Comp/Enforce Shall file? file from federal file

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET, N.E.
ATLANTA, GEORGIA 30365

JAN 0 8 1993

REF: 4WM-FP

Mr. Lane Gilchrist
Gulf Power Company - Scholz Steam
P. O. Box 1151
Pensacola, FL 32520

RE: NPDES Permit No. FL0002283

Dear Mr. Gilchrist:

Enclosed are the Discharge Monitoring Report (DMR) forms for the National Pollutant Discharge Elimination System (NPDES) permit recently issued for the referenced facility. Please use these forms instead of any DMRs previously mailed to you prior to this date for the reporting period shown on the DMRs.

It is your responsibility to report completely and correctly in accordance with permit requirements. If you detect any deficiency in these preprinted forms, please advise us so corrections can be made. Also, be sure to submit in a timely manner all data or reports required by the permit. Submittal dates for this information may or may not be on the same schedule for submittal of DMR forms.

Sincerely yours,

Roosevelt Childress

Roosevelt Childress, Chief
South Area Permits Unit
Facilities Performance Branch
Water Management Division

Enclosures

cc: FDER (w/enclosure)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME GULF PWR CO. - SCHOLZ STEAM

ADDRESS P.O. BOX 1151

P.O. BOX 1151

PENSACOLA FL 32520

FACILITY 500 BAYFRONT PARKWAY

LOCATION PENSACOLA FL 32520

ATTN: MR. LANE GILCHRIST

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) FL0002283 PERMIT NUMBER

(17-19) 001 Q DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 93 MO 01 DAY 01 TO YEAR 93 MO 03 DAY 31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR
(SUBR PE)
F - FINAL
QTR. MONIT.

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
OIL AND GREASE FREON EXTR-GRAV MET 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	REPORT INST MAX	MG/L		QTRLY	GRAB
ARSENIC, TOTAL RECOVERABLE 00978 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	REPORT INST MAX	MG/L		QTRLY	GRAB
IRON TOTAL RECOVERABLE 00980 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.0 INST MAX	MG/L		QTRLY	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	REPORT INST MAX	MG/L		QTRLY	GRAB
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	REPORT INST MAX	MG/L		QTRLY	GRAB
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	REPORT INST MAX	MG/L		QTRLY	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******		(13)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 INST MAX	#/ 100ML		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME GULF PWR CO. - SCHOLZ STEAM
ADDRESS P.O. BOX 1151
P.O. BOX 1151
PENSACOLA FL 32520
FACILITY 500 BAYFRONT PARKWAY
LOCATION PENSACOLA FL 32520
ATTN: MR. LANE GILCHRIST

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) FL0002283 — PERMIT NUMBER

(17-19) 001 Q — DISCHARGE NUMBER

MAJOR
(SUBR PE)
F - FINAL
QTR. MONIT.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	01	01	TO	93	03	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
CHROMIUM, HEXAVALENT TOT RECOVERABLE 78247 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT INST MAX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

☆ U.S. GOVERNMENT PRINTING OFFICE: 1990—281-070

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME GULF PWR CO. - SCHOLZ STEAM
ADDRESS P.O. BOX 1151
P.O. BOX 1151
PENSACOLA FL 32520
FACILITY 500 BAYFRONT PARKWAY
LOCATION PENSACOLA FL 32520
ATTN: MR. LANE GILCHRIST

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

(2-16) PERMIT NUMBER: FL0002283
(17-19) DISCHARGE NUMBER: 001 1

MONITORING PERIOD
FROM YEAR 93 MO 01 DAY 01 TO YEAR 93 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR
(SUBR PE)
F - FINAL
COOLING WATER/ASH POND

*** NO DISCHARGE | | ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )	*******			(15)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	REPORT DAILY AV	REPORT INST MAX	DEG.F		DAILY	INSTAN
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 7 0 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*******	*******	( )	*******			(15)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	REPORT DAILY AV	REPORT INST MAX	DEG.F		HOURLY	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )		*******		(12)			
	PERMIT REQUIREMENT	*******	*******	***** *****	6.0 MINIMUM	*******	8.5 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******		(03)	*******	*******	*******	( )			
	PERMIT REQUIREMENT	*******	REPORT INST MAX	MGD	*******	*******	*******	***** *****		DAILY	PMPLOG
CHLORINE, TOTAL RESIDUAL 50060 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.2 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL 50060 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.038 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL 50060 S 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 INST MAX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

P= INTERIM LIMIT.
F= FINAL LIMIT.
E= LIMIT AT EDGE OF MIXING ZONE.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME GULF PWR CO. - SCHOLZ STEAM
ADDRESS P.O. BOX 1151
P.O. BOX 1151
PENSACOLA FL 32520
FACILITY 500 BAYFRONT PARKWAY
LOCATION PENSACOLA FL 32520
ATTN: MR. LANE GILCHRIST

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

(2-16) FL0002283 PERMIT NUMBER
(17-19) 001 1 DISCHARGE NUMBER

MAJOR
(SUBR PE)
F - FINAL
COOLING WATER/ASH POND

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 93 MO 01 DAY 01 TO YEAR 93 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHLORINATION DURATION	SAMPLE MEASUREMENT	******	******	( )	******	******		(14)			
78739 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	120 DAILY MX	MIN-UTES		DAILY	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*						
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

P= INTERIM LIMIT.
Q= FINAL LIMIT.
S= LIMIT AT EDGE OF MIXING ZONE.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME GULF PWR CO. - SCHOLZ STEAM
ADDRESS P.O. BOX 1151
P.O. BOX 1151
PENSACOLA FL 32520
FACILITY 500 BAYFRONT PARKWAY
LOCATION PENSACOLA FL 32520
ATTN: MR. LANE GILCHRIST

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

(2-16)	(17-19)
FL0002283	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 93 MO 01 DAY 01 TO YEAR 93 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR
(SUBR PE)
F - FINAL

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE [__] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )		*******		(12)			
	PERMIT REQUIREMENT	*******	*******	***** *****	6.0 MINIMUM	*******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )	*******			(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	30.0 MO AVG	100.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP 24
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	( )	*******			(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	15.0 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2WEEKS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******		(03)	*******	*******	*******	( )			
	PERMIT REQUIREMENT	*******	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME GULF PWR CO. - SCHOLZ STEAM

ADDRESS P.O. BOX 1151

P.O. BOX 1151

PENSACOLA FL 32520

FACILITY 500 BAYFRONT PARKWAY

LOCATION PENSACOLA FL 32520

ATTN: MR. LANE GILCHRIST

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
FL0002283	003 1

MONITORING PERIOD

	YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*		YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
FROM	93	01	01	TO	93	01	31

MAJOR
(SUBR PE)
F - FINAL
CHEM. CLEANING

*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT	*******	*******	( )		*******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	6.0 MINIMUM	*******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******	( )	*******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	30.0 MO AVG	100.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*******	*******	( )	*******			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	15.0 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2WEEKS	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*******	*******	( )	*******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	1.0 DAILY AV	1.0 DAILY MX	MG/L		EIGHT/ BATCH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*******	*******	( )	*******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	1.0 DAILY AV	1.0 DAILY MX	MG/L		EIGHT/ BATCH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*******	*******	*******	( )			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		ONCE/ BATCH	CALC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C § 1001 AND 33 U.S.C § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*