Detrex CORPORATION

EPA Region 5 Records Ctr.
361491

October 11, 2006

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

Dear Ms. Van Donsel,

Enclosed please find the MOR report for September 2006 for Detrex Corp. in Ashtabula, Ohio.

Sincerely,

Keith R. Buell
Detrex Corp.
440-997-6131

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	10/9/2006
Detrex 1100 State Rd Ashtabula OH 44004	002	September 2006	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 : AW, HB, WAM, WSS, RLG,

(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	20.2	230	10	AA	0.0728	AA
02	18						
03	19						
04	19						
05	21						
06	22						
07	24						
08	25	6.81	165	AA	AA	AA	
09	22						
10	22						
11	24						
12	25						
13	24						
14	24						
15	24	41.3	320	AA	AA	0.0274	
16	23						
17	22						
18	22						
19	21						
20	19						
21	14						
22	17	24.6	368	AA	1.1	0.0461	
23	18						
24	19						
25	20						
26	22						
27	18						
28	22						
29	21	29.9	304	AA	AA	0.038	
30	18						
31							
TOTAL	630	122.81	1387	10	1.1	0.1843	0
AVG	21	24.562	277.4	2	0.22	0.0369	0
MAX	25	41.3	368	10	1.1	0.0728	0
MIN	14	6.81	165	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:
10/09/2006	Keith Buell	Environmentalist

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	10/9/2006
Detrex 1100 State Rd Ashtabula OH 44004	002	September 2006	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 : AW, HB, WAM, WSS, RLG,

(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	AA	7.5	187	AA	AA	AA	0.582
02		7.7					0.229
03		7.8					0.226
04		7.9					0.224
05		7.3					0.577
06		7.7					0.584
07		7.8					0.594
08	AA	7.8	171	AA	AA	AA	0.506
09		7.8					0.136
10		8					0.131
11		7.9					0.423
12		7.5					0.641
13		7.5					0.689
14		7.6					0.599
15	AA	7.2	255	10.6	AA	AA	0.576
16		7.2					0.292
17		7.9					0.163
18		7.6					0.292
19		7.4					0.256
20		7.3					0.321
21		7.4					0.332
22	AA	7.4	155	13.8	AA	AA	0.286
23		7.4					0.37
24		7.4					0.381
25		7.2					0.582
26		7.5					0.705
27		7.7					0.681
28		7.6					0.771
29	AA	7.4	224	AA	AA	AA	0.718
30		7.1					0.391
31							
TOTAL	0	226.5	992	24.4	0	0	13.258
AVG	0	N/A	198.4	4.88	0	0	0.4419
MAX	0	8	255	13.8	0	0	0.771
MIN	0	7.1	155	0	0	0	0.131

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	10/9/2006
Detrex 1100 State Rd Ashtabula OH 44004	002	September 2006	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 : AW, HB, WAM, WSS, RLG,

(1)	3	3	2	2	1		
(2)	1	1	2	2	999		
Day	(50060) Chlorine, Total Residual mg/l	(50092) Mercury, Total (Low Level) ng/l	(61425) Acute Toxicity, Ceriodaphnia dubia TUa	(61427) Acute Toxicity, Pimephales promelas	(61941) pH, Maximum S.U.		
01	AA	2.24	AA	AA	7.7		
02					7.8		
03					7.9		
04					7.9		
05					7.7		
06					7.9		
07					7.9		
08	AA				8		
09					8		
10					8		
11					8.1		
12					8		
13					7.8		
14					7.8		
15	AA				7.6		
16					7.9		
17					8		
18					8.1		
19					7.9		
20					7.7		
21					7.6		
22	AA				7.7		
23					7.6		
24					7.5		
25					7.6		
26					7.8		
27					8.3		
28					8.3		
29	AA				7.7		
30					7.4		
31							
TOTAL	0	2.24	0	0	235.2	0	0
AVG	0	2.24	0	0	N/A		
MAX	0	2.24	0	0	8.3		
MIN	0	2.24	0	0	7.4	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) : September 2006

Application : 3IF00017*KD

10/9/2006

Sampling Station Description :
Final Outfall

Reporting Code	Result Date	Additional Remarks	Mdl
00530	09/08/2006		6.
00530	09/15/2006		6.
00530	09/22/2006		6.
00530	09/29/2006		6.
00550	09/01/2006		1.1
00550	09/08/2006		1.1
00550	09/15/2006		1.1
00550	09/29/2006		1.1
00665	09/08/2006		.02
00719	09/01/2006		.01
01079	09/01/2006		.5
01079	09/08/2006		.5
01079	09/15/2006		.5
01079	09/22/2006		.5
01079	09/29/2006		.5
01094	09/01/2006		10.
01094	09/08/2006		10.
01094	09/29/2006		10.
01113	09/01/2006		10.
01113	09/08/2006		10.
01113	09/15/2006		10.
01113	09/22/2006		10.
01113	09/29/2006		10.
01119	09/01/2006		10.
01119	09/08/2006		10.
01119	09/15/2006		10.
01119	09/22/2006		10.
01119	09/29/2006		10.
50060	09/01/2006		.01
50060	09/08/2006		.01
50060	09/15/2006		.01
50060	09/22/2006		.01
50060	09/29/2006		.01
61425	09/01/2006		.2
61427	09/01/2006		.2

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	10/9/2006
Detrex 1100 State Rd Ashtabula OH 44004	588	September 2006	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:
10/09/2006	Keith Buell	Environmentalist

MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	10/9/2006
Detrex 1100 State Rd Ashtabula OH 44004	588	September 2006	3IF00017*KD	

Sampling Station Description :

Sludge Monitoring

Reporting Code	Result Date	Additional Remarks	Mdl
70318	09/01/2006	No sludge removed	

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	10/9/2006
Detrex 1100 State Rd Ashtabula OH 44004	601	September 2006	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 : WAM, AW, HB

(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	851	1				1	1
02	42	1				1	1
03	43	1				1	1
04	AC	AC				AC	AC
05	415	1				1	1
06	965	1				1	1
07	921	1				1	1
08	841	1				1	1
09	43	1				1	1
10	AC	1				1	1
11	560	1				1	1
12	884	1				1	1
13	911	1				1	1
14	935	1				1	1
15	788	1				1	1
16	239	1				1	1
17	AC	1				1	1
18	548	1				1	1
19	13	1	6.9	AA	AA	1	1
20	546	1				1	1
21	554	1				1	1
22	439	1				1	1
23	AC	1				1	1
24	AC	1				1	1
25	1033	1				1	1
26	928	1				1	1
27	919	1				1	1
28	1045	1				1	1
29	781	1				1	1
30	42	1				1	1
31							
TOTAL	15286	29	6.9	0	0	29	29
AVG	611.44	1	N/A	0	0	1	1
MAX	1045	1	6.9	0	0	1	1
MIN	13	1	6.9	0	0	1	1

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10/09/2006	Keith Buell	Environmentalist

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	10/9/2006
Detrex 1100 State Rd Ashtabula OH 44004	601	September 2006	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 : WAM, AW, HB

Day	(31616) Fecal Coliform #/100 ml	(50060) Chlorine, Total Residual mg/l	(80082) CBOD 5 day mg/l				
(1)	3	3	3				
(2)	1	1	1				
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19	AA	AA	AA				
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTAL	0	0	0	0	0	0	0
AVG	1	0	0				
MAX	0	0	0				
MIN	0	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) : September 2006

Application : 3IF00017*KD

10/9/2006

Sampling Station Description :
Internal Monitoring Final

Reporting Code	Result Date	Additional Remarks	Mdl
00056	09/04/2006	Plant not operating	.
00056	09/10/2006	Plant not operating	.
00056	09/17/2006	Plant not operating	.
00056	09/23/2006	Plant not operating	.
00056	09/24/2006	Plant not operating	.
00083	09/04/2006	Plant not operating	.
00530	09/19/2006		6.
00610	09/19/2006		.1
01330	09/04/2006	Plant not operating	.
01350	09/04/2006	Plant not operating	.
31616	09/19/2006		1.
50060	09/19/2006		.01
80082	09/19/2006		2.

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	10/9/2006
Detrex 1100 State Rd Ashtabula OH 44004	602	September 2006	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
	(00400) pH S.U.	(32106) Chloroform ug/l	(34423) Methylene Chloride ug/l	(34501) 1-Dichloroethylen ug/l	(34506) 1,1-Trichloroethar ug/l	(34511) 1,2-Trichloroethar ug/l	(34516) 2,2-Tetrachloroeth ug/l
Day							
01	6.9	AA	AA	AA	AA	AA	AA
02	AC						
03	AC						
04	AC						
05	6.9						
06	AC						
07	AC						
08	AC						
09	AC						
10	AC						
11	AC						
12	6.9						
13	7						
14	7.1						
15	7.1	AA	AA	AA	AA	AA	AA
16	AC						
17	AC						
18	7						
19	6.9						
20	7.1						
21	7.2						
22	7.3	AA	AA	AA	AA	AA	AA
23	7.4						
24	7.5						
25	7.6						
26	7.6						
27	7.5						
28	7.5						
29	7.4	AA	AA	AA	AA	AA	AA
30	7.2						
31							
TOTAL	137.1	0	0	0	0	0	0
AVG	N/A	0	0	0	0	0	0
MAX	7.6	0	0	0	0	0	0
MIN	6.9	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:
10/09/2006	Keith Buell	Environmentalist

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	10/9/2006
Detrex 1100 State Rd Ashtabula OH 44004	602	September 2006	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	1				
(2)	1	1	999				
Day	(34566) 1,3-Dichlorobenz ug/l	(39180) Trichloroethylene ug/l	(50050) Flow Rate MGD				
01	AA	AA	0.061				
02			AC				
03			AC				
04			AC				
05			0.194				
06			AC				
07			AC				
08			AC				
09			AC				
10			AC				
11			AC				
12			0.098				
13			0.168				
14			0.053				
15	AA	AA	0.164				
16			AC				
17			AC				
18			0.124				
19			0.099				
20			0.15				
21			0.207				
22	AA	AA	0.171				
23			0.178				
24			0.167				
25			0.158				
26			0.15				
27			0.111				
28			0.194				
29	AA	AA	0.203				
30			0.192				
31							
TOTAL	0	0	2.842	0	0	0	0
AVG	0	0	0.1496				
MAX	0	0	0.207				
MIN	0	0	0.053	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) : September 2006

Application : 3IF00017*KD

10/9/2006

Sampling Station Description :
Internal Monitoring Final

Reporting Code	Result Date	Additional Remarks	Mdl
00400	09/02/2006	Plant not operating	.
00400	09/03/2006	Plant not operating	.
00400	09/04/2006	Plant not operating	.
00400	09/06/2006	Plant not operating	.
00400	09/07/2006	Plant not operating	.
00400	09/08/2006	Plant not operating	.
00400	09/09/2006	Plant not operating	.
00400	09/10/2006	Plant not operating	.
00400	09/11/2006	Plant not operating	.
00400	09/16/2006	Plant not operating	.
00400	09/17/2006	Plant not operating	.
32106	09/01/2006		1.
32106	09/15/2006		1.
32106	09/22/2006		1.
32106	09/29/2006		1.
34423	09/01/2006		1.
34423	09/15/2006		1.
34423	09/22/2006		1.
34423	09/29/2006		1.
34501	09/01/2006		1.
34501	09/15/2006		1.
34501	09/22/2006		1.
34501	09/29/2006		1.
34506	09/01/2006		1.
34506	09/15/2006		1.
34506	09/22/2006		1.
34506	09/29/2006		1.
34511	09/01/2006		1.
34511	09/15/2006		1.
34511	09/22/2006		1.
34511	09/29/2006		1.
34516	09/01/2006		1.
34516	09/15/2006		1.
34516	09/22/2006		1.
34516	09/29/2006		1.
34566	09/01/2006		1.
34566	09/15/2006		1.
34566	09/22/2006		1.
34566	09/29/2006		1.

Reporting Code	Result Date	Additional Remarks	Mdl
39180	09/01/2006		1.
39180	09/15/2006		1.
39180	09/22/2006		1.
39180	09/29/2006		1.
50050	09/02/2006	Plant not operating	.
50050	09/03/2006	Plant not operating	.
50050	09/04/2006	Plant not operating	.
50050	09/06/2006	Plant not operating	.
50050	09/07/2006	Plant not operating	.
50050	09/08/2006	Plant not operating	.
50050	09/09/2006	Plant not operating	.
50050	09/10/2006	Plant not operating	.
50050	09/11/2006	Plant not operating	.
50050	09/16/2006	Plant not operating	.
50050	09/17/2006	Plant not operating	.

MONTHLY REPORT FORM **4500**

Name, Address City, County, ZIP :	Station Code :	Reported Date (Month Year) :	Application :	10/9/2006
Detrex 1100 State Rd Ashtabula OH 44004	800	September 2006	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 : WSS, SCB

(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	1.89	AA	AA	0.61			
02				0.171			
03				0.171			
04				0.173			
05				0.437			
06				0.668			
07				0.676			
08		AA	AA	0.524			
09				0.096			
10				0.096			
11				0.439			
12				0.628			
13				0.635			
14				0.616			
15		AA	AA	0.445			
16				0.229			
17				0.096			
18				0.096			
19				0.096			
20				0.096			
21				0.033			
22		AA	1.8	0.034			
23				0.096			
24				0.096			
25				0.41			
26				0.641			
27				0.649			
28				0.662			
29		AA	AA	0.577			
30				0.096			
31							
TOTAL	1.89	0	1.8	10.292	0	0	0
AVG	1.89	0	0.36	0.3431			
MAX	1.89	0	1.8	0.676			
MIN	1.89	0	0	0.033	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:
10/09/2006	Keith Buell	Environmentalist

MONTHLY REPORT FORM

4500

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

Station Code : 800

Reported Date (Month Year) : September 2006

Application : 3IF00017*KD

10/9/2006

Sampling Station Description :
Intake

Reporting Code	Result Date	Additional Remarks	Mdl
00530	09/01/2006		6.
00530	09/08/2006		6.
00530	09/15/2006		6.
00530	09/22/2006		6.
00530	09/29/2006		6.
00550	09/01/2006		1.1
00550	09/08/2006		1.1
00550	09/15/2006		1.1
00550	09/29/2006		1.1