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 D WILLIAMS
ADDRESS: 3716 STATE RTE 434, PO BOX 566
APALACHIN, NY 13732-0566
FACILITY: RJ WILLIAMS INC
LOCATION: 3716 STATE ROUTE 434
APALACHIN, NY 13732

NYR00A536	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2015	12/31/2015

DMR Mailing ZIP CODE: 13732
MINOR
(SUBR 07) FEB 03 2016
STORMWATER RUNOFF - BENCHMARK MO
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	******	******	******	******	******	32	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	100 DAILY MX	mg/L		Annual	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	<1.00	mg/L		Annual	Grab
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	6 DAILY MX	mg/L		Annual	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<.020	mg/L		Annual	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	110 DAILY MX	ug/L		Annual	GRAB
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	******	******	******	******	******	25.2	mg/L		Annual	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	120 DAILY MX	mg/L		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jack D Williams	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	1/29/16
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)
Sector A: General Sawmills and Planing Mills (SIC 2421) I had to do a re-test because of the test was performed past the holding time.