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

EPA Region 5 Records Ctr.
361479

December 11, 2007

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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FEDERAL FACILITIES

Dear Ms. Van Donsel,

Enclosed please find the MOR report for November 2007 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

Document: policy ltr

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	12/11/2007
Detrex 1100 State Rd Ashtabula OH 44004	002	November 2007	3IF00017*KD	

Sampling Station Description :
Final Outfall

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample in(2) - Enter frequency of sampling	Reporting Lab : Firstechnology, Inc.	Analyst : STB, DR, WSS, HS, TR,

(1)	1	2	2	2	3	2	3
(2)	999	2	2	2	1	2	1
Day	(00010) Water Temperature C	(00310) Biochemical Oxygen Demand, 5 Day mg/l	(00515) Residue, Total Dissolved mg/l	(00530) Total Suspended Solids mg/l	(00550) Oil and Grease, Total mg/l	(00665) Phosphorus, Total (P) mg/l	(00719) Cyanide, Free mg/l
01	21						
02	17	5.5	264	AA	AA	0.035	AA
03	15						
04	15						
05	14						
06	13						
07	12						
08	13						
09	15	6	266	AA	AA	0.035	
10	13						
11	12						
12	14						
13	14						
14	16						
15	16						
16	16	2	168	AA	AA	0.042	
17	11						
18	11						
19	11						
20	11						
21	11	6	520	AA	AA	0.047	
22	11						
23	10						
24	9						
25	9						
26	10						
27	11						
28	12						
29	11						
30	9	5	344	AA	AA	0.031	
31							
TOTAL	383	24.5	1562	0	0	0.19	0
AVG	12.7667	4.9	312.4	0	0	0.038	0
MAX	21	6	520	0	0	0.047	0
MIN	9	2	168	0	0	0.031	0

I certify under the penalty of law that I have personally examined and am familiar with the information submitted 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.

Date Report Completed:	Signature of Reporter:	Title of Reporter:
11/10/2007		Environmental

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :
Detrex
1100 State Rd
Ashtabula OH 44004

Station Code : 002

Reported Date (Month Year) : November 2007

Application : 3IF00017*KD

12/11/2007

Sampling Station Description :
Final Outfall

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample
in(2) - Enter frequency of sampling

Reporting Lab : Firstechnology, Inc.

Analyst : STB, DR, WSS, HS, TR,

(1)	2	1	2	2	2	2	1
(2)	2	999	2	2	2	2	999
Day	(01079) Silver, Total Recoverable ug/l	(61942) pH, Minimum S.U.	(01082) Strontium, Total (Sr) ug/l	(01094) Zinc, Total Recoverable ug/l	(01113) Cadmium, Total Recoverable ug/l	(01119) Copper, Total Recoverable ug/l	(50050) Flow Rate MGD
01		8.1					0.333
02	AA	7.6	171	14.7	AA	AA	0.441
03		7.9					0.14
04		8					0.139
05		7.6					0.176
06		7.8					0.361
07		7.8					0.61
08		7.7					0.588
09	AA	7.7	180	AA	AA	AA	0.478
10		7.7					0.146
11		8					0.146
12		7.9					0.282
13		7.5					0.502
14		7.7					0.602
15		7.7					0.495
16	AA	7.7	149	AA	AA	AA	0.419
17		7.7					0.149
18		7.8					0.148
19		6.8					0.147
20		7					0.289
21	AA	7.7	183	AA	AA	AA	0.305
22		7.8					0.258
23		8					0.254
24		8					0.254
25		8					0.259
26		7.4					0.52
27		8.2					0.568
28		8.4					0.565
29		8.3					0.553
30	AA	8.3	208	AA	AA	AA	0.533
31							
TOTAL	0	233.8	891	14.7	0	0	10.66
AVG	0	N/A	178.2	2.94	0	0	0.3553
MAX	0	8.4	208	14.7	0	0	0.61
MIN	0	6.8	149	0	0	0	0.139

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :
Detrex
1100 State Rd
Ashtabula OH 44004

Station Code : 002

Reported Date (Month Year) : November 2007

Application : 3IF00017*KD

12/11/2007

Sampling Station Description :
Final Outfall

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample
in(2) - Enter frequency of sampling

Reporting Lab : Firstechnology, Inc.

Analyst : STB, DR, WSS, HS, TR,

(1)	3	3	1				
(2)	1	1	999				
Day	(50060) Chlorine, Total Residual mg/l	(50092) Mercury, Total (Low Level) ng/l	(61941) pH, Maximum S.U.				
01			8.1				
02	AA	0.589	8.2				
03			8.1				
04			8.1				
05			8.1				
06			8.1				
07			8				
08			8				
09	AA		7.9				
10			8				
11			8				
12			8				
13			8				
14			7.9				
15			7.9				
16	AA		7.9				
17			7.9				
18			7.8				
19			7.8				
20			8.1				
21	AA		8				
22			8				
23			8				
24			8				
25			8				
26			8.2				
27			8.7				
28			8.6				
29			8.4				
30	AA		8.4				
31							
TOTAL	0	0.589	242.2	0	0	0	0
AVG	0	0.589	N/A				
MAX	0	0.589	8.7				
MIN	0	0.589	7.8	0	0	0	0

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :
Detrex
1100 State Rd
Ashtabula OH 44004

Station Code : 002

Reported Date (Month Year) : November 2007

Application : 3IF00017*KD

12/11/2007

Sampling Station Description :
Final Outfall

Reporting Code	Result Date	Additional Remarks	Mdl
00530	11/02/2007		6.
00530	11/09/2007		6.
00530	11/16/2007		6.
00530	11/21/2007		6.
00530	11/30/2007		6.
00550	11/02/2007		1.2
00550	11/09/2007		1.18
00550	11/16/2007		1.18
00550	11/21/2007		1.2
00550	11/30/2007		1.2
00719	11/02/2007		.2
01079	11/02/2007		1.
01079	11/09/2007		1.
01079	11/16/2007		1.
01079	11/21/2007		1.
01079	11/30/2007		1.
01094	11/09/2007		10.
01094	11/16/2007		10.
01094	11/21/2007		10.
01094	11/30/2007		10.
01113	11/02/2007		10.
01113	11/09/2007		10.
01113	11/16/2007		10.
01113	11/21/2007		10.
01113	11/30/2007		10.
01119	11/02/2007		10.
01119	11/09/2007		10.
01119	11/16/2007		10.
01119	11/21/2007		10.
01119	11/30/2007		10.
50060	11/02/2007		.01
50060	11/09/2007		.01
50060	11/16/2007		.01
50060	11/21/2007		.01
50060	11/30/2007		.01

MONTHLY REPORT FORM **4500**

12/10/2007

Name, Address City, County, ZIP :
Detrex
1100 State Rd
Ashtabula OH 44004

Station Code : 588

Reported Date (Month Year) : November 2007

Application : 3IF00017*KD

Sampling Station Description :
Sludge Monitoring

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample in(2) - Enter frequency of sampling	Reporting Lab :	Analyst :

(1)	3						
(2)	1						
Day	(70318) Sludge Solids, Percent Total %	(80991) Sludge Volume, Gallons Gals					
01	AL						
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTAL	0	0	0	0	0	0	0
AVG	0						
MAX	0						
MIN	0	0	0	0	0	0	0

I certify under the penalty of law that I have personally examined and am familiar with the information submitted 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.

Date Report Completed:	Signature of Reporter:	Title of Reporter:
11/10/2007		Environmental

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MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	12/10/2007
Detrex 1100 State Rd Ashtabula OH 44004	588	November 2007	3IF00017*KD	

Sampling Station Description :

Sludge Monitoring

Reporting Code	Result Date	Additional Remarks	Mdl
70318	11/01/2007	No sludge removed.	.

MONTHLY REPORT FORM **4500** 12/10/2007

Name, Address City, County, ZIP :
Detrex
1100 State Rd
Ashtabula OH 44004

Station Code : 601

Reported Date (Month Year) : November 2007

Application : 3IF00017*KD

Sampling Station Description :
Internal Monitoring Final

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample
in(2) - Enter frequency of sampling

Reporting Lab : Firstechnology, Inc.

Analyst : DR, WSS, BSS, DC

(1)	1	1	3	3	3	1	1
(2)	999	999	1	1	1	999	999
Day	(00056) Flow Rate GPD	(00083) Color, Severity Units	(00400) pH S.U.	(00530) Total Suspended Solids mg/l	(00610) Nitrogen, Ammonia (NH3) mg/l	(01330) Odor, Severity Units	(01350) Turbidity, Severity Units
01	825	1				1	1
02	590	1	7.48	AA	AA	1	1
03	AC	AC				AC	AC
04	AC	AC				AC	AC
05	669	1				1	1
06	1117	1				1	1
07	1345	1				1	1
08	908	1				1	1
09	677	1				1	1
10	43	1				1	1
11	AC	AC				AC	AC
12	796	1				1	1
13	1216	1				1	1
14	844	1				1	1
15	784	1				1	1
16	699	1				1	1
17	AC	AC				AC	AC
18	AC	AC				AC	AC
19	150	1				1	1
20	933	1				1	1
21	664	1				1	1
22	89	1				1	1
23	AC	AC				AC	AC
24	44	1				1	1
25	AC	AC				AC	AC
26	1050	1				1	1
27	1398	1				1	1
28	865	1				1	1
29	850	1				1	1
30	797	1				1	1
31							
TOTAL	17353	23	7.48	0	0	23	23
AVG	754.4783	1	N/A	0	0	1	1
MAX	1398	1	7.48	0	0	1	1
MIN	43	1	7.48	0	0	1	1

I certify under the penalty of law that I have personally examined and am familiar with the information submitted 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.

Date Report Completed: 11/10/2007

Signature of Reporter:

Title of Reporter: Environmental

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MONTHLY REPORT FORM **4500**

12/10/2007

Name, Address City, County, ZIP :
Detrex
1100 State Rd
Ashtabula OH 44004

Station Code : 601

Reported Date (Month Year) : November 2007

Application : 3IF00017*KD

Sampling Station Description :
Internal Monitoring Final

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample
in(2) - Enter frequency of sampling

Reporting Lab : Firstechnology, Inc.

Analyst : DR, WSS, BSS, DC

(1)	3						
(2)	1						
Day	(80082) CBOD 5 day mg/l						
01							
02	6						
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTAL	6	0	0	0	0	0	0
AVG	6						
MAX	6						
MIN	6	0	0	0	0	0	0

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :
Detrex
1100 State Rd
Ashtabula OH 44004

Station Code : 601

Reported Date (Month Year) : November 2007

Application : 3IF00017*KD

12/10/2007

Sampling Station Description :
Internal Monitoring Final

Reporting Code	Result Date	Additional Remarks	Mdl
00056	11/03/2007	Plant not operating	.
00056	11/04/2007	Plant not operating	.
00056	11/11/2007	Plant not operating	.
00056	11/17/2007	Plant not operating	.
00056	11/18/2007	Plant not operating	.
00056	11/23/2007	Plant not operating	.
00056	11/25/2007	Plant not operating	.
00083	11/03/2007	Plant not operating	.
00083	11/04/2007	Plant not operating	.
00083	11/11/2007	Plant not operating	.
00083	11/17/2007	Plant not operating	.
00083	11/18/2007	Plant not operating	.
00083	11/23/2007	Plant not operating	.
00083	11/25/2007	Plant not operating	.
00530	11/02/2007		6.
00610	11/02/2007		.1
01330	11/03/2007	Plant not operating	.
01330	11/04/2007	Plant not operating	.
01330	11/11/2007	Plant not operating	.
01330	11/17/2007	Plant not operating	.
01330	11/18/2007	Plant not operating	.
01330	11/23/2007	Plant not operating	.
01330	11/25/2007	Plant not operating	.
01350	11/03/2007	Plant not operating	.
01350	11/04/2007	Plant not operating	.
01350	11/11/2007	Plant not operating	.
01350	11/17/2007	Plant not operating	.
01350	11/18/2007	Plant not operating	.
01350	11/23/2007	Plant not operating	.
01350	11/25/2007	Plant not operating	.

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	12/10/2007
Detrex 1100 State Rd Ashtabula OH 44004	602	November 2007	3IF00017*KD	

Sampling Station Description :
Internal Monitoring Final

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample in(2) - Enter frequency of sampling	Reporting Lab : Firstechnology, Inc.	Analyst : AC

(1)	3	3	3	3	3	3	3
(2)	1	1	1	1	1	1	1
Day	(00400) pH S.U.	(32106) Chloroform ug/l	(34423) Methylene Chloride ug/l	(34501) 1,1-Dichloroethylen ug/l	(34506) 1,1-Trichloroethar ug/l	(34511) 1,2-Trichloroethar ug/l	(34516) 2,2-Tetrachloroeth ug/l
01	AC						
02	6.8	AA	AA	AA	AA	AA	AA
03	AC						
04	AC						
05	AC						
06	7						
07	7.5						
08	7.9						
09	8						
10	AC						
11	AC						
12	AC						
13	7.8						
14	7.8						
15	7.8						
16	AC						
17	AC						
18	AC						
19	AC						
20	7.8						
21	7.7	AA	AA	AA	AA	AA	AA
22	AC						
23	AC						
24	AC						
25	7.4						
26	7.9						
27	8.7						
28	8.7						
29	8.6						
30	8.4						
31							
TOTAL	125.8	0	0	0	0	0	0
AVG	N/A	0	0	0	0	0	0
MAX	8.7	0	0	0	0	0	0
MIN	6.8	0	0	0	0	0	0

I certify under the penalty of law that I have personally examined and am familiar with the information submitted 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.

Date Report Completed:	Signature of Reporter:	Title of Reporter:
11/10/2007	Keith Quick	Environmental

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MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :
Detrex
1100 State Rd
Ashtabula OH 44004

Station Code : 602

Reported Date (Month Year) : November 2007

Application : 3IF00017*KD

12/10/2007

Sampling Station Description :
Internal Monitoring Final

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample
in(2) - Enter frequency of sampling

Reporting Lab : Firstechnology, Inc.

Analyst : AC

(1)	3	3	1				
(2)	1	1	999				
Day	(34566) 1,3-Dichlorobenz ug/l	(39180) Trichloroethylene ug/l	(50050) Flow Rate MGD				
01			AC				
02	AA	AA	0.148				
03			AC				
04			AC				
05			AC				
06			0.076				
07			0.255				
08			0.236				
09			0.127				
10			AC				
11			AC				
12			AC				
13			0.165				
14			0.22				
15			0.027				
16			AC				
17			AC				
18			AC				
19			AC				
20			0.086				
21	AA	AA	0.056				
22			AC				
23			AC				
24			AC				
25			0.004				
26			0.258				
27			0.261				
28			0.248				
29			0.237				
30			0.225				
31							
TOTAL	0	0	2.629	0	0	0	0
AVG	0	0	0.1643				
MAX	0	0	0.261				
MIN	0	0	0.004	0	0	0	0

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :
Detrex
1100 State Rd
Ashtabula OH 44004

Station Code : 602

Reported Date (Month Year) : November 2007

Application : 3IF00017*KD

12/10/2007

Sampling Station Description :
Internal Monitoring Final

Reporting Code	Result Date	Additional Remarks	Mdl
00400	11/01/2007	Plant not operating	.
00400	11/03/2007	Plant not operating	.
00400	11/04/2007	Plant not operating	.
00400	11/05/2007	Plant not operating	.
00400	11/10/2007	Plant not operating	.
00400	11/11/2007	Plant not operating	.
00400	11/12/2007	Plant not operating	.
00400	11/16/2007	Plant not operating	.
00400	11/17/2007	Plant not operating	.
00400	11/18/2007	Plant not operating	.
00400	11/19/2007	Plant not operating	.
00400	11/22/2007	Plant not operating	.
00400	11/23/2007	Plant not operating	.
00400	11/24/2007	Plant not operating	.
32106	11/02/2007		1.
32106	11/21/2007		1.
34423	11/02/2007		4.
34423	11/21/2007		4.
34501	11/02/2007		1.
34501	11/21/2007		1.
34506	11/02/2007		1.
34506	11/21/2007		1.
34511	11/02/2007		1.
34511	11/21/2007		1.
34516	11/02/2007		1.
34516	11/21/2007		1.
34566	11/02/2007		1.
34566	11/21/2007		1.
39180	11/02/2007		1.
39180	11/21/2007		1.
50050	11/01/2007	Plant not operating	.
50050	11/03/2007	Plant not operating	.
50050	11/04/2007	Plant not operating	.
50050	11/05/2007	Plant not operating	.
50050	11/10/2007	Plant not operating	.
50050	11/11/2007	Plant not operating	.
50050	11/12/2007	Plant not operating	.
50050	11/16/2007	Plant not operating	.
50050	11/17/2007	Plant not operating	.

Reporting Code	Result Date	Additional Remarks	Mdl
50050	11/18/2007	Plant not operating	.
50050	11/19/2007	Plant not operating	.
50050	11/22/2007	Plant not operating	.
50050	11/23/2007	Plant not operating	.
50050	11/24/2007	Plant not operating	.

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	12/11/2007
Detrex 1100 State Rd Ashtabula OH 44004	800	November 2007	3IF00017*KD	

Sampling Station Description :
Intake

in(1) - Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample in(2) - Enter frequency of sampling	Reporting Lab : Firstechnology, Inc.	Analyst : STB, WSS, TR

(1)	3	2	3	1			
(2)	1	2	1	999			
Day	(50092) Mercury, Total (Low Level) ng/l	(00530) Total Suspended Solids mg/l	(00550) Oil and Grease, Total mg/l	(50050) Flow Rate MGD			
01				0.288			
02	1.04	AA	AA	0.269			
03				0.096			
04				0.096			
05				0.133			
06				0.257			
07				0.419			
08				0.44			
09		AA	AA	0.377			
10				0.096			
11				0.096			
12				0.225			
13				0.369			
14				0.472			
15				0.474			
16		AA	AA	0.398			
17				0.096			
18				0.096			
19				0.096			
20				0.157			
21		AA	AA	0.197			
22				0.192			
23				0.192			
24				0.192			
25				0.192			
26				0.243			
27				0.356			
28				0.402			
29				0.351			
30		AA	AA	0.314			
31							
TOTAL	1.04	0	0	7.581	0	0	0
AVG	1.04	0	0	0.2527			
MAX	1.04	0	0	0.474			
MIN	1.04	0	0	0.096	0	0	0

I certify under the penalty of law that I have personally examined and am familiar with the information submitted 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.

Date Report Completed:	Signature of Reporter:	Title of Reporter:
11/10/2007		Environmental

Form No EPA 4500 (8-91)
(Generated by SWIMS)
Formerly EPA SURI

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :
Detrex
1100 State Rd
Ashtabula OH 44004

Station Code : 800

Reported Date (Month Year) : November 2007

Application : 3IF00017*KD

12/11/2007

Sampling Station Description :
Intake

Reporting Code	Result Date	Additional Remarks	Mdl
00530	11/02/2007		6.
00530	11/09/2007		6.
00530	11/16/2007		6.
00530	11/21/2007		6.
00530	11/30/2007		6.
00550	11/02/2007		1.2
00550	11/09/2007		1.18
00550	11/16/2007		1.18
00550	11/21/2007		1.2
00550	11/30/2007		1.2