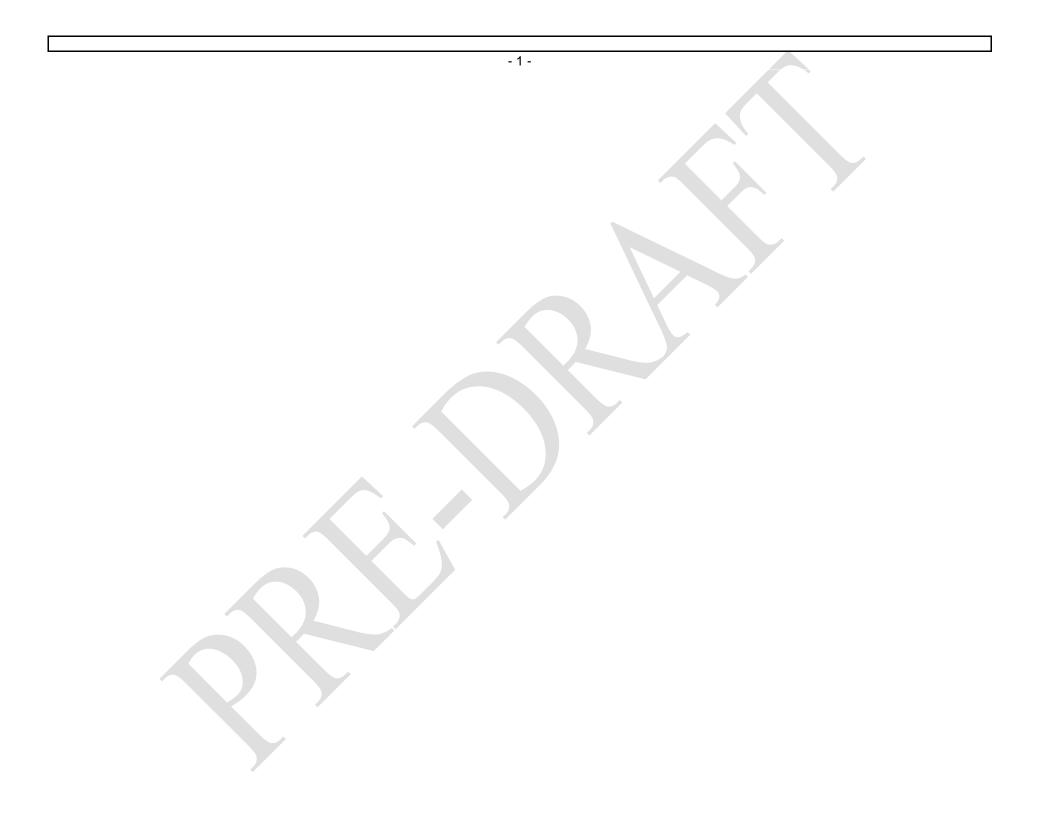
3800-PM-BCW0173h DMR Existing Tanks and Pip Pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION PERMITTEE NAME/ADD		N	DEPAR	RTMENT BU DLLUTAN	IREAU OF	RONMEN CLEAN V GE ELIMIN	TAL P VATER	ROTECTION R N SYSTEM (NPDES)		EXIST	ING TANKS AN		IO DMR ELINES	
NAME						· •									
ADDRESS				PERMIT NUMBER			OUTFALL NUMBER R				Reporting Frequency: Monthly				
FACILITY				·											
LOCATION			MONITORING PERIOD						Check here	nere if No Discharge					
			YEAR MO DAY			YEAR MO DAY									
WATERSHED		FROM				то				NOTE: Read Instructions before compl			eting this form		
PARAMETER		QUAN	ITITY OR L	Y OR LOADING		QUALITY OR CONCEN			ENTRATION		NO.	FREQUENCY OF	SAMPLE		
FARAIVIETER		VALUE	VALU	JE	UNITS	VAL	JE	VALUE	VALUE	UNITS	EX	ANALYSIS	Т	TYPE	
Flow	SAMPLE MEASUREMENT		XXX	<		XX	Х	XXX	xxx						
	PERMIT REQUIREMENT	Report Avg Mo	XXX	<	GPM	XX	Х	XXX	XXX	XXX		1/discharge	Ме	easure	
	SAMPLE MEASUREMENT		XXX	X		XX	х —	XXX	XXX						
Duration of Discharge	PERMIT REQUIREMENT	Report Avg Mo	XXX	<	Hours	XX	Х	XXX	XXX	XXX		1/discharge	Ме	easure	
Total Volume Discharged	SAMPLE MEASUREMENT		XXX	X		XX	x	ХХХ	XXX						
	PERMIT REQUIREMENT	Report Total Mo	XXX	<	Gallons	XX	х	XXX	XXX	XXX		1/month	(Calc	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	ĸ				XXX	XXX						
	PERMIT REQUIREMENT	xxx	XXX	<	XXX	5.0 Mir		XXX	XXX	mg/L		2/discharge	C	Grab	
	SAMPLE MEASUREMENT	ххх	XXX	<				XXX							
рН	PERMIT REQUIREMENT	XXX	XXX	<	XXX	6.0 Mir		ХХХ	9.0 IMAX	S.U.		2/discharge	arge Grat		
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT	ххх	XXX	K		XX	Х								
	PERMIT REQUIREMENT	xxx	XXX	<	XXX	XX	Х	Report Avg Mo	0.05 IMAX	mg/L		2/discharge	2/discharge G		
Total Suspended Solids (TSS)	SAMPLE MEASUREMENT	XXX	XXX	ĸ		XX	Х								
	PERMIT REQUIREMENT	xxx	XXX	<	XXX	XX	x	30 Avg Mo	60 IMAX	mg/L		1/discharge	ge Grab		
NAME/TITLE PRINCIPAL E	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. Based on my inguiry of the person or persons who manage the system							TELEP	PHONE		DATE				
TYPED OR PF	or those persons direct information submitted i accurate and complete for submitting false in	irectly responsible for gathering the information, the ed is, to the best of my knowledge and belief, true, lete. I am aware that there are significant penalties a information, including the possibility of fine and powing violations. See 18 Pa. C.S. § 4090 (relating			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBEI	R YEAR	МО	DAY			

COMMENTS (Report all violations on the "Non-Compliance Reporting Form (3800-FM-BCW0440)")



3800-PM-BCW0173h DMR Existing Tanks and Pipelines

PERMITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-10 DMR EXISTING TANKS AND PIPELINES

NAME													
ADDRESS	SS												
·			PERMIT NUMBER		OUTFALL NUMBER R		R Re	Reporting Frequency:		Monthly	Monthly		
FACILITY													
			MONITORING PERIOD Check here if No Discharge										
			YEAR MO	DAY	YEAR MO DAY								
WATERSHED		FROM			то		OTE: Read Instructions before completing this form						
PARAMETER		QUAN	NTITY OR LOADING		QUALITY OR CONCENTRA			ON	NO.	FREQUENCY OF	SP	MPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT	S ^{EX}	ANALYSIS	Т	YPE	
Dissolved Iron	SAMPLE MEASUREMENT	XXX	XXX	xxx	XXX	XXX		ma//					
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	7.0 IMAX	mg/L	-	1/discharge	(Grab	
	SAMPLE MEASUREMENT	XXX	XXX		XXX								
Oil and Grease	PERMIT REQUIREMENT	xxx	XXX	XXX	XXX	15 Avg Mo	30 IMAX	mg/L	-	1/discharge	0	Grab	
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX							
Benzene	PERMIT REQUIREMENT	xxx	XXX	XXX	XXX	xxx	0.0025 IMAX	mg/L	-	1/discharge	0	Grab	
втех	SAMPLE MEASUREMENT	XXX	XXX		xxx	XXX							
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	0.25 IMAX	mg/L	-	1/discharge	(Grab	
	SAMPLE MEASUREMENT	xxx	XXX		XXX								
Total PCBs (existing NGTL only)	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	Report Avg Mo	Report IMAX	μg/L		1/discharge	0	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 inqu or those persons of			iei gather and evaluate the information submitted. of the person or persons who manage the system ictly responsible for gathering the information, the is, to the best of my knowledge and belief, true,										
TYPED OR PRINTED		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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBE	R YEAR	МО	DAY	
COMMENTS (Report all violations on the "Non-Compliance Reporting Form (3800-FM-BCW0440)")													

NOTE – Use the NODI Code "GG" in lieu of sample results where monitoring is not applicable.