West Virginia **D**epartment
of **E**nvironmental **P**rotection

Environmental Enforcement

WEST VIRGINIA
NPDES REPORTING REFERENCE MANUAL

REVISED November 2007

Table of Contents

INTRODUCTION

Compliance Monitoring personnel of the Department of Environmental Protection have noted that a number of NPDES facilities have misunderstood several permit requirements. It is hoped that this manual will provide information to the permit holders and plant operators in order to clarify common misconceptions and errors. Included are instructions providing assistance in the completion of the WV/NPDES Discharge Monitoring Reports (DMR) required by your WV/NPDES permit.

THIS MANUAL IS NOT A SUBSTITUTE FOR HAVING A THOROUGH KNOWLEDGE OF ALL THE REQUIREMENTS OF YOUR NPDES PERMIT. YOU MUST THOROUGHLY READ YOUR PERMIT AND ADHERE TO ALL REQUIREMENTS. IT IS THE PERMITTEE'S RESPONSIBILITY TO ENSURE DMR'S ARE PROPERLY COMPLETED AND RECORDS MAINTAINED, AND THAT ALL PERMIT REQUIREMENTS ARE UPHELD.

It is the permit holders legal responsibility to provide accurate monitoring information and maintain records as required. Failure to uphold this responsibility is subject, but not limited, to the following liabilities, as noted in Section C.14 (or Appendix AI.14 in newer permits) of all WV/NPDES permits:

a) Any person who violates a permit condition implementing sections 301, 302, 306, 307, 308, 318 or 405 of the Clean Water Act is subject to a civil penalty not to exceed $10,000 per day of such violation. Any person who willfully or negligently violates permit conditions implementing sections 301, 302, 306, 307, 308 of the Clean Water Act is subject to a fine of not less than $2,500 nor more than $25,000 per day of violation, or by imprisonment for not more than 1 year, or both.

b) Any person who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained under permit shall, upon conviction, be punished by a fine of not more than $10,000 per violation, or by imprisonment for not more than 6 months per violation, or by both.

c) Any person who knowingly makes any false statement, representation, or certification in any record or other document submitted or required to be maintained under permit, including monitoring reports or reports of compliance or noncompliance shall, upon conviction, be punished by a fine of not more than $10,000 per violation, or by imprisonment for not more than 6 months per violation, or by both.

d) Nothing in C.14 (or Appendix A.I.14) a), b) and c) shall be construed to limit or prohibit any other authority the Director may have under the State Water Pollution Control Act, Chapter 22, Article 11.

INSTRUCTIONS FOR COMPLETING WEST VIRGINIA NPDES DISCHARGE MONITORING REPORT (DMR) FORMS

GENERAL INSTRUCTIONS

1. DMRs must be completed for each month, or less frequently in accordance with your permit, on each discharge that has specific effluent limitations or monitoring requirements. If during this month, an outlet (such as cooling tower blowdown) has not discharged AT ALL ON ANY DAY, then this information should be submitted or the appropriate DMR. Write "No discharge during this reporting period" across the front of the DMR.

2. DMRs must be submitted no later than the 20th day following the end of the reporting period, unless otherwise stated in your permit.

3. Data must be collected in accordance with Permit conditions. Carefully read and follow requirements of the permit that specifically address Monitoring and Reporting. (Note that deficiencies in regard to this section of the permit account for many unsatisfactory ratings given during our inspections).

4. If additional samples are taken over the permit minimum, all results using EPA (40 CFR Part 136) approved methods must be included in the calculations for the report.

5. Fecal Coliform averaging must always be calculated using a geometric mean and not an arithmetic average.

6. Convert all concentrations reported in ug/l to mg/l before using the formula to calculate loadings.

7. To calculate loadings, use the flow on the date that the sample was taken. Never use the average monthly flow to calculate the average monthly loading.

8. Round results to same significant figures as your permit limits.

9. The DMR must be signed by the "Responsible Official" unless a letter is sent to Division of Water and Waste Management designating another person as the "Authorized Agent".

10. Printed DMR forms are not supplied by the State for each reporting period. Therefore, copy sufficient quantities of the DMR form attached to the permit for five years worth of reporting.

11. Major facilities are required to submit a copy of their DMR's to EPA Region III.

12. Your permit may have winter and summer limitations. If your permit has such limitations, the corresponding DMR should be used. Reading your permit carefully can help avoid numerous mistakes.

13. Your permit and/or administrative order may have interim and final limitations, if so use the appropriate DMR.

14. Attach additional permit requested information directly to your DMR according to permit requirements, as all permit requirements are not necessarily indicated on the DMR. These include, but are not limited to, CSO information, I/I reports, Industrial storm water data, Bioassay reports. Report this information as required in the permit.

15. Some records are required to be kept by the permittee but are not routinely required to be submitted with the DMR. These include, but are not limited to Chain of Custody forms and calibration records for flow meters and laboratory meters (pH, Dissolved Oxygen, Total Residual Chlorine, etc). Below is an example of one way to check the accuracy of a flow meter's totalizer:

Flow Measurement Check

If a staff gauge is installed, make sure it is accurate, level, and located in the proper place.

At totalizer, start timing when the number changes.

Write totalizer reading down.

Immediately record the staff gauge reading.

Record the staff gauge reading around every 30 seconds.

Read staff gauge for 10 – 15 minutes.

After the time is up, wait until the totalizer clicks over to a new number.

When the totalizer clicks over, record the staff reading, record the totalizer reading, and note the time elapsed.

Reference the ISCO Flow Book to get GPM results for all staff readings.

Add the readings together and divide by the total number of readings to get average.

Multiply this by the number of minutes elapsed.

Compare this to the totalizer flow for the elapsed time period. Consider the calibration of the totalizer satisfactory if the two flows are within 10 percent of each other, when the actual measure flow (staff gauge average) is used as the known value, or divisor, in the percent calculation.

SPECIFIC INSTRUCTIONS

1. Make copy of blank DMR (example included), which is attached to your WV/NPDES permit.

2. Fill in month and year at the top left-hand corner of the form and complete the certified laboratory name, address, and individual(s) performing analyses.

3. Reporting Values: You should use space provided for reporting values for each parameter on the DMR.

   - The average monthly value represents the "30 consecutive day" average.
   - The maximum daily concentration on the reporting forms refers to the highest allowable "daily discharge" concentration reported for the month.
   - For permits (POTWs) which have seven (7) consecutive day average limits, the arithmetic average may be reported as average for the first 7-day periods (1st to 7th of the month, 8th to 14th, 15th to 21st, and 22nd to 28th). Some permits may have 7 consecutive day average limitations as a permit condition, but no reporting requirements. Nevertheless, records should be kept of 7-day averages and excursions reported to the permitting agency within five (5) days. A violation by the permittee (POTW) of this 7-day average or for any other stipulated permit condition shall be considered an excursion.
   - Instantaneous maximum limitation means the highest allowable concentration of pollutant in the discharge at any given time. Determination of this concentration may be based on a grab sample analysis.

   Fecal Coliform averaging must always be calculated using a geometric mean and not an arithmetic average. See "Specific Instructions" number five (5).

   $$\text{Arithmetic Mean (Average)} = \frac{N1 + N2 + N3 + Nth}{th}$$

   Example for arithmetic calculations/reporting.

	Measured Values
1st week	19, 29
2nd week	34, 28
3rd week	40, 26
4th week	26, 20

   Average Monthly or 30 Consecutive Day Average

   $$\frac{19 + 29 + 34 + 28 + 40 + 26 + 26 + 20}{8} = \frac{222}{8} = 27.75$$

   Maximum Daily = 40

The reporting form would be completed as follows:

	Minimum*	Average Monthly	Maximum Daily
Reported	19	27.75	40

* Only if required by the permit.

Example for seven (7) Consecutive Day Averages

	Measured Values	7-Day Averages
1st week	19, 29	24
2nd week	34, 28	31
3rd week	34, 28	33
4th week	26, 20	23

Should your permit require reporting a 7-day average, you should pick the maximum 7-day average to report. The 7-day average for this example would be 33.

4. Calculating loadings (DMR "Quantity") in pounds per day (Lbs/Day)

Data Needed: Pollutant concentration in mg/l (Care should be taken to convert any data reported in ug/l to mg/l before beginning the calculation)

Flow for the sample period in MGD

Calculation: Lbs/Day = mg/l x MGD x 8.34 Lbs/Gallon (Weight of gallon of water)

Since the loading is expressed in unit mass per day, the flow rate should be representative of the 24-hour day in which the sample(s) were taken. Accurate 24-hour totalizer readings are the ideal source of this information. If flow recordings or totalizer is not available, instantaneous flow rate measurements made at the time samples were taken may be used to calculate an average flow rate for the sample period. It should be noted, that all composites must be on a flow proportioned basis (see pages 11 and 12 for some recommended procedures).

In all cases, the flow measurement period must bracket the sampling period (i.e. An instantaneous flow cannot be used for calculating loadings for a composite sample)

Calculate the loading using the above formula for each day during the month the samples were taken. Select the highest daily calculated value for each parameter and record this on the DMR for the daily maximum value. Next, determine the arithmetic average of all daily loadings for each parameter during the month and record this on the DMR for the average monthly value.

Basically stated, use a flow that brackets the sampling period along with the sample results to calculate daily loading values. Then average the daily loadings to arrive at the

monthly average. Never use the maximum daily flow for the month to calculate the maximum daily loading (unless the flow occurred on the sampling day). **Never use the monthly average flow to calculate the average monthly loadings.**

Example

1st Sample: 2.0 MGD x 20 mg/l x 8.34 = 333.6 Lbs/Day
2nd Sample: 1.5 MGD x 18 mg/l x 8.34 = 225.2 Lbs/Day
3rd Sample: 2.1 MGD x 13 mg/l x 8.34 = 227.7 Lbs/Day
4th Sample: 1.8 MGD x 10 mg/l x 8.34 = 150.1 Lbs/Day

$$\frac{333.6 + 225.2 + 227.7 + 150.1}{4} = \frac{936.1}{4} = 234.2$$

Daily maximum loading = 333.6 Lbs/Day

Average monthly loading = 234.2 Lbs/Day

Calculation Procedures for Reporting Monthly Averages When <MDL Values Are Considered.

Case 1

When averaging values of analytical results *for DMR reporting purposes*, the permittee *should* use actual analytical results when these results are greater than or equal to the MDL and *should use zero (0)* when these results are less than the MDL.

Example (Concentration):
Three tests yield the following results for TKN. (<1 mg/l, 20 mg/l, 75 mg/l).
0 mg/l + 20 mg/l + 75 mg/l = 95 mg/l, 95 mg/l / 3 = 32 mg/l
The permittee would report 32 mg/l for their average monthly DMR result.

Example (Mass):
Three tests yield the following results for TKN. (<3.8 lbs/day, 100 lbs/day, 312 lbs/day).
0 lbs/day + 100 lbs/day + 312 lbs/day = 412 lbs/day, 412 lbs/day / 3 = 137 lbs/day
The permittee would report 137 lbs/day for their average monthly DMR result.

Case 2

If all analytical results are non-detect at the MDL (<MDL), then the permittee should use the actual MDL in the calculation for averaging and report the result as less than the average calculation.

Example (Concentration):
+Three tests yield the following results for TKN. (<1 mg/l, <1 mg/l, <1 mg/l).
1 mg/l + 1 mg/l + 1 mg/l = 3 mg/l, 3 mg/l / 3 = <1 mg/l
The permittee would report <1 mg/l for their average monthly DMR result.

Example (Mass):
Three tests yield the following results for TKN. (<3.8 lbs/day, <5 lbs/day, <4.2 lbs/day).
3.8 lbs/day + 5 lbs/day + 4.2 lbs/day = 13 lbs/day, 13 lbs/day / 3 = <4.3 lbs/day
The permittee would report <4.3 lbs/day for their average monthly DMR result.

5. Total Nitrogen: The Division recognizes there is not an EPA approved method to directly test for Total Nitrogen. The Total Nitrogen value to be reported on the permittee's DMRs shall be the sum of the following parameters; Total Kjeldahl Nitrogen, Nitrate and Nitrite.

Case 1

If all three constituents of Total Nitrogen are not detected at their method detection limit (MDL), the permittee shall add the actual MDLs for each constituent and report the result as less than the calculation.

Case 2

When calculating the sum of the constituents for Total Nitrogen, the permittee shall use actual analytical results when these results are greater than or equal to the MDL for a particular constituent and should use zero (0) for a constituent if one or two of the constituents are less than the MDL.

6. Fecal Coliform: Fecal Coliform averaging must always be calculated using a geometric mean and not an arithmetic average. The method of analysis for Fecal Coliform count should be circled on the DMR. MF stands for membrane filter technique. MPN is the multiple tube or gas method. From all sample results during the month, select the highest daily value and record this as the daily maximum. Do not record "too numerous to count" (TNTC). This is not a valid result and when it occurs additional samples should be run with adequate dilutions. In the event a laboratory reports TNTC, do not record this on the DMR, but contact the laboratory to obtain a valid numerical result.

If more than one Fecal Coliform result is obtained during a reporting period, a geometric mean of those results must be reported. The geometric mean may be calculated either by the root extraction method or by use of logarithmic tables. An example of each is given below.

Root extraction = $\sqrt[th]{N1 \times N2 \times N3 \times \ldots Nth}$ = Geometric mean (GM)

A scientific calculator is very handy for this. Check your calculator's instructions on how to do this. This will probably involve the "$\sqrt[x]{y}$" key or the "y^x" key and an inverse or "2^{nd}" key.

Given Fecal Coliform test results, once per week sampling:

1^{st} week	20	Col/100 ml
2^{nd} week	50	Col/100 ml
3^{rd} week	30	Col/100 ml
4^{th} week	800	Col/100 ml

$GM = \sqrt[th]{N1 \times N2 \times Nth} = \sqrt[4]{20 \times 50 \times 30 \times 800} =$ 70 Col/100 ml

Logarithmic Method

How to use logarithm (or logs) and find the geometric mean (GM) of n Fecal Coliform measurements, where the analytical results (n) is greater than or equal to one.

Let the first Fecal Coliform measurement = N1

Let the second Fecal Coliform measurement = N2

Etc.

Let the last Fecal Coliform measurement = Nn

Let n equal the total number of such Fecal Coliform measurements or sample size. The formula for the GM when using logs is:

$$GM \text{ (of N1, N2, etc., Nn)} = \text{Anti-log} \frac{\log N1 + \log N2 + \ldots. \text{Log Nn}}{N}$$

In order to complete the calculations on the right-hand side of the equation, four operations are necessary.

A. Determine the log for each of the n Fecal Coliform measurements
B. Add or sum the log values
C. Divide the sum by sample size (n)
D. Find the anti-log of the answer to step C

An example of the calculations is as follows:

$$GM \text{ of 159 and 120} = \text{Anti-log} \frac{(\log 159 + \log 120)}{2}$$

$$GM = \text{Anti-log} \frac{(2.20140 + 2.07918)}{2}$$

$$GM = \text{Anti-log } 2.14029$$

$$GM = 138$$

Some checks for gross errors:

- GM lies between the largest and smallest value. For the problem above, the GM of 159 and 120 =138. Since 138 lies between these two, there is no gross error.
- GM is less than the Arithmetic mean (AM). This is true unless all of the Fecal Coliform counts are equal, then GM = AM.

$$AM \text{ (of 159 and 120)} = \frac{159 + 120}{2} = 140$$

Since the GM of 138 is less than the AM of 140, there is no gross error.

NOTE: Some pointers to keep in mind when calculating the geometric mean for Fecal Coliform when values are "greater than" or "less than".

- Do not carry "greater than" or "less than" signs through the geometric mean calculation.
- Use the numerical value attached to the sign in the calculation, e.g. <5 becomes 5 (not 0, 1, or 2.5).
- Greater than values should be flagged on the DMR and an explanation provided. The explanation should provide details on the analysis, such as dilutions used, actual counts obtained, and plans to keep the problem from occurring in the future.
- Use "greater than" and "less than" signs on the maximum daily values reported on the DMR.
- Use "greater than" and "less than" signs on all other averages (arithmetic means) on the DMR except for Fecal Coliform.

7. "N.E." (i.e., number exceeding) Under this heading, the number of excursions for each parameter should be listed. An excursion is a result that exceeded permit limits. This includes excursions of maximum, minimum and/or average permit limits.

8. "Measurement Frequency" boxes should represent the frequency of sampling and analysis for the reporting period. If you are sampling less or more frequently than required, be sure to note the actual frequency.

9. "Sample Type" boxes should reflect the actual type of sample being collected for that reporting period. Specify "grab", "8 HC" for 8 hour composite or "24 HC" for 24 hour composite.

10. Percent removal of BOD-5 and TSS may be calculated in the following manner:

$$\text{Percent removal} = \frac{\text{Concentration In} - \text{Concentration Out}}{\text{Concentration In}} \times 100$$

Although the permit may not require reporting of this percentage, a record may need to be kept to satisfy the permit requirement listed under "other requirements" which requires that the arithmetic means of effluent values not exceed 15 percent of arithmetic means of influent values. However, as permits are reissued, reporting of percent removal will be required. Concentration In is defined as the 30-day average values of the raw wastewater influent pollutant concentration to the facility. Concentration Out is defined as the 30-day average values of the effluent pollutant concentrations. **Note that influent samples must be collected the same day, using the same methodology and at the same time that effluent samples are collected.**

10. The reporting of "ND" as "none detected" for a parameter is not a legitimate means of reporting. The proper way to report a value when it is below the detection limit is to report the result as less than (<) the method detection limit for that particular parameter. For example, if the method detection limit for TKN were 1 mg/1, the proper reporting for TKN would be <1 mg/l when the result is below detection limits. This "less than"

concentration should also be carried through while doing loading calculations, so the final loadings should read accordingly.

Example: 5 MGD x <5 mg/l x 8.34 = <208.5 Lbs/Day

It should be noted that from time to time a permittee will report "ND" for "not determined" (not analyzed). In this case, the explanation of the "ND" should be footnoted at the bottom of the particular page where it is listed.

There are permits that allow Net Limits to be reported. These results are calculated by subtracting an Intake sample result from an Effluent sample result. In these cases, if the Intake sample result is larger or the same as the Effluent sample result, "zero" is reported on the DMR. If both results are less than the minimum detection limits (<MDL), then subtract one from the other and report "zero". If the Intake is <MDL and the Effluent is a valid result (For example: Intake = <5 mg/l, Effluent = 6 mg/l), Report the Effluent result as less than the result (In this example, Effluent is reported as <6 mg/l). There is no written EPA policy on this matter, so until something concrete is created, this will suffice as a guidance. This calculation is less likely to result as a violation on the QNCR list as other calculation methods.

11. Compliance Evaluation Levels (CEL)

CEL can be defined as the minimum level (ML). The ML is the level at which the entire analytical system gives recognizable signal and acceptable calibration point. This level corresponds to the lowest point at which the calibration curve is determined based on analyses for the pollutant of concern in a reagent water. The ML, which is not equivalent to the MDL, is determined from the analysis of a sample in a given matrix containing the analyte. At this time, the CEL is an interim limit and may be revised when the EPA finalizes their "National Guidance for the Permitting, Monitoring, and Enforcement of WQBEL Set Below Analytical Detection/Quantification Levels." For DMR reporting purposes, if a result is above the permit limits but below the CEL, the result will be considered in compliance and no excursion will be reported in the N.E. column.

12. Toxicity Reporting

Some WV/NPDES permits require toxicity (bioassay) testing and subsequent reporting. The reporting for these tests are recorded in toxic units (TU) or more specifically as TUa or TUc as defined below.

A. Toxic Units (TU) are a measure of toxicity in an effluent as determined by the acute toxicity or chronic toxicity units measured.

B. Toxic Unit acute (TUa) is the reciprocal of the effluent concentration that causes 50 percent of the organisms to die by the end of the acute exposure period (48 hrs.).

$$TUa = 100 \div LC_{50}$$

C. Toxic Unit chronic (TUc) is the reciprocal of the effluent concentration that causes no observable effect on the test organism by the end of the chronic exposure period (up to 7 days or longer).

TUc = 100 ÷ NOEC (No Observable Effect Concentration)

The number of toxic units in an effluent is defined as 100 divided by the EC_{50} (Effective Concentration) or LC_{50} (Lethal Concentration) measured:

For example, an effluent with an acute toxicity of an LC_{50} in 5 percent effluent is an effluent containing 20 TUa.

13. Complete the bottom of the DMR with the typed or printed name of the principal Executive Officer, title and date of completion. Affix the authorized signature, then mail to the address given in the permit.

14. An example of a detailed, step-by-step process for completing a DMR for a typical sewage treatment plant may be referenced beginning on page 15. If you have any questions regarding records or DMR calculations, call the Department of Environmental Protection's Compliance Monitoring personnel at (304) 757-1693.

Flow Proportioning

Composite sample is defined as a combination of individual samples obtained at regular intervals over a time period; either the volume of each individual sample is proportional to flow rates or the sampling interval. **In order to meet the definition of composite sample, flow proportioning must be used. Guidelines set by EPA state that flow proportional samples must be obtained if the flow varies more than 10% from the average flow rate during the sampling interval.**

From the definition of composite sample two methods of flow proportioning are acceptable – constant sample interval with sample volume proportioned to flow, or constant sample volume with the sample interval proportioned to flow. Generally, the latter method is used only with automatic composite samplers that are integrated with a flow meter. Following are two examples of how to flow proportion. The first uses an average flow rate for the facility and the second uses a flow measurement as a percent of maximum.

First Example:

a) Determine the number of samples to be taken in the composite period.
b) Determine the minimum sample volume needed.
c) Determine the average sample volume by dividing the minimum volume by the number of samples.
d) Determine the average dry weather flow for your facility.
e) Divide the average sample volume by the dry weather flow to determine the multiplier factor.
f) When sampling, multiply the instantaneous flow value by the multiplier factor to determining the sample volume.
(You may also develop a table of flows and sample volumes to simplify things on sampling day.)

Example:
a) Eight hour composite with eight individual samples.
b) Minimum sample volume needed is 3200 ml.
c) 3200 / 8 samples = 400 ml/sample.
d) Average dry weather flow at the plant is 800,000 GPD.
e) 400 ml/0.8 MGD = 500 ml/MGD.
f) Sampling day flow at 9:00 AM is 0.9 MGD

0.9 MGD x 500 ml/MGD = 450 ml for the 9:00 AM sample

Second Example:

Manual Compositing Method
(Flow Recorded as % of Maximum)

Bottle Number	Sample Collection Time	% Flow	Sample Size, ml/l (% Flow x 11.3)
1	0800	39	441
2	0900	42	475
3	1000	48	542
4	1100	33	373
5	1200	28	316
6	1300	20	226
7	1400	22	249
8	1500	27	305
9	1600	33	373
10	1700	42	475
11	1800	33	373
12	1900	30	339
13	2000	40	452
14	2100	38	429
15	2200	30	339
16	2300	20	226
17	2400	14	158
18	0100	14	158
19	0200	8	90
20	0300	25	271
21	0400	40	452
22	0500	30	339
23	0600	20	226
24	0700	33	373
Total		709	8000

Avg. Daily Flow = $\frac{\text{Sum of \% Flow}}{\text{24 Hours}} = \frac{709}{24}$ = 29.5% Avg. Flow of 1.014 Max. Flow

Approximate Total Sample Required (ml) = 8000

$\frac{\text{Sample Required}}{\text{Sum of \% Flows}}$ = Factor $\frac{8000}{709}$ = 11.3

Factor x Hourly % Flow = Hourly Sample Size

A format for a flow proportioning sample sheet is below.

FLOW PROPORTIONED SAMPLING LOG

Sampler:_____ 24 Hour Flow:_____
Sample Refrigeration Temperature:_____
Adjusted: YES NO

Composite Sample
Parameters:_____
Date:_____
Time:_____
Location:_____

Grab Sample
Parameters:_____
Time:_____
Date:_____
Location:_____

#	Time	Flow	Multiplier	Sample Volume
1				
2				
3				
4				
5				
6				
7				
8				

Step-by-step Process for Filling Out NPDES DMR for Typical STP

1. Print or type month and year of report.
2. If the permit contains an average monthly flow limit or monitoring requirement, total daily flows and divide by days in the month.
3. If the permit contains a daily maximum flow limit or monitoring requirement, enter the highest daily flow measured that month.
4. Did flow exceed average monthly on DMR? "0" if average flow is equal or less than number on DMR. "1" if average is greater. If daily permitted value was exceeded during the month, enter the total number of exceedances (N.E.).
5. Type in flow measurement frequency, (continuous if a meter is used) and sample type (measured, estimate, or recorded if a chart is used).
6. Add the BOD_5 daily or weekly test results and divide the number of sample days in month to obtain monthly average. If one test was performed that month, enter result under "Other Units."
7. Enter the highest BOD_5 daily test result for your reported daily maximum. If one test was performed that month, enter the same result as the average.
8. Did the average or maximum result exceed the permitted value? Enter "0"1 if BOD_5 value is equal or less than the permitted value under N.E. (number of exceedance) column. If the average value exceeded the average monthly permitted value then enter "1". If the daily maximum permitted value was exceeded during the month, enter the total number of excursions (N.E.).
9. Enter measurement frequency and type of sample taken.
10. Convert BOD_5 mg/l to pounds per day.

.381	x	8.34	x	26.7	=	84.8 Lbs
.561	x	8.34	x	21.6	=	101.1 Lbs
1.66	x	8.34	x	20.5	=	283.8 Lbs
.455	x	8.34	x	9.3	=	+35.3 Lbs
						505 ÷ 4 = 126.25 Average Lbs

11. Select highest BOD-5 pounds and enter. 283.8 Lbs
12. Did the average or maximum result exceed permitted value? Enter "0" if BOD_5 pounds are equal or less than permitted value. Enter "1" if average exceeded permitted value. If daily permitted value was exceeded during the month, enter the total number of exceedances (N.E.).
13. Add the TSS daily or weekly tests results and divide by the number of sample days in the month to obtain the monthly average. If one test was performed that month, enter result.
14. Enter the highest TSS daily test result for your reported daily maximum. If one test was performed that month, enter the same result as the average TSS.
15. Did the average or maximum result exceed the permitted value? Enter “0” if TSS is equal or less than permitted value. If daily permitted value was exceeded during the month, enter the total number of exceedances (N.E.).
9. Enter measurement frequency and type of sample taken.

16. Convert TSS mg/1 to pounds per day.

.381	x	8.34	x	12.3	=	39.1 Lbs
.561	x	8.34	x	8.3	=	38.8 Lbs
1.66	x	8.34	x	61	=	844.5 Lbs
.455	x	8.34	x	15.3	=	+15.3 Lbs
				980.5	÷	4 = 245.1 Lbs Average Lbs

17. Select highest TSS pounds and enter. 844.5 Lbs
18. Did the average or maximum result exceed permitted value? Enter "0" if TSS pounds are equal or less than permitted value. If daily maximum permitted value was exceeded during the month, enter the total number of exceedances (N.E.).
19. Add TKN daily or weekly test results and divide by the number of sample days in the month to obtain the monthly average. If one test was performed that month, enter result.
20. Enter the highest TKN daily test result for your reported daily maximum. If one test was performed that month, enter the same result as the average TKN.
21. Did the average or maximum result exceed the permitted value? Enter "0" if TKN is equal or less than permitted value. If daily maximum permitted value was exceeded during the month, enter the total number of exceedances (N.E.).
9. Enter measurement frequency and type of sample taken.
22. Convert TKN mg/1 to pounds per day.

.381	x	8.34	x	8.7	=	27.6 Lbs
.561	x	8.34	x	16	=	74.9 Lbs
1.66	x	8.34	x	14.6	=	202.1 Lbs
.455	x	8.34	x	16.9	=	+64.1 Lbs
				368.7	÷	4 = 92.2 Average Lbs

23. Select highest TKN pounds and enter. 202.1 Lbs
24. Did the average or maximum result exceed the permitted value? Enter "0" if TKN pounds are equal or less than permitted value. If daily maximum permitted value was exceeded during the month, enter the total number of exceedances (N.E.).
25. Enter lowest pH value on monthly DMR.
26. Enter highest pH value on monthly DMR.
27. If lowest pH was higher than min1mum permitted value, enter "0" under the N.E. (number of exceedances) column. If lowest pH was lower than minimum permitted value, enter "1". If highest pH was lower than maximum permitted value, enter "0". If the highest pH reported was higher than the maximum permitted value, enter "1".
9. Enter measurement frequency and type of sample taken.
28. Circle test procedure used for Fecal Coliform test.
29. Procedure for calculating geometric mean for Fecal Coliform.

32 x 110 x 410 x 120 = 173,184,000

$\sqrt[4]{173,184,000}$ = 114.7 Col/100 ml, Enter

30. Select highest Fecal Coliform test result for the month, which is 410 colonies/100 ml, and enter under maximum daily.
31. If geometric mean is equal or less than permitted value, enter "0" under N.E. (number of exceedances) column. If geometric mean is higher than permitted value, enter "1". If the

maximum daily Fecal Coliform count is less than permitted value, enter "0". If daily maximum was exceeded, enter the total number of exceedances (N.E.).

9. Enter measurement frequency and type of sample taken.
32. Type or print name of mayor, chairman, or owner.
33. Title of principal (mayor, chairman, owner).
34. Date of report completed.
35. Name of authorized person filling out report and signature.
36. Title of authorized person filling out report.

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Final Limitations
Year Round

FACILITY NAME: Acme Sewage Treatment Plant
LOCATION OF FACILITY: Somewhere, WV
PERMIT NO.: WV0999999 OUTLET NO.: 001
WASTELOAD FOR THE MONTH OF: March, 2003 [01]

CERTIFIED LABORATORY NAME: Universal Laboratory
CERTIFIED LABORATORY ADDRESS: 601 Cubitainer St. Manhole, WV
INDIVIDUAL PERFORMING ANALYSIS: John Smith

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
		Avg Monthly	Max Daily	Units	N.E.	Minimum	Avg Monthly	Max Daily	CEL*	Units	N.E.		
Flow	N/A	N/A	N/A			N/A	0.562 [02]	1.66 [03]			[04]	Continuous	Measured [05]
	N/A	N/A	N/A			N/A	0.800	N/A	N/A	MGD	0	Continuous	Measured
BOD, 5-Day (20 Deg C)	N/A	126.25 [10]	283.8 [11]		[12]	N/A	20 [06]	27 [07]			[08]	1/week [09]	8 Hr Comp [09]
	N/A	347.8	695.6	Lbs/Day	0	N/A	30	60	N/A	mg/l	0	1/week	8 Hr Comp
Solids, Total Suspended	N/A	245.1 [16]	844.5 [17]		[18]	N/A	24 [13]	61 [14]			[15]	1/week [09]	8 Hr Comp [09]
	N/A	347.8	695.6	Lbs/Day	1	N/A	30	60	N/A	mg/l	1	1/week	8 Hr Comp
Nitrogen, Total Kheldahl (As N)	N/A	92.2 [22]	202.1 [23]		[24]	N/A	14 [19]	17 [20]			[21]	1/week [09]	8 Hr Comp [09]
	N/A	208.7	416.4	Lbs/Day	0	N/A	18	36	N/A	mg/l	0	1/week	8 Hr Comp
Coliform, Fecal General	MF [28] Circle Method Used		MPN			N/A	115 [29]	410 [30]			[31]	1/week [09]	Grab [09]
						N/A	200	400	N/A	Cts/ 100 ml	1	1/week	Grab
pH						6.6 [25]	N/A	7.4 [26]			[27]	Daily [09]	Grab [09]
						6.0	N/A	9.0	N/A		0	Daily	Grab

* CEL = Compliance Evaluation Level

Name of Principal Executive Officer
John Doe [32]

Title of Officer
City Manager [33]

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 a fine and imprisonment for knowing violations.

Date Completed: April 10, 2003 [34]

Signature of Principal Executive Officer or Authorized Agent
[35] [36]

Instructions for completing the Sludge Management Report

This report is required to be completed and submitted by all facilities generating or disposing sewage sludge. The report is to be completed monthly and must be submitted by the twentieth day of the month following the report period, e.g., March's report must by submitted by April 20th.

If the design flow of the wastewater plant is over 50,000 gpd, the Sludge Management Report must be submitted each month, even if no sludge was generated or disposed. If the design flow of the treatment plant is less than 50,000 gpd, it is not necessary to submit a report for a month when no sludge is generated or disposed during that month.

The Sludge Management Report should not be stapled to the Discharge Monitoring Report if the two reports are mailed together.

Step-by-Step Instructions

1. Confirm facility name as it appears on the NPDES permit.
2. Confirm the design flow for the treatment plant. This is listed in the permit as the "Average Monthly Flow Limit."
3. Confirm the permit number for the NPDES discharge permit.
4. Confirm mailing address.
5. Confirm the calendar year of the month for which the report is being generated.
6. Major Facilities (Design flow >1 MGD) "quarterly", other enter "semi-annual."
7. Confirm the city for the mailing address.
8. Enter the zip code.
9. Enter the month for which the report is being generated.
10. Enter the month and year of the last sample taken for heavy metals.
11. Enter amount (dry tons) of sludge generated by the treatment plant during this month. "Generated" means sludge that has completed all treatment processes and is ready for storage, disposal, or reuse. Dry tons may be calculated by multiplying the actual tons of sludge by the percent solids.
12. Enter the amount (dry tons) of sludge generated so far this calendar year.
13. Enter the total gallons of septage received at the treatment plant during this month.
14. List the primary disposal method used for the month: "Land Application," "Landfill," "Incineration," "Septic Hauler," other treatment plant (specify), or "Compost Facility." If sludge was stored only during the report period and not disposed, enter "None."
15. If a secondary method of sludge disposal was used during the month, write it in here.
16. Enter the amount disposed by the method listed in space #14. Enter the amount in dry tons. If all the sludge was stored, enter a "0" or "None Disposed" in this blank.
17. Enter the amount disposed by the method listed in space #15. Enter the amount in dry tons.
18. Enter the name of the landfill or compost facility is these were used for disposal.
19. Average the percent solids sample results taken during the month and enter the value in this blank. At least one sample should be collected each month, provided that sludge is disposed during that month.

20. Enter the number of percent solids samples taken during the month.
21. Enter the number of loads of sewage sludge containing less than 20% solids which was disposed in a landfill.
22. The "Pathogen Reduction" section applies only to land application of sewage sludge. Mark this statement if no sludge was land applied, and then skip to space #29.
23. Mark this statement if the pathogen reduction requirement was met by monitoring the Fecal Coliform level in the sewage sludge.
    - 23A. Enter the geometric mean of the last seven samples taken for Fecal Coliform.
    - 23B. Enter the value of the Fecal Coliform sample collected during this month.
    - 23C. Major sewage treatment plants using this method must sample twice per month. If you sampled twice during the month, enter the second value in this blank. If only one sample was taken, enter a "N/A."
24. Mark this statement if the pathogen reduction requirement was met by lime addition.
    - 24A. For the samples taken two hours after the addition of the lime, enter the range of pH values (i.e., minimum and maximum).
25. Mark this statement if the pathogen reduction requirement was met by anaerobic digestion.
    - 25A. Enter the average detention time measured in days in the digester for this month. This may be calculated by dividing the average daily sludge flow (gpd) out of the digester by the working volume of the digester.
    - 25B. Enter the average digester temperature for this month.
    - 25C. Enter the range of temperatures recorded for the digester during this month.
26. Mark this statement if the pathogen reduction requirement was met by aerobic digestion.
    - 26A. Enter the average detention time measured in days in the digester for this month. This may be calculated by dividing the average daily sludge flow (gpd) out of the digester by the working volume of the digester.
    - 26B. Enter the average digester temperature for this month.
    - 26C. Enter the range of temperatures recorded for the digester during this month.
27. Mark this statement if the pathogen reduction requirement was met by a method not listed above. Provide a detailed explanation of the procedure used to meet the requirement.
28. Enter the number of loads of sewage sludge land applied during the month that did not first fully meet the pathogen reduction requirements. For example, one load of limed sludge may have had a pH of 11.8 after two hours but was land applied anyway. Enter "0" if all sludge land applied during this month met the pathogen reduction requirements of 40 CFR Part 503.
29. The "Vector Attraction Reduction" section applies only to land application of sewage sludge. Mark this statement if no sludge was land applied.
30. Mark this statement if the vector attraction reduction requirement was met by reducing the volatile solids content in the sewage sludge by at least 38%.
    - 30A. Enter the month that the volatile solids samples were taken. Note that if the samples were not taken during this month, you must maintain records at the plant that demonstrate "similar or better operating conditions" were maintain in the plant's sludge disposal units for the months when no samples were taken. You must verify volatile solids reduction in the sludge by sampling the volatile solids content in the sludge at least once per six months (quarterly for major facilities).

30B. Enter the measured volatile solids reduction for the month entered in #30A.

31. Mark this statement if the vector attraction reduction requirement was met by sampling the specific oxygen uptake rate (SOUR) in the sludge.

31A. Enter the month that the SOUR samples were taken. Note that if the samples were not taken during this month, you must maintain records at the plant that demonstrate "similar or better operating conditions" were maintain in the plant's sludge disposal units for the months when no samples were taken. You must verify SOUR results in the sludge by sampling the sludge at least once per six months (quarterly for major facilities).

31B. Enter the average measured SOUR value for the month entered in #31A.

32. Mark this statement if the vector attraction reduction requirement was met by lime addition.

32A. Enter the range of pH values (i.e., minimum and maximum) for the samples taken two hours after the addition of the lime.

32B. Enter the range of pH values (i.e., minimum and maximum) for the samples taken twenty-four hours after the addition of the lime.

33. Mark this statement if the vector attraction reduction requirement was met by a method not listed above. Provide a detailed explanation of the procedure used to meet the requirement.

34. Enter the number of loads of sewage sludge land applied during the month that did not first fully meet the vector attraction reduction requirements. For example, one load of limed sludge may have had a pH of 11.3 after twenty-four hours but was land applied anyway. Enter "0" if all sludge land applied during this month met the pathogen reduction requirements of 40 CFR Part 503.

35-38. Enter the name, title, and signature of the responsible official, or the authorized agent.

39. Provide any additional comments or explanations that may be relevant to this month's report.

SEWAGE SLUDGE MANAGEMENT REPORT

FACILITY NAME: [1] DESIGN FLOW: [2] PERMIT NUMBER: [3]

ADDRESS: [4] YEAR: [5] MONITORING REQUENCY: [6]

CITY: [7] ZIP: [8] MONTH: [9] LAST SAMPLE DATE: [10]

Total Sludge Generated this Report Period: (Dry Tons) [11] Disposal Method: [14] [15]

Sludge Generated this Year to Date: (Dry Tons) [12] Amount Disposed: (Dry Tons) [16] [17]

Amount of Domestic Septage Received: (Gallons) [13] Name of Landfill or Compost Facility: [18]

Percent Solids: Average: [19] Measurement Frequency: [20] Number of Loads Landfilled With Less Than 20 % Solids: [21]

Pathogen Reduction Method:

[22] ڤ Not Applicable. No land application of sewage sludge.

[23] ڤ Fecal Coliform Monitoring: Geometric mean of last seven samples is [23A] col/dry gram.

[24] Sample results for this report period were [23B] col/dry gram and [23C] col/dry gram.

ڤ Lime Addition: pH of sample two hours after lime addition: Range [24A]

[25] ڤ Anaerobic Digestion: Average detention time for this report period: (days) [25A]

Digester Temperature: Average [25B] Range [25C]

[26] ڤ Aerobic Digestion: Average detention time for this report period: (days) [26A]

Digester Temperature: Average [26B] Range [26C]

[27] ڤ Other: (Provide Description)

NE: Number of loads land applied which did not fully meet pathogen reduction requirements: [28]

Vector Attraction Reduction Method:

[29] ڤ Not Applicable. No land application of sewage sludge.

[30] ڤ 38 % Volatile Solids Reduction: Average volatile solids reduction for the month of [30A] was [30B] percent.

[31] ڤ SOUR: The average Specific Oxygen Uptake rate for the month of [31A] was [31B] mg O_2/hour/dry gram.

[32] ڤ Lime Addition: pH of sample two hours after lime addition: Range [32A]

pH of sample 24 hours after lime addition: Range [32B]

[33] ڤ Other (Provide description)

NE: Number of loads land applied which did not fully meet vector attraction requirements: [34]

I certify under penalty of law that the management practices, vector attraction reduction requirements, and the pathogen reduction requirements of Federal Regulation 40 CFR Part 503 and State Regulation Title 33, Series 2 have been met for all sewage sludge land applied during this reporting period. This determination has been made under my supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate information used to determine these requirements have been met. I also certify that this document and all the attachments were prepared under my direct supervision, and that the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are penalties for false certification including the possibility of fine an imprisonment.

Official: [35] ***Title:*** [37]

Signature: [36] ***Date:*** [38]

Additional Comments or Explanations: [39]

Sewage Sludge Monitoring Report

For

MAJOR FACILITIES (1^{+} MGD)

Which

LAND APPLY

Sewage Sludge

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

FACILITY NAME: _____ CERTIFIED LABORATORY NAME: _____

LOCATION OF FACILITY: _____ CERTIFIED LABORATORY ADDRESS: _____

PERMIT NO.: _____ OUTLET NO.: S01 _____

RESULTS FOR THE MONTH OF: _____ INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
				Units	N.E.				CEL*	Units	N.E.		
74055 (ML-+) RF-B	Reported												
Coliform, Fecal	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	col/gr		1/quarter	Grab
Year Round													
00400 (ML-+) RF-B	Reported												
pH	Permit Limits	N/A	N/A			Rpt Only Min.	N/A	Rpt Only Max.	N/A	S.U.		1/quarter	Grab
Year Round													
61521 (ML-+) RF-B	Reported												
Arsenic, Sludge Tot. Dry Wt.	Permit Limits	N/A	N/A			N/A	N/A	20 Max.	N/A	mg/kg		1/quarter	1/wk Comp
Year Round													
78476 (ML-+) RF-B	Reported												
Cadmium,Sludge,Tot Dry Wt.	Permit Limits	N/A	N/A			N/A	N/A	39 Max.	N/A	mg/kg		1/quarter	1/wk Comp
Year Round													
78473 (ML-+) RF-B	Reported												
Chromium, Dry Wt.	Permit Limits	N/A	N/A			N/A	N/A	1000 Max.	N/A	mg/kg		1/quarter	1/wk Comp
Year Round													
78475 (ML-+) RF-B	Reported												
Copper,Sludge,Tot,Dry Wt.	Permit Limits	N/A	N/A			N/A	N/A	1500 Max.	N/A	mg/kg		1/quarter	1/wk Comp
Year Round													
78468 (ML-+) RF-B	Reported												
Lead, Dry. Wt.	Permit Limits	N/A	N/A			N/A	N/A	250 Max.	N/A	mg/kg		1/quarter	1/wk Comp
Year Round													
78471 (ML-+) RF-B	Reported												
Mercury, Dry Wt.	Permit Limits	N/A	N/A			N/A	N/A	10 Max.	N/A	mg/kg		1/quarter	1/wk Comp
Year Round													

* CEL = Compliance Evaluation Level

Name of 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 a fine and imprisonment for knowing violations.	Date Completed
Title of Officer		Signature of Principal Executive Officer or Authorized Agent

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

FACILITY NAME: _____ CERTIFIED LABORATORY NAME: _____

LOCATION OF FACILITY: _____ CERTIFIED LABORATORY ADDRESS: _____

PERMIT NO.: _____ OUTLET NO.: S01

RESULTS FOR THE MONTH OF: _____ INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
				Units	N.E.				CEL*	Units	N.E.		
78465 (ML-+) RF-B Molybdenum,Dry Wt. Year Round	Reported								N/A	mg/kg		1/quarter	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	18 Max.					
78469 (ML-+) RF-B Nickel, Dry Wt. Year Round	Reported								N/A	mg/kg		1/quarter	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	200 Max.					
49031 (ML-+) RF-B Selenium,Sludge,Tot. Dry Wt. Year Round	Reported								N/A	mg/kg		1/quarter	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	36 Max.					
78467 (ML-+) RF-B Zinc, Dry Wt. Year Round	Reported								N/A	mg/kg		1/quarter	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	2800 Max.					
00916 (ML-+) RF-B Calcium, Total (as Ca) Year Round	Reported								N/A	mg/kg		1/quarter	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
61553 (ML-+) RF-B Solids, Total Sludge Percent Year Round	Reported								N/A	Percent		1/quarter	1/wk Comp
	Permit Limits	N/A	N/A			Rpt Only Min.	Rpt Only Avg.	Rpt Only Max.					
78472 (ML-+) RF-B Potassium, Sludge Tot. Dry Wt. Year Round	Reported								N/A	mg/kg		1/quarter	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78478 (ML-+) RF-B Phosphorus,Sludge,Tot,Dry Wt. Year Round	Reported								N/A	mg/kg		1/quarter	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					

* CEL = Compliance Evaluation Level

Name of 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 a fine and imprisonment for knowing violations.	Date Completed
Title of Officer		Signature of Principal Executive Officer or Authorized Agent

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

FACILITY NAME: _____ CERTIFIED LABORATORY NAME: _____

LOCATION OF FACILITY: _____ CERTIFIED LABORATORY ADDRESS: _____

PERMIT NO.: _____ OUTLET NO.: S01 _____

RESULTS FOR THE MONTH OF: _____ INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
				Units	N.E.				CEL*	Units	N.E.		
82294 (ML-+) RF-B	Reported												
Nitrogen, Ammonia Tot. Dry Wt	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
Year Round													
78470 (ML-+) RF-B	Reported												
Nitrogen, Sludge Tot. Dry Wt	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
Year Round													
51020 (ML-+) RF-B	Reported												
Organic Nitrogen	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
Year Round													
00927 (ML-+) RF-B	Reported												
Magnesium,Tot (as Mg)	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
Year Round													
									N/A				
									N/A				
									N/A				
									N/A				

* CEL = Compliance Evaluation Level

Name of 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 a fine and imprisonment for knowing violations.	Date Completed
Title of Officer		Signature of Principal Executive Officer or Authorized Agent

Sewage Sludge Monitoring Report

For

MINOR FACILITIES (<1 MGD)

Which

LAND APPLY

Sewage Sludge

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

FACILITY NAME: _____ CERTIFIED LABORATORY NAME: _____

LOCATION OF FACILITY: _____ CERTIFIED LABORATORY ADDRESS: _____

PERMIT NO.: _____ OUTLET NO.: S01 _____

RESULTS FOR THE MONTH OF: _____ INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
				Units	N.E.				CEL*	Units	N.E.		
74055 (ML-+) RF-C	Reported												
Coliform, Fecal	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	col/gr		1/6 months	Grab
Year Round													
00400 (ML-+) RF-C	Reported												
pH	Permit Limits	N/A	N/A			Rpt Only Min.	N/A	Rpt Only Max.	N/A	S.U.		1/6 months	Grab
Year Round													
61521 (ML-+) RF-C	Reported												
Arsenic, Sludge Tot. Dry Wt.	Permit Limits	N/A	N/A			N/A	N/A	20 Max.	N/A	mg/kg		1/6 months	1/wk Comp
Year Round													
78476 (ML-+) RF-C	Reported												
Cadmium,Sludge,Tot Dry Wt.	Permit Limits	N/A	N/A			N/A	N/A	39 Max.	N/A	mg/kg		1/6 months	1/wk Comp
Year Round													
78473 (ML-+) RF-C	Reported												
Chromium, Dry Wt.	Permit Limits	N/A	N/A			N/A	N/A	1000 Max.	N/A	mg/kg		1/6 months	1/wk Comp
Year Round													
78475 (ML-+) RF-C	Reported												
Copper,Sludge,Tot,Dry Wt.	Permit Limits	N/A	N/A			N/A	N/A	1500 Max.	N/A	mg/kg		1/6 months	1/wk Comp
Year Round													
78468 (ML-+) RF-C	Reported												
Lead, Dry. Wt.	Permit Limits	N/A	N/A			N/A	N/A	250 Max.	N/A	mg/kg		1/6 months	1/wk Comp
Year Round													
78471 (ML-+) RF-C	Reported												
Mercury, Dry Wt.	Permit Limits	N/A	N/A			N/A	N/A	10 Max.	N/A	mg/kg		1/6 months	1/wk Comp
Year Round													

* CEL = Compliance Evaluation Level

Name of 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 a fine and imprisonment for knowing violations.	Date Completed
Title of Officer		Signature of Principal Executive Officer or Authorized Agent

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

FACILITY NAME: _____ CERTIFIED LABORATORY NAME: _____

LOCATION OF FACILITY: _____ CERTIFIED LABORATORY ADDRESS: _____

PERMIT NO.: _____ OUTLET NO.: S01

RESULTS FOR THE MONTH OF: _____ INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
				Units	N.E.				CEL*	Units	N.E.		
78465 (ML-+) RF-C Molybdenum,Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	18 Max.					
78469 (ML-+) RF-C Nickel, Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	200 Max.					
49031 (ML-+) RF-C Selenium,Sludge,Tot. Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	36 Max.					
78467 (ML-+) RF-C Zinc, Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	2800 Max.					
61553 (ML-+) RF-C Solids, Total Sludge Percent Year Round	Reported								N/A	Percent		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			Rpt Only Min.	Rpt Only Avg.	Rpt Only Max.					
00924 (ML-+) RF-C Magnesium, Total Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78472 (ML-+) RF-C Potassium, Sludge Tot. Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78478 (ML-+) RF-C Phosphorus,Sludge,Tot,Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					

* CEL = Compliance Evaluation Level

Name of 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 a fine and imprisonment for knowing violations.	Date Completed
Title of Officer		Signature of Principal Executive Officer or Authorized Agent

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

FACILITY NAME: _____ CERTIFIED LABORATORY NAME: _____

LOCATION OF FACILITY: _____ CERTIFIED LABORATORY ADDRESS: _____

PERMIT NO.: _____ OUTLET NO.: S01 _____

RESULTS FOR THE MONTH OF: _____ INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
				Units	N.E.				CEL*	Units	N.E.		
00917 (ML-+) RF-C Calcium Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
82294 (ML-+) RF-C Nitrogen, Ammonia Tot. Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78470 (ML-+) RF-C Nitrogen, Sludge Tot. Dry Wt Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
51020 (ML-+) RF-C Organic Nitrogen Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
									N/A				
									N/A				
									N/A				
									N/A				

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Title of Officer		Signature of Principal Executive Officer or Authorized Agent

Sewage Sludge Monitoring Report

For

MAJOR FACILITIES (1^{+} MGD)

Which

LANDFILL

Sewage Sludge

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

Final Limitations
Year Round

FACILITY NAME: _____ CERTIFIED LABORATORY NAME: _____

LOCATION OF FACILITY: _____ CERTIFIED LABORATORY ADDRESS: _____

PERMIT NO.: _____ OUTLET NO.: S01

RESULTS FOR THE MONTH OF: _____ INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
				Units	N.E.				CEL*	Units	N.E.		
00400 (ML-+) RF-B pH Year Round	Reported												
	Permit Limits	N/A	N/A			Rpt Only Min.	N/A	Rpt Only Max.	N/A	S.U.		1/quarter	Grab
61521 (ML-+) RF-B Arsenic, Sludge Tot. Dry Wt. Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
78476 (ML-+) RF-B Cadmium,Sludge,Tot Dry Wt. Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
78473 (ML-+) RF-B Chromium, Dry Wt Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
78475 (ML-+) RF-B Copper,Sludge,Tot.Dry Wt. Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
78468 (ML-+) RF-B Lead, Dry. Wt. Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
78471 (ML-+) RF-B Mercury, Dry Wt Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
78465 (ML-+) RF-B Molybdenum,Dry Wt Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp

* CEL = Compliance Evaluation Level

Name of 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 a fine and imprisonment for knowing violations.	Date Completed
Title of Officer		Signature of Principal Executive Officer or Authorized Agent

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

Final Limitations
Year Round

FACILITY NAME: _____
LOCATION OF FACILITY: _____
PERMIT NO.: _____ OUTLET NO.: S01
RESULTS FOR THE MONTH OF: _____

CERTIFIED LABORATORY NAME: _____
CERTIFIED LABORATORY ADDRESS: _____
INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
				Units	N.E.				CEL*	Units	N.E.		
78469 (ML-+) RF-B Nickel, Dry Wt Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
49031 (ML-+) RF-B Selenium,Sludge,Tot Dry Wt Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
78467 (ML-+) RF-B Zinc, Dry Wt Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
00916 (ML-+) RF-B Calcium, Total (as Ca) Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
61553 (ML-+) RF-B Solids, Total Sludge Percent Year Round	Reported												
	Permit Limits	N/A	N/A			Rpt Only Min.	Rpt Only Avg.	Rpt Only Max.	N/A	Percent		1/quarter	1/wk Comp
78472 (ML-+) RF-B Potassium, Sludge Tot Dry Wt Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
78478 (ML-+) RF-B Phosphorus,Sludge,Tot,Dry Wt Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
82294 (ML-+) RF-B Nitrogen, Ammonia Tot Dry Wt Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp

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Title of Officer		Signature of Principal Executive Officer or Authorized Agent

WRD 2A 82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

Final Limitations
Year Round

FACILITY NAME: _____
LOCATION OF FACILITY: _____
PERMIT NO.: _____ OUTLET NO.: S01
RESULTS FOR THE MONTH OF: _____

CERTIFIED LABORATORY NAME: _____
CERTIFIED LABORATORY ADDRESS: _____
INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
				Units	N.E.				CEL*	Units	N.E.		
78470 (ML-+) RF-B Nitrogen, Sludge Tot Dry Wt Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
51020 (ML-+) RF-B Organic Nitrogen Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
00927 (ML-+) RF-B Magnesium,Tot (as Mg) Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/quarter	1/wk Comp
									N/A				
									N/A				
									N/A				
									N/A				
									N/A				

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Title of Officer		Signature of Principal Executive Officer or Authorized Agent

Sewage Sludge Monitoring Report

For

MINOR FACILITIES (<1 MGD)

Which

LANDFILL

Sewage Sludge

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

FACILITY NAME: _____ CERTIFIED LABORATORY NAME: _____

LOCATION OF FACILITY: _____ CERTIFIED LABORATORY ADDRESS: _____

PERMIT NO.: _____ OUTLET NO.: S01 _____

RESULTS FOR THE MONTH OF: _____ INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
				Units	N.E.				CEL*	Units	N.E.		
00400 (ML-+) RF-C pH Year Round	Reported								N/A	S.U.		1/6 months	Grab
	Permit Limits	N/A	N/A			Rpt Only Min.	N/A	Rpt Only Max.					
61521 (ML-+) RF-C Arsenic, Sludge Tot. Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78476 (ML-+) RF-C Cadmium,Sludge,Tot Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78473 (ML-+) RF-C Chromium, Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78475 (ML-+) RF-C Copper,Sludge,Tot,Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78468 (ML-+) RF-C Lead, Dry. Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78471 (ML-+) RF-C Mercury, Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78465 (ML-+) RF-C Molybdenum,Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					

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Title of Officer		Signature of Principal Executive Officer or Authorized Agent

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

FACILITY NAME: _____ CERTIFIED LABORATORY NAME: _____

LOCATION OF FACILITY: _____ CERTIFIED LABORATORY ADDRESS: _____

PERMIT NO.: _____ OUTLET NO.: S01

RESULTS FOR THE MONTH OF: _____ INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units						Measurement Frequency	Sample Type
				Units	N.E.				CEL*	Units	N.E.		
78469 (ML-+) RF-C Nickel, Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
49031 (ML-+) RF-C Selenium,Sludge,Tot. Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78467 (ML-+) RF-C Zinc, Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
00916 (ML-+) RF-C Calcium, Total (as Ca) Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
61553 (ML-+) RF-C Solids, Total Sludge Percent Year Round	Reported								N/A	Percent		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			Rpt Only Min.	Rpt Only Avg.	Rpt Only Max.					
78472 (ML-+) RF-C Potassium, Sludge Tot. Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
78478 (ML-+) RF-C Phosphorus,Sludge,Tot.Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					
82294 (ML-+) RF-C Nitrogen, Ammonia Tot. Dry Wt. Year Round	Reported								N/A	mg/kg		1/6 months	1/wk Comp
	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.					

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Title of Officer		Signature of Principal Executive Officer or Authorized Agent

WRD 2A-82

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEWAGE SLUDGE MONITORING REPORT

FACILITY NAME: _____ CERTIFIED LABORATORY NAME: _____

LOCATION OF FACILITY: _____ CERTIFIED LABORATORY ADDRESS: _____

PERMIT NO.: _____ OUTLET NO.: S01

RESULTS FOR THE MONTH OF: _____ INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity		Units	N.E.	Other Units			CEL*	Units	N.E.	Measurement Frequency	Sample Type
78470 (ML-+) RF-C	Reported												
Nitrogen, Sludge Tot. Dry Wt	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/6 months	1/wk Comp
Year Round													
51020 (ML-+) RF-C	Reported												
Organic Nitrogen	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/6 months	1/wk Comp
Year Round													
00927 (ML-+) RF-C	Reported												
Magnesium,Tot (as Mg)	Permit Limits	N/A	N/A			N/A	N/A	Rpt Only Max.	N/A	mg/kg		1/6 months	1/wk Comp
Year Round													
									N/A				
									N/A				
									N/A				
									N/A				
									N/A				

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Name of 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 a fine and imprisonment for knowing violations.	Date Completed
Title of Officer		Signature of Principal Executive Officer or Authorized Agent

REPORTING REQUIREMENTS

The permittee shall report any noncompliance which may endanger health or the environment immediately after becoming aware of the circumstances by using the Agency's designated spill alert telephone number. A written submission shall be provided within five (5) days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

The following shall also be reported immediately:

1. Any unanticipated bypass which exceeds any effluent limitation in the permit;
2. Any upset which exceeds any effluent limitation in the permit; and
3. Violation of a maximum daily discharge limitation for any of the pollutants listed by the Director in the permit to reported immediately. This list shall include any toxic pollutant or hazardous substance, or any po0llutant specifically identified as the method to control a toxic pollutant or hazardous substance.

The Director may waive the written report on a case-by-case basis if the oral report has been received in accordance with above.

Compliance with the above reporting requirements shall not relieve a person of compliance with Title 47, Series 11, Section 2.

Following is a copy of the West Virginia Spill Alert System for use in complying with Title 47, Series 11, Section 2 of the Legislative rules as they pertain to the reporting of spills and accidental discharges.

EMERGENCY RESPONSE SPILL ALERT SYSTEM
WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION

REQUIREMENTS:

Title 47, Series 11, Section 2 of the West Virginia Legislative Rules, Environmental Protection, Water Resources – Waste Management, Effective July 1, 1994.

RESPONSIBILITY FOR REPORTING:

Each and every person who may cause or be responsible for any spill or accidental discharge of pollutants into the waters of the State shall give immediate notification to the Office of Water Resources' Emergency Notification Number, **1-800-642-3074**. Such notification shall set forth insofar as possible and as soon thereafter as practical the time and place of such spill or discharge, type or types and quantity or quantities of the material or materials therein, action or actions taken to stop such spill or discharge and minimize the pollution effect thereof, the measure or measures taken or to be taken in order to prevent a recurrence of any such spill or

discharge and such additional information as may be requested by the Office of Water Resources. This also applies to spills to the waters of the State resulting from accidents to common carriers by highway, rail and water.

It shall be the responsibility of each industrial establishment or other entity discharging directly to a stream to have available the following information pertaining to those substances that are employed or handled in its operation in sufficiently large amounts as to constitute a hazard in case of an accidental spill or discharge into a public stream.

1) Potential toxicity in water to man, animals and aquatic life;
2) Details on analytical procedures for the quantitative estimation of such substances in water and
3) Suggestion on safeguards or other precautionary measures to nullify the toxic effects of a substance once it has gotten into a stream.

Failure to furnish such information as required by Section 14, Article 11, Chapter 22, Code of West Virginia may be punishable under Section 24, Article 11, Chapter 22, and/or Section 22, Article 11, Chapter 22, Code of West Virginia.

It shall be the responsibility of any person who causes or contributes in any way to the spill or accidental discharge of any pollutant or pollutants into State waters to immediately take any and all measures necessary to contain such spill or discharge. It shall further be the responsibility of such person to take any and all measures necessary to clean-up, remove and otherwise render such spill or discharge harmless to the waters of the State.

When the Director determines it necessary for the effective containment and abatement of spills and accidental discharges, the Director may require the person or persons responsible for such spill of discharge to monitor affected waters in a manner prescribed by the Director until the possibility of ay adverse effect on the waters of the State no longer exists.

VOLUNTARY REPORTING BY LAW OFFICERS, U. S. COASTGUARD, LOCK MASTERS AND OTHERS:

In cases involving river and highway accidents where the responsible party may or may not be available to report the incident, law officers, U. S. Coast Guard, Lock Masters and other interested person(s) should make the report.

WHO TO CONTACT:

Notify the following number: **1-800-642-3074**

INFORMATION NEEDED:

- Source of spill or discharge
- Location of incident
- Time of incident
- Material spilled or discharged
- Amount spilled or discharged
- Toxicity of material spilled or discharged
- Personnel at the scene
- Actions initiated
- Shipper/Manufacturer identification
- Railcar/Truck identification number
- Container type

STATEMENT OF POLICY REGARDING OPPORTUNITY TO USE AND PARTICIPATE IN PROGRAMS

It is the policy of the Department of Environmental Protection to provide its facilities, accommodations, services and program to all persons without regard to sex, race, color, age, religion, national origin, or handicap. Proper licenses/registration and compliance with official rules and regulations are the only sources of restrictions for facility use or program participation. Complaints should be directed to: Department of Environmental Protection, 10 McJunkin Road, Nitro, WV 25143-2506.

The Department of Environmental Protection is an equal opportunity employer.