



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

**SELF-MONITORING REPORT
SIGNIFICANT INDUSTRIAL USERS**

PERMIT NO. 49

QUARTER 2nd 2018

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 28 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 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)

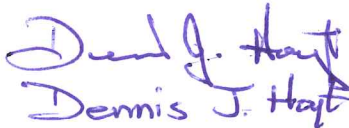
PAGE 2

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.

Signed:  on behalf of
Dennis J. Haft Joseph Branch
Title: Operations Coordinator
Date: May 17, 2018

ANALYTICAL RESULTS

SAMPLE LOCATION: Hyde Park

[illegible]

COMPLIANCE MONITORING

PERMIT NO.: 49[illegible]

* - 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)

001069-SIU Submittal-Q2 2018



CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

SR#

T049114

009, 010

1565 Jefferson Road, Bldg 300, Suite 360, Rochester, NY 14623

Phone (585) 288-5380 / FAX (585) 288-8475

www.alsglobal.com

Project Name: Hyde Park 273-402-D02-3100		Report To Shen Firm	
Project Number: 1069 Quarterly Effluent			
Company / Address GHD Services Inc. 2055 Niagara Falls Blvd., Suite 3 Niagara Falls NY, 14304			
Phone # 716-297-2160	FAX # 716-297-2286		
Sampler Signature <i>Joel Spaul</i>		Sampler Printed Name JOEL SPAUL	

CLIENT SAMPLE ID	LABID	SAMPLING Date Time	Matrix	NUMBER OF CONTAINERS				Remarks
1. HP32818 EFF		3-28-18 0700	Liquid	4	X			
2. HP32818 EFF		3-28-18 0700	Liquid	3	X			
3.			Liquid					
4.			Liquid					
5.			Liquid					
6.			Liquid					
7.			Liquid					
8.			Liquid					
9.			Liquid					
10.			Liquid					

Special Instructions/Comments:

QUARTERLY EFFLUENT

Turnaround Requirements

RUSH (SURCHARGES APPLY)

Standard

REQUESTED FAX DATE

Requested Report Date

Report Requirements

I. Results Only

II. Results + QC Summaries (LCS,
DUP, MS/MSD as required)III. Results + QC and Calibration
SummariesIV. Data Validation Report
with Raw Data

EData Yes No

Invoice Information

P.O.#

Bill To:

Relinquished By:

Signature

Printed Name

Firm

Date/Time

Received By:

Signature

Printed Name

Firm

Date/Time

Relinquished By:

Signature

Printed Name

Firm

Date/Time

Received By:

Signature

Printed Name

Firm

Date/Time

Relinquished By:

Signature

Printed Name

Firm

Date/Time

Received By:

Signature

Printed Name

Firm

Date/Time

R1802721

GHD Services Inc.
Hyde Park 273-402-D02-3100

5