3800-PM-BCW0173g DMR New Tanks and Pipelines pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

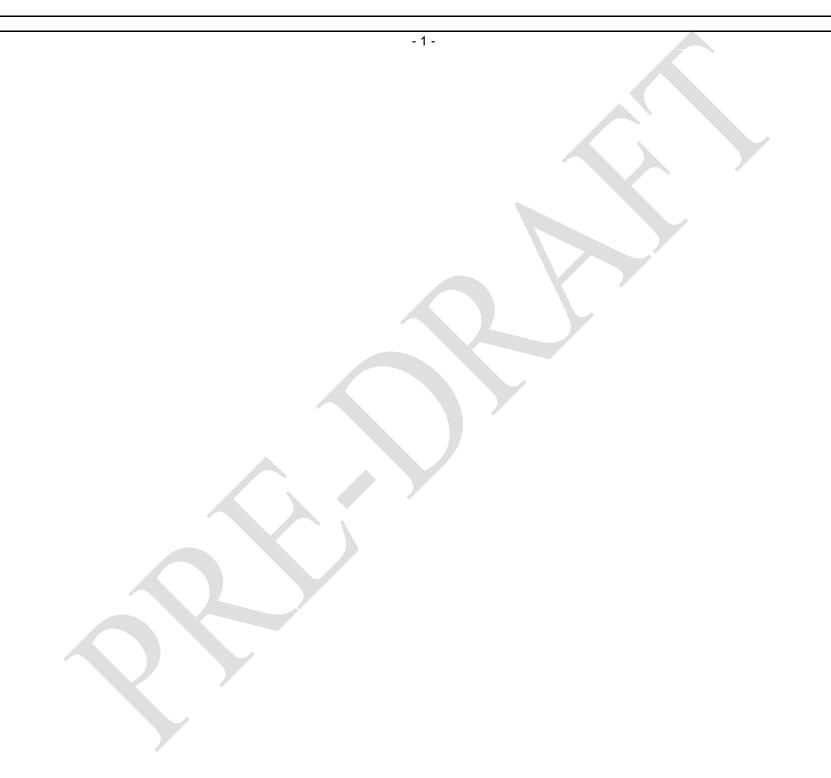
COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES
DISCULATOR MONITORING DEPORT (DMD)

	P	AG-	10	D١	/IF
NEW TANKS	AND	PIP	ΕL	INI	ES

PERMITTEE NAI		DISC	HARG	E MONITO	RING	REPORT	NEW TANKS AND PIPELINES				
NAME											
ADDRESS											
			PERMIT NUMBER				OUTFA	ALL NU	MBER	Reporting Frequency: Monthly	
FACILITY											
LOCATION					MONITOR	RING F	PERIOD			Check here if No Discharge	
			YEAR	MO	DAY		YEAR	MO	DAY		
WATERSHED		FROM				ТО	`			NOTE: Read Instructions before completing this form	

DADAMETED		QUANT	TITY OR LOADI	QU	ALITY OR CON	ICENTRATI	NO.	FREQUENC' OF	SA	AMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT	s ^{EX}	ANALYSIS	1	TYPE
	SAMPLE MEASUREMENT		XXX	GPM	XXX	XXX	XXX	XXX				
Flow	PERMIT REQUIREMENT	Report Avg Mo	XXX	GPIVI	XXX	XXX	xxx	^^^		1/discharge	Me	easure
	SAMPLE MEASUREMENT		XXX	Нолго	XXX	XXX	XXX	XXX				
Duration of Discharge	PERMIT REQUIREMENT	Report Avg Mo	XXX	Hours	XXX	XXX	XXX	^^^		1/discharge	Me	easure
	SAMPLE MEASUREMENT		XXX	Gallons	XXX	XXX	XXX	XXX				
Total Volume Discharged	PERMIT REQUIREMENT	Report Total Mo	XXX	Gallons	XXX	XXX	XXX	^^^		1/month		Calc
	SAMPLE MEASUREMENT	XXX	XXX	XXX		XXX	XXX	ma/l				
Dissolved Oxygen	PERMIT REQUIREMENT	XXX	XXX	^^^	5.0 Min	XXX	XXX	mg/L	-	2/discharge		Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX		XXX		S.U.				
pН	PERMIT REQUIREMENT	XXX	XXX	^^^	6.0 Min	XXX	9.0 IMAX	3.0.		2/discharge		Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX			ma/l				
Total Residual Chlorine (TRC)	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	Report Avg Mo	0.05 IMAX	mg/L	-	2/discharge		Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX							
Total Suspended Solids (TSS)	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	30 Avg Mo	60 IMAX	mg/L	-	1/discharge		Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.				TELEPHONE			DATE			
		Based on my inquiry of the person or persons who manage the systen 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		ne information, the ge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE							
TYPED OR PR	for submitting false info	ram aware that there are s rmation, including the poss g violations. See 18 Pa. C.	sibility of fine and	SIGNATURE OFFICER	AREA CODE	NUMBE	R YEAR	МО	DAY			
COMMENTS (Report all violations on the "Non-Compliance Reporting Form" (3800-FM-BCW0440))												



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PAG-10 DMR

PERMITTEE NAME/ADDRESS			DISCHARG	GE MONITO	NEW TANKS AND PIPELINES										
NAME															
ADDRESS					ļ <u> </u>			;							
		PERMIT NUMBER		JMBER	OU	TFALL NUMBE	R Re	eporting Fro	equency:	Mo	Monthly				
FACILITY			_	MONUTOU	CILIO DEDIO										
LOCATION			VEAR MO	MONITORING PERIOD Check here if No YEAR MO DAY YEAR MO DAY											
WATERSHED		FROM	TEAR INC	DAI	TO TEA	K IVIO DA		OTE: Read	I Instructio	ons befor	e comple	ting this	s form		
DADAMETED		QUAN	ITITY OR LOADI	ING	QU	ALITY OR CON	ION	NO.	FRE	FREQUENCY	SA	AMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT			OF IALYSIS		ГҮРЕ		
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/l							
Dissolved Iron	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	7.0 IMAX	IIIg/I		1/dis	ischarge	C	Grab		
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX			mg/l							
Oil and Grease	PERMIT REQUIREMENT	XXX	XXX	۸۸۸	XXX	15 Avg Mo	30 IMAX	mg/i		1/dis	ischarge	C	Grab		
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
NAME/TITLE PRINCIPAL EX	XECUTIVE OFFICER	direction or supervision	of law that this document was not in accordance with a system of	designed to assure			TEL	TELEPHONE			DATE				
		Based on my inquiry of or those persons direct	el gather and evaluate the infor f the person or persons who m ttly responsible for gathering the	manage the system the information, the											
TYPED OR PRINTED acc		accurate and complete for submitting false in	is, to the best of my knowledge. I am aware that there are sinformation, including the possifing violations. See 18 Pa. C.S.).	significant penalties sibility of fine and	SIGNATURE OFFICER	AREA CODE	NUMB	ER	YEAR	МО	DAY				
COMMENTS (Report all viola	ations on the "Non-Con		,	<u>л-ВСW0440</u>)))										