

ANALYSIS RESULTS TABLE POLLUTANT GROUP 1

Please read instructions carefully before completing this form.

APPLICANT NAME	Keystone Sanitary Landfill, Inc.										
	<input checked="" type="checkbox"/> Outfall / IMP Number 001 (Show location of sampling point on Line Drawing) Eddy Creek <input type="checkbox"/> Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing) <input type="checkbox"/> Intake Sampling Results (Specify Source: _____) <input type="checkbox"/> Background (Upstream) Sampling Results (Specify Location: _____) <input type="checkbox"/> New Discharge (Basis for Information: _____)	CONCENTRATION / MASS PRESENT									
		Min/Max Daily Value		Max Avg Monthly Value		Long-Term Avg Value		No. Analyses	No. "Non-Detect" Results	QL Used	Method Used
Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)						
BODs (mg/L)	140	--	37	--	--	--	--	--	--	--	
COD (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
TOC (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
TSS (mg/L)	88	--	27	--	--	--	--	--	--	--	
Ammonia-Nitrogen (mg/L)	10	--	4.9	--	--	--	--	--	--	--	
Temperature (Winter) (°F)	NL	--	NL	--	--	--	--	--	--	--	
Temperature (Summer) (°F)	NL	--	86	--	--	--	--	--	--	--	
pH - Minimum (S.U.)	6	--	6	--	--	--	--	--	--	--	
pH - Maximum (S.U.)	6	--	9	--	--	--	--	--	--	--	
Fecal Coliform (No./100 mL)	10,000	--	2,000	--	--	--	--	--	--	--	
Oil and Grease (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
TRC (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
Total Phosphorus (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
TKN (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
Nitrite + Nitrate-Nitrogen (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
Total Dissolved Solids (mg/L)	4,000	--	2,000	--	--	--	--	--	--	--	
Color (Pt-Co Units)	NL	--	NL	--	--	--	--	--	--	--	
Bromide (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
Chloride (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
Sulfate (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
Sulfide (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
Surfactants (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
Fluoride (mg/L)	NL	--	NL	--	--	--	--	--	--	--	
Total Hardness (mg/L)	NL	--	NL	--	--	--	--	--	--	--	

ANALYSIS RESULTS TABLE POLLUTANT GROUP 2

Please read instructions carefully before completing this form.

APPLICANT NAME	Keystone Sanitary Landfill, Inc.										
	<input checked="" type="checkbox"/> Outfall / IMP Number 001 (Show location of sampling point on Line Drawing) Eddy Creek <input type="checkbox"/> Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing) <input type="checkbox"/> Intake Sampling Results (Specify Source: _____) <input type="checkbox"/> Background (Upstream) Sampling Results (Specify Location: _____) <input type="checkbox"/> New Discharge (Basis for Information: _____)										
	CONCENTRATION / MASS PRESENT					Long-Term Avg Value		No. Analyses	No. "Non-Detect" Results	QL Used	Method Used
Mini/Max Daily Value		Max Avg Monthly Value		Mass (lbs/day)	Conc	Mass (lbs/day)	Conc				
POLLUTANT GROUP 2 PARAMETERS	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)			
	Aluminum, Total (µg/L)	1,880	--	750	--	--	--	--	--	--	--
Antimony, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Arsenic, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Barium, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Beryllium, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Boron, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Cadmium, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Chromium, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Chromium, Hexavalent (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Cobalt, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Copper, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Cyanide, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Iron, Total (µg/L)	3,750	--	1,500	--	--	--	--	--	--	--	--
Iron, Dissolved (µg/L)	750	--	300	--	--	--	--	--	--	--	--
Lead, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Manganese, Total (µg/L)	2,500	--	1,000	--	--	--	--	--	--	--	--
Mercury, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Molybdenum, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Nickel, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Phenols, Total (µg/L)	26	--	15	--	--	--	--	--	--	--	--
Selenium, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Silver, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Thallium, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Zinc, Total (µg/L)	200	--	1,100	--	--	--	--	--	--	--	--

ANALYSIS RESULTS TABLE POLLUTANT GROUP 3 (PAGE 1 OF 2)

Please read instructions carefully before completing this form.

APPLICANT NAME	Keystone Sanitary Landfill, Inc.										
	POLLUTANT GROUP 3 PARAMETERS	CONCENTRATION / MASS PRESENT									
		Min/Max Daily Value		Max Avg Monthly Value		Long-Term Avg Value		No. Analyses	No. "Non-Detect" Results	QL Used	Method Used
Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)						
Acrolein (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Acrylonitrile (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Benzene (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Bromoform (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Carbon Tetrachloride (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Chlorobenzene (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Chlorodibromomethane (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Chloroethane (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
2-Chloroethylvinyl Ether (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Chloroform (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Dichlorobromomethane (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
1,1-Dichloroethane (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
1,2-Dichloroethane (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
1,1-Dichloroethylene (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
1,2-Dichloropropane (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
1,3-Dichloropropylene (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
1,4-Dioxane (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Ethylbenzene (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Methyl Bromide (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Methyl Chloride (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Methylene Chloride (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
1,1,2,2-Tetrachloroethane (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Tetrachloroethylene (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--

ANALYSIS RESULTS TABLE POLLUTANT GROUP 5 (PAGE 3 OF 3)

Please read instructions carefully before completing this form.

APPLICANT NAME	Keystone Sanitary Landfill, Inc.										
	POLLUTANT GROUP 5 PARAMETERS	CONCENTRATION / MASS PRESENT									
		Min/Max Daily Value		Max Avg Monthly Value		Long-Term Avg Value		No. Analyses	No. "Non-Detect" Results	QL Used	Method Used
Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)						
Indeno(1,2,3-cd)Pyrene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--	--
Isophorone (µg/L)	NL	--	NL	--	NL	--	--	--	--	--	--
Naphthalene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--	--
Nitrobenzene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--	--
N-Nitroso-di-methylamine (µg/L)	NL	--	NL	--	NL	--	--	--	--	--	--
N-Nitroso-di-n-propylamine (µg/L)	NL	--	NL	--	NL	--	--	--	--	--	--
N-Nitroso-di-n-phenylamine (µg/L)	NL	--	NL	--	NL	--	--	--	--	--	--
Phenanthrene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--	--
Pyrene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--	--
1,2,4-Trichlorobenzene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--	--

Outfall / IMP Number 001 (Show location of sampling point on Line Drawing) **Eddy Creek**
 Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
 Intake Sampling Results (Specify Source: _____)
 Background (Upstream) Sampling Results (Specify Location: _____)
 New Discharge (Basis for information: _____)

ANALYSIS RESULTS TABLE POLLUTANT GROUP 6 (PAGE 1 OF 2)

Please read instructions carefully before completing this form.

APPLICANT NAME	Keystone Sanitary Landfill, Inc.									
	<input checked="" type="checkbox"/> Outfall / IMP Number 001 (Show location of sampling point on Line Drawing) Eddy Creek <input type="checkbox"/> Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing) <input type="checkbox"/> Intake Sampling Results (Specify Source: _____) <input type="checkbox"/> Background (Upstream) Sampling Results (Specify Location: _____) <input type="checkbox"/> New Discharge (Basis for Information: _____)									
	CONCENTRATION / MASS PRESENT									
POLLUTANT GROUP 6 PARAMETERS	Min/Max Daily Value		Max Avg Monthly Value		Long-Term Avg Value		No. Analyses	No. "Non-Detect" Results	QL Used	Method Used
	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)				
Aldrin (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Alpha BHC (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Beta BHC (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Gamma BHC (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Delta BHC (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Chlordane (µg/L)	NL	--	NL	--	--	--	--	--	--	--
4,4'-DDT (µg/L)	NL	--	NL	--	--	--	--	--	--	--
4,4'-DDE (µg/L)	NL	--	NL	--	--	--	--	--	--	--
4,4'-DDD (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Dieldrin (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Alpha-Endosulfan (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Beta-Endosulfan (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Endosulfan Sulfate (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Endrin (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Endrin Aldehyde (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Heptachlor (µg/L)	NL	--	NL	--	--	--	--	--	--	--
Heptachlor Epoxide (µg/L)	NL	--	NL	--	--	--	--	--	--	--
PCB -1242 (µg/L)	NL	--	NL	--	--	--	--	--	--	--
PCB -1254 (µg/L)	NL	--	NL	--	--	--	--	--	--	--

ANALYSIS RESULTS TABLE POLLUTANT GROUP 6 (PAGE 2 OF 2)

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APPLICANT NAME	Keystone Sanitary Landfill, Inc.													
<input checked="" type="checkbox"/> Outfall / IMP Number <u>001</u> (Show location of sampling point on Line Drawing) <u>Eddy Creek</u> <input type="checkbox"/> Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing) <input type="checkbox"/> Intake Sampling Results (Specify Source: _____) <input type="checkbox"/> Background (Upstream) Sampling Results (Specify Location: _____) <input type="checkbox"/> New Discharge (Basis for Information: _____)	CONCENTRATION / MASS PRESENT													
	Min/Max Daily Value			Max Avg Monthly Value			Long-Term Avg Value				No. "Non-Detect" Results	No. Analyses	QL Used	Method Used
	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)				
	PCB-1221 (µg/L)	NL	--	NL	--	NL	--	NL	--	NL	--	--	--	--
	PCB-1232 (µg/L)	NL	--	NL	--	NL	--	NL	--	NL	--	--	--	--
	PCB-1248 (µg/L)	NL	--	NL	--	NL	--	NL	--	NL	--	--	--	--
PCB-1260 (µg/L)	NL	--	NL	--	NL	--	NL	--	NL	--	--	--	--	
PCB-1016 (µg/L)	NL	--	NL	--	NL	--	NL	--	NL	--	--	--	--	
Toxaphene (µg/L)	NL	--	NL	--	NL	--	NL	--	NL	--	--	--	--	

ANALYSIS RESULTS TABLE POLLUTANT GROUP 1

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APPLICANT NAME	Keystone Sanitary Landfill, Inc.												
	<input checked="" type="checkbox"/> Outfall / IMP Number 002 (Show location of sampling point on Line Drawing) Little Roaring Brook <input type="checkbox"/> Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing) <input type="checkbox"/> Intake Sampling Results (Specify Source: _____) <input type="checkbox"/> Background (Upstream) Sampling Results (Specify Location: _____) <input type="checkbox"/> New Discharge (Basis for Information: _____)												
	POLLUTANT GROUP 1 PARAMETERS		CONCENTRATION / MASS PRESENT								No. "Non-Detect" Results	No. Analyses	QL Used
Min/Max Daily Value			Max Avg Monthly Value		Long-Term Avg Value		Conc	Mass (lbs/day)					
Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc			Mass (lbs/day)	Conc	Mass (lbs/day)		
BODs (mg/L)	--	20	--	10	--	--	--	--	--	--	--	--	--
COD (mg/L)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
TOC (mg/L)	--	NL	--	NL D	--	--	--	--	--	--	--	--	--
TSS (mg/L)	--	20	--	10	--	--	--	--	--	--	--	--	--
Ammonia-Nitrogen (mg/L)	--	6.0	--	3.0	--	--	--	--	--	--	--	--	--
Temperature (Winter) (°F)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
Temperature (Summer) (°F)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
pH - Minimum (S.U.)	--	6	--	6	--	--	--	--	--	--	--	--	--
pH - Maximum (S.U.)	--	9	--	9	--	--	--	--	--	--	--	--	--
Fecal Coliform (No./100 mL)	--	10,000	--	2,000	--	--	--	--	--	--	--	--	--
Oil and Grease (mg/L)	--	10	--	5	--	--	--	--	--	--	--	--	--
TRC (mg/L)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
Total Phosphorus (mg/L)	--	3.02	--	1.51	--	--	--	--	--	--	--	--	--
TKN (mg/L)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
Nitrite + Nitrate-Nitrogen (mg/L)	--	10	--	5.0	--	--	--	--	--	--	--	--	--
Total Dissolved Solids (mg/L)	--	4,000	--	2,000	--	--	--	--	--	--	--	--	--
Color (Pt-Co Units)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
Bromide (mg/L)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
Chloride (mg/L)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
Sulfate (mg/L)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
Sulfide (mg/L)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
Surfactants (mg/L)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
Fluoride (mg/L)	--	NL	--	NL	--	--	--	--	--	--	--	--	--
Total Hardness (mg/L)	--	NL	--	NL	--	--	--	--	--	--	--	--	--

ANALYSIS RESULTS TABLE POLLUTANT GROUP 2

Please read instructions carefully before completing this form.

APPLICANT NAME	Keystone Sanitary Landfill, Inc.											
	<input checked="" type="checkbox"/> Outfall / IMP Number 002 (Show location of sampling point on Line Drawing) Little Roaring Brook <input type="checkbox"/> Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing) <input type="checkbox"/> Intake Sampling Results (Specify Source: _____) <input type="checkbox"/> Background (Upstream) Sampling Results (Specify Location: _____) <input type="checkbox"/> New Discharge (Basis for information: _____)											
	POLLUTANT GROUP 2 PARAMETERS	Min/Max Daily Value					CONCENTRATION / MASS PRESENT					
Conc		Mass (lbs/day)	Conc	Mass (lbs/day)	Long-Term Avg Value	Max Avg Monthly Value	Conc	Mass (lbs/day)	No. Analyses	No. "Non-Detect" Results	QL Used	Method Used
Aluminum, Total (µg/L)	1,880	--	750	--	--	--	--	--	--	--	--	--
Antimony, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Arsenic, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Barium, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Beryllium, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Boron, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Cadmium, Total (µg/L)	1.36	--	0.68	--	--	--	--	--	--	--	--	--
Chromium, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Chromium, Hexavalent (µg/L)	52.42	--	26.21	--	--	--	--	--	--	--	--	--
Cobalt, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Copper, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Cyanide, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Iron, Total (µg/L)	3,750	--	1,500	--	--	--	--	--	--	--	--	--
Iron, Dissolved (µg/L)	750	--	300	--	--	--	--	--	--	--	--	--
Lead, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Manganese, Total (µg/L)	2,500	--	1,000	--	--	--	--	--	--	--	--	--
Mercury, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Molybdenum, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Nickel, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Phenols, Total (µg/L)	26	--	15	--	--	--	--	--	--	--	--	--
Selenium, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Silver, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Thallium, Total (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--	--
Zinc, Total (µg/L)	200	--	NL	--	--	--	--	--	--	--	--	--

ANALYSIS RESULTS TABLE POLLUTANT GROUP 3 (PAGE 2 OF 2)

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APPLICANT NAME	Keystone Sanitary Landfill, Inc.										
	POLLUTANT GROUP 3 PARAMETERS	CONCENTRATION / MASS PRESENT									
		Min/Max Daily Value		Max Avg Monthly Value		Long-Term Avg Value		No. Analyses	No. "Non-Detect" Results	QL Used	Method Used
Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)						
Toluene (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
1,2-Trans-Dichloroethylene (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
1,1,1-Trichloroethane (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
1,1,2-Trichloroethane (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Trichloroethylene (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Vinyl Chloride (µg/L)	1.0	--	0.5	--	--	--	--	--	--	--	--

- Outfall / IMP Number 002** (Show location of sampling point on Line Drawing) **Little Roaring Brook**
- Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- Intake Sampling Results (Specify Source: _____)
- Background (Upstream) Sampling Results (Specify Location: _____)
- New Discharge (Basis for information: _____)

ANALYSIS RESULTS TABLE POLLUTANT GROUP 4

Please read instructions carefully before completing this form.

APPLICANT NAME	Keystone Sanitary Landfill, Inc.										
	POLLUTANT GROUP 4 PARAMETERS	CONCENTRATION / MASS PRESENT									
		Min/Max Daily Value		Max Avg Monthly Value		Long-Term Avg Value		No. Analyses	No. "Non-Detect" Results	QL Used	Method Used
Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)						
<input checked="" type="checkbox"/> Outfall / IMP Number 002 (Show location of sampling point on Line Drawing) Little Roaring Brook											
<input type="checkbox"/> Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)											
<input type="checkbox"/> Intake Sampling Results (Specify Source: _____)											
<input type="checkbox"/> Background (Upstream) Sampling Results (Specify Location: _____)											
<input type="checkbox"/> New Discharge (Basis for Information: _____)											
2-Chlorophenol (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
2,4-Dichlorophenol (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
2,4-Dimethylphenol (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
4,6-Dinitro-o-Cresol (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
2,4-Dinitrophenol (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
2-Nitrophenol (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
4-Nitrophenol (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
P-Chloro-m-Cresol (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Pentachlorophenol (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Phenol (µg/L)	26	--	15	--	--	--	--	--	--	--	--
2,4,6-Trichlorophenol (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--

ANALYSIS RESULTS TABLE POLLUTANT GROUP 5 (PAGE 1 OF 3)

Please read instructions carefully before completing this form.

APPLICANT NAME	Keystone Sanitary Landfill, Inc.																				
	<input checked="" type="checkbox"/> Outfall / IMP Number 002 (Show location of sampling point on Line Drawing) Little Roaring Brook <input type="checkbox"/> Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing) <input type="checkbox"/> Intake Sampling Results (Specify Source: _____) <input type="checkbox"/> Background (Upstream) Sampling Results (Specify Location: _____) <input type="checkbox"/> New Discharge (Basis for Information: _____)																				
	POLLUTANT GROUP 5 PARAMETERS	CONCENTRATION / MASS PRESENT					Long-Term Avg Value	No. "Non-Detect" Results	No. Analyses	QL Used	Method Used										
Min/Max Daily Value		Max Avg Monthly Value		Mass (lbs/day)	Conc	Mass (lbs/day)						Conc									
Acenaphthene (µg/L)	NL	NL	NL	NL	NL																
Acenaphthylene (µg/L)	NL	NL	NL	NL	NL																
Acrylamide (µg/L)	NL	NL	NL	NL	NL																
Anthracene (µg/L)	NL	NL	NL	NL	NL																
Benzidine (µg/L)	100				50																
Benzo(a)Anthracene (µg/L)	NL	NL	NL	NL	NL																
Benzo(a)Pyrene (µg/L)	NL	NL	NL	NL	NL																
3,4-Benzofluoranthene (µg/L)	NL	NL	NL	NL	NL																
Benzo(ghi)Perylene (µg/L)	NL	NL	NL	NL	NL																
Benzo(k)Fluoranthene (µg/L)	NL	NL	NL	NL	NL																
Bis(2-Chloro-ethoxy)Methane (µg/L)	NL	NL	NL	NL	NL																
Bis(2-Chloroethyl)Ether (µg/L)	NL	NL	NL	NL	NL																
Bis(2-Chloro-isopropyl)Ether (µg/L)	NL	NL	NL	NL	NL																
Bis(2-Ethylhexyl)Phthalate (µg/L)	NL	NL	NL	NL	NL																
4-Bromophenyl Phenyl Ether (µg/L)	NL	NL	NL	NL	NL																
Butyl Benzyl Phthalate (µg/L)	NL	NL	NL	NL	NL																
2-Chloronaphthalene (µg/L)	NL	NL	NL	NL	NL																
4-Chlorophenyl Phenyl Ether (µg/L)	NL	NL	NL	NL	NL																
Chrysene (µg/L)	NL	NL	NL	NL	NL																

ANALYSIS RESULTS TABLE POLLUTANT GROUP 5 (PAGE 2 OF 3)

Please read instructions carefully before completing this form.

APPLICANT NAME	Keystone Sanitary Landfill, Inc.										
	POLLUTANT GROUP 5 PARAMETERS	CONCENTRATION / MASS PRESENT									
		Min/Max Daily Value		Max Avg Monthly Value		Long-Term Avg Value		No. Analyses	No. "Non-Detect" Results	QL Used	Method Used
Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)						
<input checked="" type="checkbox"/> Outfall / IMP Number 002 (Show location of sampling point on Line Drawing) Little Roaring Brook	Dibenzo(a,h)Anthracene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
<input type="checkbox"/> Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)	1,2-Dichlorobenzene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
<input type="checkbox"/> Intake Sampling Results (Specify Source: _____)	1,3-Dichlorobenzene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
<input type="checkbox"/> Background (Upstream) Sampling Results (Specify Location: _____)	1,4-Dichlorobenzene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
<input type="checkbox"/> New Discharge (Basis for Information: _____)	3,3'-Dichlorobenzidine (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	Diethyl Phthalate (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	Dimethyl Phthalate (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	Di-n-Butyl Phthalate (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	2,4-Dinitrotoluene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	2,6-Dinitrotoluene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	Di-n-Octyl Phthalate (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	1,2-Diphenylhydrazine (as Azobenzene) (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	Fluoranthene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	Fluorene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	Hexachlorobenzene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	Hexachlorobutadiene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	Hexachlorocyclopentadiene (µg/L)	NL	--	NL	--	NL	--	--	--	--	--
	Hexachloroethane (µg/L)	NL	--	NL	--	NL	--	--	--	--	--

ANALYSIS RESULTS TABLE POLLUTANT GROUP 6 (PAGE 2 OF 2)

Please read instructions carefully before completing this form.

APPLICANT NAME	Keystone Sanitary Landfill, Inc.										
	POLLUTANT GROUP 6 PARAMETERS	CONCENTRATION / MASS PRESENT									
		Min/Max Daily Value		Max Avg Monthly Value		Long-Term Avg Value		No. Analyses	No. "Non-Detect" Results	QL Used	Method Used
Conc	Mass (lbs/day)	Conc	Mass (lbs/day)	Conc	Mass (lbs/day)						
PCB-1221 (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
PCB-1232 (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
PCB-1248 (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
PCB-1260 (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
PCB-1016 (µg/L)	NL	--	NL	--	--	--	--	--	--	--	--
Toxaphene (µg/L)	1.0	--	0.5	--	--	--	--	--	--	--	--

- Outfall / IMP Number 002** (Show location of sampling point on Line Drawing) Little Roaring Brook
- Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- Intake Sampling Results (Specify Source: _____)
- Background (Upstream) Sampling Results (Specify Location: _____)
- New Discharge (Basis for Information: _____)

CERTIFICATION AND SIGNATURE OF APPLICANT

I certify under penalty of law that this document and all attachments and modules were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

<i>Dominick L. DeNaples Jr</i>	<i>Site Manager</i>
Name (Type or Print Legibly)	Official Title
<i>Dominick L. DeNaples Jr</i>	<i>12/13/19</i>
Signature	Date

(Use corporate or professional seal as appropriate.)