Detrex
CHEMICALS DIVISION
1100 State Road, Ashtabula, Ohio 44004 Phone: (440) 997-6131 • Fax: (440) 992-2904

EPA Region 5 Records Ctr.
361466

March 11, 2009

Keith R. Buell
Detrex Corp.
1100 State Rd.
Ashtabula, Ohio 44004

Ms. Terese Van Donsel
U.S. EPA
Office of Superfund, Region 5
SR-6J
77 West Jackson Blvd.
Chicago, Il. 60604-3590

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REMEDIAL RESPONSE BR. 2
FEDERAL FACILITIES

Dear Ms. Van Donsel,

Enclosed please find the e-DMR report for February 2009 for Detrex Corp. in Ashtabula, Ohio.

> I certify that he information contained in or accompanying this submission is true, accurate and complete. This certification is based on my personal preparation, review, or analysis of the submission, and/or supervision of persons who, acting on my direct instructions, made the verification that the submitted information is true, accurate and complete.

Sincerely,

Keith R. Buell
Detrex Corp.
440-997-6131
kbuell@elcocorp.com

Document: policy ltr

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

| | | | |
|---|---|---|---|
| FACILITY: | Detrex Corporation * | PERMIT NUMBER: | *3IF00017*ND* |
| LOCATION: | 1100 State Rd<br>Ashtabula, 44004 | STATION CODE:<br>MONITORING PERIOD : | 002<br>2009-02-01 To: 2009-02-28 |
| COUNTY: | Ashtabula | REPORTING LAB: | Precision Analytical, Inc. |
| DISTRICT: | NEDO | ANALYST:<br>NO DISCHARGE INDICATOR: | RLG, DR, CAM, MES, BS, WSS |

| PARAMETER | Water Temperature | Flow Rate | pH, Maximum | pH, Minimum | Biochemical Oxygen Demand, 5 Day | Residue, Total Dissolved | Total Suspended Solids |
|---|---|---|---|---|---|---|---|
| PARAMETER CODE | 00010 | 50050 | 61941 | 61942 | 00310 | 00515 | 00530 |
| UNITS | 4102 | 4108 | 6653 | 6653 | 4106 | 4106 | 4106 |
| FREQUENCY | 1/Day | 1/Day | 1/Day | 1/Day | 1/Week | 1/Week | 1/Week |
| SAMPLING TYPE | Maximum Indicating Thermometer | 24hr Total | Continuous | Continuous | 24hr Composite | 24hr Composite | 24hr Composite |
| 2009-02-01 | 3 | 0.201 | 7.5 | 7.5 | | | |
| 2009-02-02 | 4 | 0.450 | 7.5 | 7.3 | | | |
| 2009-02-03 | 7 | 0.437 | 7.5 | 7.5 | | | |
| 2009-02-04 | 9 | 0.399 | 7.6 | 7.5 | | | |
| 2009-02-05 | 9 | 0.421 | 7.6 | 7.2 | | | |
| 2009-02-06 | 9 | 0.481 | 7.6 | 7.4 | 2.0 | 608 | AA 6.0 |
| 2009-02-07 | 4 | 0.237 | 7.5 | 7.5 | | | |
| 2009-02-08 | 4 | 0.246 | 7.5 | 7.2 | | | |
| 2009-02-09 | 3 | 0.399 | 7.4 | 7.0 | | | |
| 2009-02-10 | 4 | 0.392 | 7.4 | 7.3 | | | |
| 2009-02-11 | 4 | 0.411 | 7.3 | 7.2 | | | |
| 2009-02-12 | 5 | 0.398 | 7.2 | 7.1 | | | |
| 2009-02-13 | 4 | 0.396 | 7.1 | 7.0 | 4.0 | 226 | AA 6.0 |
| 2009-02-14 | 4 | 0.413 | 7.4 | 7.1 | | | |
| 2009-02-15 | 4 | 0.400 | 7.3 | 7.3 | | | |
| 2009-02-16 | 8 | 0.422 | 7.5 | 7.3 | | | |
| 2009-02-17 | 15 | 0.258 | 7.6 | 7.5 | | | |
| 2009-02-18 | 15 | 0.271 | 7.5 | 7.4 | | | |
| 2009-02-19 | 11 | 0.391 | 7.4 | 6.9 | | | |
| 2009-02-20 | 7 | 0.462 | 7.5 | 7.3 | 5.0 | 398 | AA 6.0 |
| 2009-02-21 | 4 | 0.161 | 7.5 | 7.4 | | | |
| 2009-02-22 | 3 | 0.157 | 7.4 | 7.4 | | | |
| 2009-02-23 | 2 | 0.167 | 7.5 | 7.4 | | | |
| 2009-02-24 | 3 | 0.175 | 7.5 | 7.4 | | | |
| 2009-02-25 | 3 | 0.307 | 7.5 | 7.3 | | | |
| 2009-02-26 | 4 | 0.303 | 7.5 | 7.3 | | | |
| 2009-02-27 | 5 | 0.345 | 7.4 | 7.1 | 5.0 | 492 | AA 6.0 |
| 2009-02-28 | 2 | 0.217 | 7.4 | 7.1 | | | |

| Name/Title of Responsible Official or Authorized Representative | | Signature of Responsible Official or Authorized Representative | Date (MM/DD/YY) |
|---|---|---|---|
| KEITH BUELL / ENV. | I certify under the 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. | Keith Buell | 03/11/09 |

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,



Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
LOCATION: 1100 State Rd
Ashtabula, 44004
COUNTY: Ashtabula
DISTRICT: NEDO

PERMIT NUMBER: *3IF00017*ND*
STATION CODE: 002
MONITORING PERIOD : 2009-02-01 To: 2009-02-28
REPORTING LAB: Precision Analytical, Inc.
ANALYST: RLG, DR, CAM, MES, BS, WSS
NO DISCHARGE INDICATOR:

| PARAMETER | Oil and Grease, Total | Phosphorus, Total (P) | Silver, Total Recoverable | Strontium, Total (Sr) | Zinc, Total Recoverable | Cadmium, Total Recoverable | Copper, Total Recoverable |
|---|---|---|---|---|---|---|---|
| PARAMETER CODE | 00550 | 00665 | 01079 | 01082 | 01094 | 01113 | 01119 |
| UNITS | 4106 | 4106 | 4107 | 4107 | 4107 | 4107 | 4107 |
| FREQUENCY | 1/Week | 1/Week | 1/Week | 1/Week | 1/Week | 1/Week | 1/Week |
| SAMPLING TYPE | Grab | 24hr Composite | 24hr Composite | 24hr Composite | 24hr Composite | 24hr Composite | 24hr Composite |
| 2009-02-01 | | | | | | | |
| 2009-02-02 | | | | | | | |
| 2009-02-03 | | | | | | | |
| 2009-02-04 | | | | | | | |
| 2009-02-05 | | | | | | | |
| 2009-02-06 | AA 1.2 | 0.0410 | AA 1.0 | 267 | AA 10.0 | AA 10.0 | AA 10.0 |
| 2009-02-07 | | | | | | | |
| 2009-02-08 | | | | | | | |
| 2009-02-09 | | | | | | | |
| 2009-02-10 | | | | | | | |
| 2009-02-11 | | | | | | | |
| 2009-02-12 | | | | | | | |
| 2009-02-13 | AA 1.2 | 0.132 | AA 1.0 | 135 | 14 | AA 10.0 | AA 10.0 |
| 2009-02-14 | | | | | | | |
| 2009-02-15 | | | | | | | |
| 2009-02-16 | | | | | | | |
| 2009-02-17 | | | | | | | |
| 2009-02-18 | | | | | | | |
| 2009-02-19 | | | | | | | |
| 2009-02-20 | AA 1.2 | 0.080 | AA 1.0 | 194 | AA 10.0 | AA 10.0 | AA 10.0 |
| 2009-02-21 | | | | | | | |
| 2009-02-22 | | | | | | | |
| 2009-02-23 | | | | | | | |
| 2009-02-24 | | | | | | | |
| 2009-02-25 | | | | | | | |
| 2009-02-26 | | | | | | | |
| 2009-02-27 | AA 1.2 | 0.086 | AA 1.0 | 275 | AA 10.0 | AA 10.0 | AA 10.0 |
| 2009-02-28 | | | | | | | |

| Name/Title of Responsible Official or Authorized Representative | I certify under the 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. | Signature of Responsible Official or Authorized Representative | Date (MM/DD/YY) |
|---|---|---|---|
| KEITH BUELL/ENV. | | Keith Buell | 03/11/09 |

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,



## Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
LOCATION: 1100 State Rd
Ashtabula, 44004
COUNTY: Ashtabula

PERMIT NUMBER: *3IF00017*ND*
STATION CODE: 002
MONITORING PERIOD : 2009-02-01 To: 2009-02-28
REPORTING LAB: Precision Analytical, Inc.

DISTRICT: NEDO

ANALYST: RLG, DR, CAM, MES, BS, WSS

NO DISCHARGE INDICATOR:

| PARAMETER | Chlorine, Total Residual | Cyanide, Free | Mercury, Total (Low Level) | | | | |
|---|---|---|---|---|---|---|---|
| PARAMETER CODE | 50060 | 00719 | 50092 | | | | |
| UNITS | 4106 | 4106 | 24258381 | | | | |
| FREQUENCY | 1/Week | 1/Month | 1/Month | | | | |
| SAMPLING TYPE | Grab | Grab | Grab | | | | |
| 2009-02-01 | | | | | | | |
| 2009-02-02 | | | | | | | |
| 2009-02-03 | | | | | | | |
| 2009-02-04 | | | | | | | |
| 2009-02-05 | | | | | | | |
| 2009-02-06 | AA 0.01 | AA 0.01 | | | | | |
| 2009-02-07 | | | | | | | |
| 2009-02-08 | | | | | | | |
| 2009-02-09 | | | | | | | |
| 2009-02-10 | | | | | | | |
| 2009-02-11 | | | | | | | |
| 2009-02-12 | | | | | | | |
| 2009-02-13 | AA 0.01 | | AA 0.5 | | | | |
| 2009-02-14 | | | | | | | |
| 2009-02-15 | | | | | | | |
| 2009-02-16 | | | | | | | |
| 2009-02-17 | | | | | | | |
| 2009-02-18 | | | | | | | |
| 2009-02-19 | | | | | | | |
| 2009-02-20 | AA 0.01 | | | | | | |
| 2009-02-21 | | | | | | | |
| 2009-02-22 | | | | | | | |
| 2009-02-23 | | | | | | | |
| 2009-02-24 | | | | | | | |
| 2009-02-25 | | | | | | | |
| 2009-02-26 | | | | | | | |
| 2009-02-27 | AA 0.01 | | | | | | |
| 2009-02-28 | | | | | | | |

| Name/Title of Responsible Official or Authorized Representative | I certify under the 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. | Signature of Responsible Official or Authorized Representative | Date (MM/DD/YY) |
|---|---|---|---|
| KEITH BUELL/ENV. | | Keith Buell | 03/11/09 |

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# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

| | | | |
|---|---|---|---|
| FACILITY: | Detrex Corporation * | PERMIT NUMBER: | *3IF00017*ND* |
| LOCATION: | 1100 State Rd<br>Ashtabula, 44004 | STATION CODE:<br>MONITORING PERIOD : | 601<br>2009-02-01 To: 2009-02-28 |
| COUNTY: | Ashtabula | REPORTING LAB: | Precision Analytical, Inc. |
| DISTRICT: | NEDO | ANALYST:<br>NO DISCHARGE INDICATOR: | DC, DR, BS, CAM, MES |

| PARAMETER | Flow Rate | Color, Severity | Odor, Severity | Turbidity, Severity | pH | Total Suspended Solids | Nitrogen, Ammonia (NH3) |
|---|---|---|---|---|---|---|---|
| PARAMETER CODE | 00056 | 00083 | 01330 | 01350 | 00400 | 00530 | 00610 |
| UNITS | 4109 | 4105 | 4105 | 4105 | 6653 | 4106 | 4106 |
| FREQUENCY | 1/Day | 1/Day | 1/Day | 1/Day | 1/Month | 1/Month | 1/Month |
| SAMPLING TYPE | 24hr Total Estimate | Estimate | Estimate | Estimate | Grab | Grab | Grab |
| 2009-02-01 | AC | AC | AC | AC | | | |
| 2009-02-02 | 526 | 1 | 1 | 1 | | | |
| 2009-02-03 | 818 | 1 | 1 | 1 | | | |
| 2009-02-04 | 529 | 1 | 1 | 1 | | | |
| 2009-02-05 | 536 | 1 | 1 | 1 | | | |
| 2009-02-06 | 505 | 1 | 1 | 1 | 7.51 | AA 6.0 | 0.650 |
| 2009-02-07 | 182 | 1 | 1 | 1 | | | |
| 2009-02-08 | AC | AC | AC | AC | | | |
| 2009-02-09 | 1062 | 1 | 1 | 1 | | | |
| 2009-02-10 | 1029 | 1 | 1 | 1 | | | |
| 2009-02-11 | 1113 | 1 | 1 | 1 | | | |
| 2009-02-12 | 1075 | 1 | 1 | 1 | | | |
| 2009-02-13 | 1067 | 1 | 1 | 1 | | | |
| 2009-02-14 | AC | AC | AC | AC | | | |
| 2009-02-15 | AC | AC | AC | AC | | | |
| 2009-02-16 | 738 | 1 | 1 | 1 | | | |
| 2009-02-17 | 1127 | 1 | 1 | 1 | | | |
| 2009-02-18 | 681 | 1 | 1 | 1 | | | |
| 2009-02-19 | 578 | 1 | 1 | 1 | | | |
| 2009-02-20 | 511 | 1 | 1 | 1 | | | |
| 2009-02-21 | AC | AC | AC | AC | | | |
| 2009-02-22 | AC | AC | AC | AC | | | |
| 2009-02-23 | 348 | 1 | 1 | 1 | | | |
| 2009-02-24 | 957 | 1 | 1 | 1 | | | |
| 2009-02-25 | 254 | 1 | 1 | 1 | | | |
| 2009-02-26 | 1268 | 1 | 1 | 1 | | | |
| 2009-02-27 | 851 | 1 | 1 | 1 | | | |
| 2009-02-28 | AC | AC | AC | AC | | | |

| Name/Title of Responsible Official or Authorized Representative | | Signature of Responsible Official or Authorized Representative | Date (MM/DD/YY) |
|---|---|---|---|
| KEITH BUELL/ENV. | I certify under the 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. | Keith Buell | 03/11/09 |

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,



Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation * PERMIT NUMBER: *3IF00017*ND*

| | | | |
|---|---|---|---|
| LOCATION: | 1100 State Rd<br>Ashtabula, 44004 | STATION CODE: | 601 |
| | | MONITORING PERIOD : | 2009-02-01 To: 2009-02-28 |
| COUNTY: | Ashtabula | REPORTING LAB: | Precision Analytical, Inc. |
| DISTRICT: | NEDO | ANALYST: | DC, DR, BS, CAM, MES |
| | | NO DISCHARGE INDICATOR: | |

| PARAMETER | CBOD 5 day | | | | | | |
|---|---|---|---|---|---|---|---|
| PARAMETER CODE | 80082 | | | | | | |
| UNITS | 4106 | | | | | | |
| FREQUENCY | 1/Month | | | | | | |
| SAMPLING TYPE | Grab | | | | | | |
| 2009-02-01 | | | | | | | |
| 2009-02-02 | | | | | | | |
| 2009-02-03 | | | | | | | |
| 2009-02-04 | | | | | | | |
| 2009-02-05 | | | | | | | |
| 2009-02-06 | 2.0 | | | | | | |
| 2009-02-07 | | | | | | | |
| 2009-02-08 | | | | | | | |
| 2009-02-09 | | | | | | | |
| 2009-02-10 | | | | | | | |
| 2009-02-11 | | | | | | | |
| 2009-02-12 | | | | | | | |
| 2009-02-13 | | | | | | | |
| 2009-02-14 | | | | | | | |
| 2009-02-15 | | | | | | | |
| 2009-02-16 | | | | | | | |
| 2009-02-17 | | | | | | | |
| 2009-02-18 | | | | | | | |
| 2009-02-19 | | | | | | | |
| 2009-02-20 | | | | | | | |
| 2009-02-21 | | | | | | | |
| 2009-02-22 | | | | | | | |
| 2009-02-23 | | | | | | | |
| 2009-02-24 | | | | | | | |
| 2009-02-25 | | | | | | | |
| 2009-02-26 | | | | | | | |
| 2009-02-27 | | | | | | | |
| 2009-02-28 | | | | | | | |

| Name/Title of Responsible Official or Authorized Representative | I certify under the 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. | Signature of Responsible Official or Authorized Representative | Date (MM/DD/YY) |
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| KEITH BUELL / ENV. | | Keith Buell | 03/11/09 |

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# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
LOCATION: 1100 State Rd
Ashtabula, 44004
COUNTY: Ashtabula
DISTRICT: NEDO

PERMIT NUMBER: *3IF00017*ND*
STATION CODE: 602
MONITORING PERIOD : 2009-02-01 To: 2009-02-28
REPORTING LAB: Precision Analytical, Inc.
ANALYST: AC
NO DISCHARGE INDICATOR:

| PARAMETER | pH | Flow Rate | Chloroform | Methylene Chloride | 1,1-Dichloroethylene | 1,1,1-Trichloroethane | 1,1,2-Trichloroethane |
|---|---|---|---|---|---|---|---|
| PARAMETER CODE | 00400 | 50050 | 32106 | 34423 | 34501 | 34506 | 34511 |
| UNITS | 6653 | 4108 | 4107 | 4107 | 4107 | 4107 | 4107 |
| FREQUENCY | 1/Day | 1/Day | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month |
| SAMPLING TYPE | Grab | 24hr Total | Grab | Grab | Grab | Grab | Grab |
| 2009-02-01 | 7.3 | 0.001 | | | | | |
| 2009-02-02 | 7.5 | 0.073 | | | | | |
| 2009-02-03 | AC | AC | | | | | |
| 2009-02-04 | AC | AC | | | | | |
| 2009-02-05 | 7.4 | 0.083 | | | | | |
| 2009-02-06 | 7.8 | 0.165 | AA 1.0 | AA 4.0 | AA 1.0 | AA 1.0 | AA 1.0 |
| 2009-02-07 | AC | AC | | | | | |
| 2009-02-08 | 7.1 | 0.007 | | | | | |
| 2009-02-09 | 7.6 | 0.221 | | | | | |
| 2009-02-10 | 7.8 | 0.247 | | | | | |
| 2009-02-11 | 7.6 | 0.264 | | | | | |
| 2009-02-12 | 7.5 | 0.252 | | | | | |
| 2009-02-13 | 7.5 | 0.252 | | | | | |
| 2009-02-14 | 7.3 | 0.269 | | | | | |
| 2009-02-15 | 7.3 | 0.256 | | | | | |
| 2009-02-16 | 7.3 | 0.194 | | | | | |
| 2009-02-17 | AC | AC | | | | | |
| 2009-02-18 | AC | AC | | | | | |
| 2009-02-19 | 7.0 | 0.121 | | | | | |
| 2009-02-20 | 7.3 | 0.188 | | | | | |
| 2009-02-21 | AC | AC | | | | | |
| 2009-02-22 | AC | AC | | | | | |
| 2009-02-23 | AC | AC | | | | | |
| 2009-02-24 | AC | AC | | | | | |
| 2009-02-25 | 7.3 | 0.107 | | | | | |
| 2009-02-26 | 7.3 | 0.107 | | | | | |
| 2009-02-27 | 7.2 | 0.173 | | | | | |
| 2009-02-28 | 7.2 | 0.037 | | | | | |

| Name/Title of Responsible Official or Authorized Representative | I certify under the 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. | Signature of Responsible Official or Authorized Representative | Date (MM/DD/YY) |
|---|---|---|---|
| KEITH J. BUELL / ENV. | | Keith J. Buell | 03/11/09 |

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,



Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation * PERMIT NUMBER: *3IF00017*ND*

LOCATION: 1100 State Rd
Ashtabula, 44004
COUNTY: Ashtabula
DISTRICT: NEDO

STATION CODE: 602
MONITORING PERIOD : 2009-02-01 To: 2009-02-28
REPORTING LAB: Precision Analytical, Inc.
ANALYST: AC
NO DISCHARGE INDICATOR:

| PARAMETER | 1,1,2,2-Tetrachloroethane | 1,3-Dichlorobenzene | Trichloroethylene | | | | |
|---|---|---|---|---|---|---|---|
| PARAMETER CODE | 34516 | 34566 | 39180 | | | | |
| UNITS | 4107 | 4107 | 4107 | | | | |
| FREQUENCY | 1/Month | 1/Month | 1/Month | | | | |
| SAMPLING TYPE | Grab | Grab | Grab | | | | |
| 2009-02-01 | | | | | | | |
| 2009-02-02 | | | | | | | |
| 2009-02-03 | | | | | | | |
| 2009-02-04 | | | | | | | |
| 2009-02-05 | | | | | | | |
| 2009-02-06 | AA 1.0 | AA 1.0 | AA 1.0 | | | | |
| 2009-02-07 | | | | | | | |
| 2009-02-08 | | | | | | | |
| 2009-02-09 | | | | | | | |
| 2009-02-10 | | | | | | | |
| 2009-02-11 | | | | | | | |
| 2009-02-12 | | | | | | | |
| 2009-02-13 | | | | | | | |
| 2009-02-14 | | | | | | | |
| 2009-02-15 | | | | | | | |
| 2009-02-16 | | | | | | | |
| 2009-02-17 | | | | | | | |
| 2009-02-18 | | | | | | | |
| 2009-02-19 | | | | | | | |
| 2009-02-20 | | | | | | | |
| 2009-02-21 | | | | | | | |
| 2009-02-22 | | | | | | | |
| 2009-02-23 | | | | | | | |
| 2009-02-24 | | | | | | | |
| 2009-02-25 | | | | | | | |
| 2009-02-26 | | | | | | | |
| 2009-02-27 | | | | | | | |
| 2009-02-28 | | | | | | | |

| Name/Title of Responsible Official or Authorized Representative | | Signature of Responsible Official or Authorized Representative | Date (MM/DD/YY) |
|---|---|---|---|
| KEITH BELL / ENV. | I certify under the 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. | Keith Bell | 03/11/09 |

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,



## Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
LOCATION: 1100 State Rd
Ashtabula, 44004
COUNTY: Ashtabula
DISTRICT: NEDO

PERMIT NUMBER: *3IF00017*ND*
STATION CODE: 800
MONITORING PERIOD : 2009-02-01 To: 2009-02-28
REPORTING LAB: Precision Analytical, Inc.
ANALYST: MES, WSS

NO DISCHARGE INDICATOR:

| PARAMETER | Flow Rate | Total Suspended Solids | Oil and Grease, Total | Mercury, Total (Low Level) | | | |
|---|---|---|---|---|---|---|---|
| PARAMETER CODE | 50050 | 00530 | 00550 | 50092 | | | |
| UNITS | 4108 | 4106 | 4106 | 24258381 | | | |
| FREQUENCY | 1/Day | 1/Week | 1/Week | 1/Month | | | |
| SAMPLING TYPE | Continuous | 24hr Composite | Grab | Grab | | | |
| 2009-02-01 | 0.126 | | | | | | |
| 2009-02-02 | 0.368 | | | | | | |
| 2009-02-03 | 0.423 | | | | | | |
| 2009-02-04 | 0.381 | | | | | | |
| 2009-02-05 | 0.341 | | | | | | |
| 2009-02-06 | 0.331 | AA 6.0 | AA 1.2 | | | | |
| 2009-02-07 | 0.183 | | | | | | |
| 2009-02-08 | 0.186 | | | | | | |
| 2009-02-09 | 0.132 | | | | | | |
| 2009-02-10 | 0.096 | | | | | | |
| 2009-02-11 | 0.096 | | | | | | |
| 2009-02-12 | 0.096 | | | | | | |
| 2009-02-13 | 0.096 | AA 6.0 | AA 1.2 | AA 0.5 | | | |
| 2009-02-14 | 0.095 | | | | | | |
| 2009-02-15 | 0.095 | | | | | | |
| 2009-02-16 | 0.178 | | | | | | |
| 2009-02-17 | 0.191 | | | | | | |
| 2009-02-18 | 0.191 | | | | | | |
| 2009-02-19 | 0.194 | | | | | | |
| 2009-02-20 | 0.208 | 6.0 | AA 1.2 | | | | |
| 2009-02-21 | 0.084 | | | | | | |
| 2009-02-22 | 0.084 | | | | | | |
| 2009-02-23 | 0.089 | | | | | | |
| 2009-02-24 | 0.093 | | | | | | |
| 2009-02-25 | 0.115 | | | | | | |
| 2009-02-26 | 0.109 | | | | | | |
| 2009-02-27 | 0.093 | AA 6.0 | AA 1.2 | | | | |
| 2009-02-28 | 0.095 | | | | | | |

| Name/Title of Responsible Official or Authorized Representative | I certify under the 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. | Signature of Responsible Official or Authorized Representative | Date (MM/DD/YY) |
|---|---|---|---|
| KEITH BUCH / ENV. | | | 03/11/09 |

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH.

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
LOCATION: 1100 State Rd
Ashtabula, 44004

PERMIT NUMBER: *3IF00017*ND*
MONITORING PERIOD : 2009-02-01 To: 2009-02-28

PARAMETER COMMENTS:

| Station Code | Parameter Name | Parameter Code | Date | Unit | Comment |
|---|---|---|---|---|---|