REQUI	Reque	hed By:				
78D		ď	-J_0	язвио 4 / VO	7 9	×	1% 1% ×	×										e e e e e e e e e e e e e e e e e e e	AT ALS		Relinquished By:	Signature	Printed Name	Firm	Date/Time
7			9:	Sampler Printed Name SPRWL		SAMPLING Matrix	13-30-17 0700 Liquid	13-36-17 G700 Liquid	is: 1 - PHOS	- EFFLUENT VOA'S	BE COMPOSITED		Received By:	Si Si	I'm		117 0820								
Report To	Sheri Finn		FAX # 716-297-2265	Sampler Pr		LABID												16/3	2			Signature	SPEWL Printed Name	Firm	0700 Date Ting
Project Name: Hyde Park 273-402-D02-3100 Project Number:	1069 Quarterly Effluent Company / Address GHD Services Inc.	2055 Niagara Falls Blvd., Surte 3 Niagara Falls NY, 14304	Phone # 716-297-2160	Sampler Signature	C	CLIENT SAMPLE ID	1. HP 122017 EFF	2. HP 13-3017 EFF	3.	4.	5.	6.	7.	8.	Ğ	10.	Special Instructions/Comments:			· ·	Relinquished By:	Signature	Printed Name	Firm GAD	1 1

Hyde Park 273-402-5100

Page 1 of 1