



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

**SELF-MONITORING REPORT
SIGNIFICANT INDUSTRIAL USERS**

PERMIT NO. 49

QUARTER 1st 2020

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: February 26, 2020

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-HP-Q1 2020



SR# _____

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

www.atsglobal.com

009, 010

T049114

Project Name: Hyde Park 273-402-D02-3100		NUMBER OF CONTAINERS	14D				
Project Number: 1069 Quarterly Effluent	Report To Sheri Finn		28D				
Company / Address GHD Services Inc. 2055 Niagara Falls Blvd., Suite 3 Niagara Falls NY, 14304			4 / VOC_FP	5.1 / Tot Phos T			
Phone # 716-297-2160							
FAX # 716-297-2265							
Sampler Signature [Signature]							
Sampler Printed Name J. SPRINGER							

[illegible]

Special Instructions/Comments: QUART. EFF. COMPOSITE FROM 12-18-19 → 12-19-19 DISCHARGE,	Turnaround Requirements <input type="checkbox"/> RUSH (SURCHARGES APPLY) <input type="checkbox"/> Standard <hr/> REQUESTED FAX DATE <hr/> Requested Report Date	Report Requirements <input type="checkbox"/> I. Results Only <input type="checkbox"/> II. Results + QC Summaries (LCS, DUP, MS/MSD as required) <input type="checkbox"/> III. Results + QC and Calibration Summaries <input type="checkbox"/> IV. Data Validation Report with Raw Data EData <input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice Information P.O.# _____ Bill To: _____ _____ _____
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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 <i>J. SPRING</i>	Printed Name <i>Gregory D. Esmerlon</i>	Printed Name	Printed Name	Printed Name	Printed Name
Firm <i>GHD</i>	Firm <i>ALB</i>	Firm	Firm	Firm	Firm
Date/Time <i>12-19-19 0800</i>	Date/Time <i>12-20-19 0925</i>	Date/Time	Date/Time	Date/Time	Date/Time

R1912495
GHD Services Inc.
Hyde Park 273-402-D02-3100

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