NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: JACK WILLIAMS
ADDRESS: 405 MEEKER ROAD
VESTAL, NY 13850

FACILITY: RJ WILLIAMS LUMBER INC
LOCATION: 3716 STATE ROUTE 434
APALACHIN, NY 13732

NYR00A536	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	12/31/2010

DMR Mailing ZIP CODE: 13850
MINOR
(SUBR 07)
STORMWATER RUNOFF - BENCHMARK MONI
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	31	mg/L	Ø	1/YR	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	100 DAILY MX	mg/L		Annual	GRAB
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******	1.8	mg/L	Ø	1/YR	GR
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	6 DAILY MX	mg/L		Annual	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	******	.08	mg/L	Ø	1/YR	GR
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	2 DAILY MX	mg/L		Annual	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L	Ø	1/YR	GR
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	120 DAILY MX	ug/L		Annual	GRAB
Chemical Oxygen Demand (COD)	SAMPLE MEASUREMENT	******	******	******	******	******	56	mg/L	Ø	1/YR	GR
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	120 DAILY MX	mg/L		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JACK D. WILLIAMS - PRESIDENT	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.	Jack D. Williams	(607)	687-1160	01/10/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE TAKEN 7/19/2010. IT WAS AN EARLY MORNING DOWNPOUR AROUND 7:00 A.M. WITH 2/10" ACCUMULATION OF RAINFALL & SAMPLE TAKEN @ 8 A.M.

Sector A: General Sawmills and Planing Mills (SIC 2421)

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

ENTERED 1/14/2011 TB