

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: JACK WILLIAMS

ADDRESS: 405 MILLER ROAD  
APALACHIN, NY 13732

FACILITY: RJ WILLIAMS INC

LOCATION: 3716 STATE ROUTE 2834  
APALACHIN, NY 13732

NYR00A536	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/30/2013	12/31/2013

DMR Mailing ZIP CODE: 13732

MINOR

(SUBR 07)

STORMWATER RUNOFF - BENCHMARK MONITOR

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	*****	*****	*****	*****	*****	10	mg/L		Annual	Grab
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	mg/L		Annual	GRAB
Nitrogen, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1.0	mg/L		Annual	Grab
00600 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	6 DAILY MX	mg/L		Annual	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<.005	mg/L		Annual	Grab
01094 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	110 DAILY MX	ug/L		Annual	GRAB
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	mg/L		Annual	Grab
81017 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 DAILY MX	mg/L		Annual	GRAB

ENTERED  
2/23/14

B

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			(607)687-1160	1/16/14
			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sector A General Sawmills and Planing Mills (SIC 2421)