



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

**SELF-MONITORING REPORT
SIGNIFICANT INDUSTRIAL USERS**

PERMIT NO. 49

QUARTER 3rd 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)

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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: Margaret A. Popet
Margaret A. Popet
Title: Operations Coordinator
Date: August 31, 2018

on behalf of
Joe Branch
(GSH)

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-Q3 2018



CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

SR#

009, 010

T049114

1555 Jefferson Road, Bldg 300, Suite 350, Rochester, NY 14623
Phone (585) 288-5380 / FAX (585) 288-8475
www.alsglobal.com

Project Name: Hyde Park 273-402-D02-3100
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 #: 716-297-2265
Sampler Signature: *J-S*
Sampler Printed Name: JOEL SPURR

NUMBER OF CONTAINERS		14D		28D		365.1 / Tot Phos T		Remarks	
CLIENT SAMPLE ID	LAB ID	SAMPLING Date	Time	Matrix					
1. HP62618 EFF		6-26-18	0700	Liquid	4	X			
2. HP62618 EFF		6-26-18	0700	Liquid	3	X			
3.				Liquid					
4.				Liquid					
5.				Liquid					
6.				Liquid					
7.				Liquid					
8.				Liquid					
9.				Liquid					
10.				Liquid					

Special Instructions/Comments:

QUART. 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 Summaries
___ IV. Data Validation Report with Raw Data
EData ___ Yes ___ No

Invoice Information

P.O.#
Bill To:

Relinquished By:	Received By:	Relinquished By:	Received By:
Signature: <i>J-S</i>	Signature: <i>Joel Spur</i>	Signature: _____	Signature: _____
Printed Name: JOEL SPURR	Printed Name: <i>Joel Spur</i>	Printed Name: _____	Printed Name: _____
Firm: GHP	Firm: <i>AS</i>	Firm: _____	Firm: _____
Date/Time: 6-26-18 / 0800	Date/Time: 6/27/18 0910	Date/Time: _____	Date/Time: _____

R1805971

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

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