



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

**SELF-MONITORING REPORT
SIGNIFICANT INDUSTRIAL USERS**

PERMIT NO. 49

QUARTER 4th 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: Margaret A. Popek on behalf of
Margaret A. Popek Joe Branch
Title: Operations Coordinator
Date: November 15, 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

[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-Q4 2018



CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

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

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

www.alsglobal.com

SR#

009, 010

T049114

Project Name: Hyde Park 273-402-D02-3100		NUMBER OF CONTAINERS 14D 28D	14D 28D	324 / VOC_FP 365.1 / Tot Phos T	1	2	3	4	5	Remarks
Project Number: 1069 Quarterly Effluent										
Report To: Sheri Finn										
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: <i>J-S</i>		Sampler Printed Name: JOEL SPAW						

CLIENT SAMPLE ID	LABID	SAMPLING Date Time	Matrix																
1. HPEFF 92518		9-26-18 X	Liquid	4	X	X													
2. HP 92518 EFF		9-26-18 0700	Liquid	3	X														
3.			Liquid																
4.			Liquid																
5.			Liquid																
6.			Liquid																
7.			Liquid																
8.			Liquid																
9.			Liquid																
10.			Liquid																

Special Instructions/Comments:

QUART EFF.
COMP. FROM 6am, 8am, 10am, 2pm ON 9-25

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:	Relinquished By:	Received By:
Signature: <i>J-S</i>	Signature: <i>[Signature]</i>	Signature:	Signature:	Signature:	Signature:
Printed Name: JOEL SPAW	Printed Name: Gregory O. Esmerigon	Printed Name:	Printed Name:	Printed Name:	Printed Name:
Firm: GHD	Firm: AFS	Firm:	Firm:	Firm:	Firm:
Date/Time: 9-26-18 0900	Date/Time: 9-27-18 0845	Date/Time:	Date/Time:	Date/Time:	Date/Time:

R1809328

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