SDMS Document
106562

Diamond Alkali Co.
NJD980528996
8.1.2
Passaic Valley Sewerage Commissioners

Passaic Valley Sewerage Commissioners
Response to Request for Information
USEPA, Region 2

Item No. 9
PVSC Monitoring Report/1999

Document order #33A

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 4 9 9	THRU	0 4 9 9

PERMITTEE : Name: Passaic Valley Sewerage Commissioners
Address: 600 Wilson Avenue
Newark, New Jersey 07105

FACILITY : Name: Passaic Valley Sewerage Commissioners
Address: 600 Wilson Avenue
Newark, New Jersey 07105 (County) Essex
Telephone: (973) 344-1800

FORMS ATTACHED (Indicate Quantity of Each)

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 03/99

SLUDGE REPORTS - INDUSTRIAL
___ T-VWX-010A ___ T-VWX-010B

WASTEWATER REPORTS
___ T-VWX-011 ___ T-VWX-012 ___ T-VWX-013

GROUNDWATER REPORTS
___ VWX-015(A,B) ___ VWX-016 ___ VWX-017
___ ELECTRONIC SUBMISSION

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

	YES	NO
DYE TESTING		
TEMPORARY BYPASSING		
DISINFECTION INTERRUPTION		
MONITORING MALFUNCTIONS		
UNITS OUT OF OPERATION		
OTHER		

(Detail any "YES" on reverse side in appropriate space).

NOTE : The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible 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 fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature Phil Hab
Date 5/24/99

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
Date 5/24/99

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
FRANK J. CALANDRIELLO
DOMINIC W. CUCCINELLO
PETER A. MURPHY
ANGELINA M. PASERCHIA
THOMAS J. POWELL
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com
OPERATIONS DEPT. Fax: (973) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which originated from our Zimpro process.

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
00210016	04	1999	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3300
2. Industrial Conribution	(% of influent)	A2:	18
3. Average Daily Septage Treated	(Gallons/Day)	A3:	38237

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	11.2
2. Average Daily Sludge Production	(Gallons/Day)	B2:	227708
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1061.7

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	55.6
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	
Total Solids of 2.b.i.	(% by weight)	C5:	
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	1911.1
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1062.5
4. pH of Sludge Removed	(Standard Units)	C9:	4.3

D. ULTIMATE SLUDGE MANAGEMENT SITE (See Codes on Reverse)

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	19316	OUT OF STATE	

E. PATHOGEN REDUCTION INFORMATION (See Codes and Complete Reverse)

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
E	PASSAIC VALLEY	00210016		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
5/21/99 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

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FORMS ATTACHED (Indicate Quantity of Each)

SLUDGE REPORTS - SANITARY
____ SL4A ____ SL4B 1 SL4M
1 SQ5E For Reporting Period 04/99
1 RTR

SLUDGE REPORTS - INDUSTRIAL
____ T-VWX-010A ____ T-VWX-010B

WASTEWATER REPORTS
____ T-VWX-011 ____ T-VWX-012 ____ T-VWX-013

GROUNDWATER REPORTS
____ VWX-015(A,B) ____ VWX-016 ____ VWX-017
____ ELECTRONIC SUBMISSION

NPDES DISCHARGE MONITORING
____ EPA FORM 3320-1

Operating Exceptions

	YES	NO
DYE TESTING	__	__
TEMPORARY BYPASSING	__	__
DISINFECTION INTERRUPTION	__	__
MONITORING MALFUNCTIONS	__	__
UNITS OUT OF OPERATION	__	__
OTHER	__	__

(Detail any "YES" on reverse side in appropriate space).

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LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature Phil Habrukowich
Date 6/25/99

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
Date 6/25/99

T-VWX-009
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	REPORTING PERIOD Yr.	REPORTING CATEGORY	
0021016	04	1999	5	2

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Filter Pressed (Wet Air Oxidized) Sludge

PARAMETER	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and			
Aldrin	39330	0.50	*
Chlordane	39350	25.	*
Dieldrin	39380	1.0	*
DDT	39370	1.0	*
Heptachlor	39410	0.50	*
Lindane	39782	0.50	*
PCB's	39516	35.	*
Toxaphene	39400	50.	*
Purgeables			
Benzene	34030	3.300	*
Carbon tetrachloride	32102	3.300	*
Chloroform	32106	3.300	*
Methylene Chloride	34423	3.300	*
Tetrachloroethylene	34475	3.300	*
Trichloroethylene	39180	3.300	*
Vinyl chloride	39175	3.300	*
Base/Neutrals and Acids			
Benzidine	39120	66.000	*
Benzo(a)pyrene	34247	66.000	*
Bis(2-ethylhexyl) phthalate	39100	66.000	
Hexachlorobenzene	39700	66.000	*
Hexachlorobutadiene	39702	66.000	*
N-nitrosodimethylamine	34438	66.000	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist, PVSC	Arthur A. Martinelli	6/17/99

Laboratory Name: Antech Ltd.

Cert No.: 77051

T-VWX-008
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	REPORTING PERIOD Yr.	REPORTING CATEGORY
0021016	04	1999	52

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Filter Press (Wet Air Oxidized) Sludge)

PARAMETER	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	4.89	*
Beryllium	01012	1.63	*
Cadmium	61527	9.54	
Chromium	61512	421.	
Copper	61506	927.	
Iron	01045	2356 3.	
Lead	61503	136.	
Mercury	01260	3.02	
Molybdenum	01062	45.8	
Nickel	61515	52.9	
Selenium	61518	4.88	*
Zinc	61509	122 0.	
Selected Chemical			
Total Nitrogen	00625	16324.	
Ammonia Nitrogen	71845	897.	
Nitrate Nitrogen	71850	203.	
Oil and Grease	00550	18255 4.	
Phenols	46000	116.55	
Phosphorus	00665	1140 0.	
Calcium	00916	2056 5.	
Magnesium	00927	4300 0.	
Potassium	00937	501.	
Cyanide	00720	4.07	
Fluoride	00951	10.7	
Chloride	00940	434.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
6/17/99 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 04/05/99 **MAJOR**

FORM APPROVED.
OMB No.2040-0004
Approval expires 05-31-98

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

MOMITORING PERIOD

FROM (YEAR MO DAY)	TO (YEAR MO DAY)
99 04 01	99 04 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041999

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quantity or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
NITRATE NITROGEN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	203	**********	MG/KG		1/30	COMP.
00621 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	182,554	**********	MG/KG		1/30	COMP.
61568 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N)	SAMPLE MEASUREMENT	**********	**********	.....	**********	16,324	**********	MG/KG		1/30	COMP.
78470 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K)	SAMPLE MEASUREMENT	**********	**********	.....	**********	501	**********	MG/KG		1/30	COMP.
78472 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	897	**********	MG/KG		1/30	COMP.
82294 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	20,565	**********	MG/KG		1/30	COMP.
00917 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	4,300	**********	MG/KG		1/30	COMP.
00924 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT	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 USC , 1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)		973 344-1800	99 06 24
EXECUTIVE DIRECTOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY
TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

DMR NUMBER: NJ0021016 SQ 5E 041999

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

MOMITORING PERIOD

	YEAR	MO	DAY
FROM	99	04	01
TO	99	04	30

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

CREATED: 04/05/99 MAJOR

FORM APPROVED.
OMB No.2040-0004
Approval expires 05-31-98

NORTHERN REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quantity or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	434	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	10.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	45.8	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	11,400	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 4.89	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 4.88	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	927	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT	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 USC , 1001 AND 33 USC ,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	973 344-1800	99 06 24
EXECUTIVE DIRECTOR			AREA CODE / NUMBER	YEAR MO DAY
TYPED OR PRINTED				

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 04/05/99 MAJOR

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OMB No.2040-0004
Approval expires 05-31-98

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99 04 01	99 04 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105
DMR NUMBER: NJ0021016 SQ 5E 041999

NORTHERN REGION / ESSEX

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BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE)	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.63	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	9.54	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	.....	**********	1,220	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	.....	**********	136	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	.....	**********	52.9	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	.....	**********	3.02	**********	MG/KG		1/30	COMP.
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	.....	**********	421	**********	MG/KG		1/30	COMP.
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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 USC , 1001 AND 33 USC ,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
973 344-1800	99 06 24
AREA CODE / NUMBER	YEAR MO DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

MOMITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	04	01	TO	99	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

DMR NUMBER: NJ0021016 SQ 5E 041999

CREATED: 04/05/99 MAJOR

FORM APPROVED.
OMB No.2040-0004
Approval expires 05-31-98

NORTHERN REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quantity or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE)	SAMPLE MEASUREMENT	**********	**********	.....	**********	23,563	**********	MG/KG		1/30	COMP.
78474 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 3.300	**********	MG/KG		1/30	COMP.
34237 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 66.000	**********	MG/KG		1/30	COMP.
34250 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 66.000	**********	MG/KG		1/30	COMP.
34441 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	66.000	**********	MG/KG		1/30	COMP.
39102 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 66.000	**********	MG/KG		1/30	COMP.
39121 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 66.000	**********	MG/KG		1/30	COMP.
39701 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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 USC, 1001 AND 33 USC ,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
973 344-1800	99 06 24
AREA CODE / NUMBER	YEAR MO DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 04/05/99 MAJOR

FORM APPROVED.
OMB No.2040-0004
Approval expires 05-31-98

MOMITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
99 04 01	99 04 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041999

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quantity or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
HEXACHLOROBUTADIENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 66.000	**********	MG/KG		1/30	COMP.
39705 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 3.300	**********	MG/KG		1/30	COMP.
34299 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 3.300	**********	MG/KG		1/30	COMP.
34318 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 3.300	**********	MG/KG		1/30	COMP.
34426 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 3.300	**********	MG/KG		1/30	COMP.
34478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 3.300	**********	MG/KG		1/30	COMP.
34487 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 3.300	**********	MG/KG		1/30	COMP.
34495 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
973 344-1800	99 06 24
AREA CODE / NUMBER	YEAR MO DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 04/05/99 MAJOR

FORM APPROVED.
OMB No.2040-0004
Approval expires 05-31-98

MOMITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
99 04 01	99 04 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041999

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quantity or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
CYANIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	4.07	**********	MG/KG		1/30	COMP.
00721 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 0.50	**********	MG/KG		1/30	COMP.
39333 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 25	**********	MG/KG		1/30	COMP.
39351 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.0	**********	MG/KG		1/30	COMP.
39373 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.0	**********	MG/KG		1/30	COMP.
39383 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 50	**********	MG/KG		1/30	COMP.
39403 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS)	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 35	**********	MG/KG		1/30	COMP.
39516 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800 (AREA CODE / NUMBER)

DATE: 99 06 24 (YEAR MO DAY)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
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Address: 600 WILSON AVENUE
NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 04/05/99 MAJOR

FORM APPROVED.
OMB No.2040-0004
Approval expires 05-31-98

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

MOMITORING PERIOD

	YEAR MO DAY		YEAR MO DAY
FROM	99 04 01	TO	99 04 30
	(20-21)(22-23)(24-25)		(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041999

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quantity or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
LINDANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 0.50	**********	MG/KG		1/30	COMP.
61491 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 0.50	**********	MG/KG		1/30	COMP.
75044 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	116.55	**********	MG/KG		1/30	COMP.
61565 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT	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 USC , 1001 AND 33 USC ,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	973 344-1800	99 06 24
EXECUTIVE DIRECTOR			AREA CODE / NUMBER	YEAR MO DAY
TYPED OR PRINTED				

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

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 3 9 9	THRU	0 3 9 9

PERMITTEE : Name: Passaic Valley Sewerage Commissioners
Address: 600 Wilson Avenue
Newark, New Jersey 07105

FACILITY : Name: Passaic Valley Sewerage Commissioners
Address: 600 Wilson Avenue
Newark, New Jersey 07105 (County) Essex
Telephone: (973) 344-1800

FORMS ATTACHED (Indicate Quantity of Each)

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 02/99

SLUDGE REPORTS - INDUSTRIAL
___ T-VWX-010A ___ T-VWX-010B

WASTEWATER REPORTS
___ T-VWX-011 ___ T-VWX-012 ___ T-VWX-013

GROUNDWATER REPORTS
___ VWX-015(A,B) ___ VWX-016 ___ VWX-017
___ ELECTRONIC SUBMISSION

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

	YES	NO
DYE TESTING	___	___
TEMPORARY BYPASSING	___	___
DISINFECTION INTERRUPTION	___	___
MONITORING MALFUNCTIONS	___	___
UNITS OUT OF OPERATION	___	___
OTHER	___	___

(Detail any "YES" on reverse side in appropriate space).

NOTE : The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible 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 fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature Phil Habrukowich
Date 4/23/99

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
Date 4/23/99

T-VWX-009
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	02	1999	5	2

FACILITY NAME: Passaic Valley Sewerage Commissioners

SLUDGE SAMPLING LOCATION: Filter Pressed (Wet Air Oxidized) Sludge

PARAMETER	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and			
Aldrin	39330	0.50	*
Chlordane	39350	1.00	*
Dieldrin	39380	1.00	*
DDT	39370	1.00	*
Heptachlor	39410	0.50	*
Lindane	39782	0.50	*
PCB's	39516	50.0	*
Toxaphene	39400	50.0	*
Purgeables			
Benzene	34030	1.10	*
Carbon tetrachloride	32102	1.10	*
Chloroform	32106	1.10	*
Methylene Chloride	34423	1.10	*
Tetrachloroethylene	34475	1.10	*
Trichloroethylene	39180	1.10	*
Vinyl chloride	39175	1.10	*
Base/Neutrals and Acids			
Benzidine	39120	66.0	*
Benzo(a)pyrene	34247	66.0	*
Bis(2-ethylhexyl) phthalate	39100	91.0	
Hexachlorobenzene	39700	66.0	*
Hexachlorobutadiene	39702	66.0	*
N-nitrosodimethylamine	34438	66.0	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist, PVSC	Arthur A. Martinelli	4/21/99
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Antech Ltd.

Cert No.: 77051

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	REPORTING PERIOD Yr.	REPORTING CATEGORY	
0021016	02	1999	5	2

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Filter Press (Wet Air Oxidized) Sludge)

PARAMETER	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	5.32	
Beryllium	01012	1.38	*
Cadmium	61527	8.29	
Chromium	61512	303.	
Copper	61506	840.	
Iron	01045	13970.	
Lead	61503	140.	
Mercury	01260	2.29	
Molybdenum	01062	49.9	
Nickel	61515	47.1	
Selenium	61518	4.55	
Zinc	61509	1160.	
Selected Chemical			
Total Nitrogen	00625	10276.	
Ammonia Nitrogen	71845	456.	
Nitrate Nitrogen	71850	34.7	*
Oil and Grease	00550	173721.	
Phenols	46000	124.16	
Phosphorus	00665	6820.	
Calcium	00916	17103.	
Magnesium	00927	3776.	
Potassium	00937	558.	
Cyanide	00720	3.48	
Fluoride	00951	7.74	
Chloride	00940	316.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist		4/24/99
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
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Address: 600 WILSON AVENUE
NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 01/07/99 **MAJOR**

FORM APPROVED.
OMB No.2040-0004
Approval expires 05-31-98

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

MOMITORING PERIOD

FROM (YEAR MO DAY)	TO (YEAR MO DAY)
99 02 01	99 02 28
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021999

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PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quantity or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
NITRATE NITROGEN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 34.7	**********	MG/KG		1/30	COMP.
00621 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	173,721	**********	MG/KG		1/30	COMP.
61568 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N)	SAMPLE MEASUREMENT	**********	**********	.....	**********	10,276	**********	MG/KG		1/30	COMP.
78470 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K)	SAMPLE MEASUREMENT	**********	**********	.....	**********	558	**********	MG/KG		1/30	COMP.
78472 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	456	**********	MG/KG		1/30	COMP.
82294 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	17,103	**********	MG/KG		1/30	COMP.
00917 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	3,776	**********	MG/KG		1/30	COMP.
00924 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR 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 USC, 1001 AND 33 USC ,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	973 344-1800 AREA CODE / NUMBER	99 04 22 YEAR MO DAY

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

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PERMITTEE NAME/ADDRESS:
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Location: NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

MOMITORING PERIOD

FROM (YEAR MO DAY)	TO (YEAR MO DAY)
99 02 01	99 02 28

CREATED: 01/07/99 MAJOR

FORM APPROVED.
OMB No.2040-0004
Approval expires 05-31-98

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021999 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quantity or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	316	**********	MG/KG		1/30	COMP.
00942 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	7.74	**********	MG/KG		1/30	COMP.
00949 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO)	SAMPLE MEASUREMENT	**********	**********	.....	**********	49.9	**********	MG/KG		1/30	COMP.
78465 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P)	SAMPLE MEASUREMENT	**********	**********	.....	**********	6,820	**********	MG/KG		1/30	COMP.
78478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	5.32	**********	MG/KG		1/30	COMP.
01003 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	4.55	**********	MG/KG		1/30	COMP.
01148 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	840	**********	MG/KG		1/30	COMP.
46394 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
973 344-1800	99 04 22
AREA CODE / NUMBER	YEAR MO DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
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Address: 600 WILSON AVENUE
NEWARK, NJ 07105

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

MOMITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
99 02 01	99 02 28
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/07/99 MAJOR

FORM APPROVED.
OMB No.2040-0004
Approval expires 05-31-98

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021999

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PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quantity or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE)	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.38	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	8.29	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	.....	**********	1,160	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	.....	**********	140	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	.....	**********	47.1	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	.....	**********	2.29	**********	MG/KG		1/30	COMP.
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	.....	**********	303	**********	MG/KG		1/30	COMP.
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

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TELEPHONE	DATE
973 344-1800	99 04 22
AREA CODE / NUMBER	YEAR MO DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
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Address: 600 WILSON AVENUE
NEWARK, NJ 07105

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

MOMITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
99 02 01	99 02 28
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/07/99 MAJOR

FORM APPROVED.
OMB No.2040-0004
Approval expires 05-31-98

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021999

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IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE)	SAMPLE MEASUREMENT	**********	**********	.....	**********	13,970	**********	MG/KG		1/30	COMP.
78474 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.10	**********	MG/KG		1/30	COMP.
34237 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 66.0	**********	MG/KG		1/30	COMP.
34250 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 66.0	**********	MG/KG		1/30	COMP.
34441 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	91.0	**********	MG/KG		1/30	COMP.
39102 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 66.0	**********	MG/KG		1/30	COMP.
39121 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 66.0	**********	MG/KG		1/30	COMP.
39701 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
973 344-1800	99 04 22
AREA CODE / NUMBER	YEAR MO DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 01/07/99 MAJOR

FORM APPROVED.
OMB No.2040-0004
Approval expires 05-31-98

MOMITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	02	01	TO	99	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021999

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HEXACHLOROBUTADIENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 66.0	**********	MG/KG		1/30	COMP.
39705 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.10	**********	MG/KG		1/30	COMP.
34299 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.10	**********	MG/KG		1/30	COMP.
34318 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.10	**********	MG/KG		1/30	COMP.
34426 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.10	**********	MG/KG		1/30	COMP.
34478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.10	**********	MG/KG		1/30	COMP.
34487 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.10	**********	MG/KG		1/30	COMP.
34495 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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EXECUTIVE DIRECTOR			AREA CODE / NUMBER	YEAR MO DAY
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(2-16)	(17-19)
NJ0021016	SQ5E
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MOMITORING PERIOD

	YEAR	MO	DAY
FROM	99	02	01
TO	99	02	28

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

CREATED: 01/07/99 MAJOR

FORM APPROVED.
OMB No.2040-0004
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NORTHERN REGION / ESSEX

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CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	3.48	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 0.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 1.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 50.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 50.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

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TELEPHONE: 973 344-1800 (AREA CODE / NUMBER)

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LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 0.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	ND< 0.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	124.16	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED				

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T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 2 9 9	THRU	0 2 9 9

PERMITTEE : Name: Passaic Valley Sewerage Commissioners
Address: 600 Wilson Avenue
Newark, New Jersey 07105

FACILITY : Name: Passaic Valley Sewerage Commissioners
Address: 600 Wilson Avenue
Newark, New Jersey 07105 (County) Essex
Telephone: (973) 344-1800

FORMS ATTACHED (Indicate Quantity of Each)

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 01/99

SLUDGE REPORTS - INDUSTRIAL
___ T-VWX-010A ___ T-VWX-010B

WASTEWATER REPORTS
___ T-VWX-011 ___ T-VWX-012 ___ T-VWX-013

GROUNDWATER REPORTS
___ VWX-015(A,B) ___ VWX-016 ___ VWX-017
___ ELECTRONIC SUBMISSION

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

	YES	NO
DYE TESTING		
TEMPORARY BYPASSING		
DISINFECTION INTERRUPTION		
MONITORING MALFUNCTIONS		
UNITS OUT OF OPERATION		
OTHER		

(Detail any "YES" on reverse side in appropriate space).

NOTE : The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible 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 fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 3/23/99

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 3/24/99

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
99	01	01	99	01	31

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

CREATED: 01/07/99

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 05-31-98

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011999

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	(54-61) Average	Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.64	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	191,460	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	16,577	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	555	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	880	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,670	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,455	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

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: 973 344-1800
AREA CODE / NUMBER

DATE: 99 03 24
YEAR MO DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
99 01 01	99 01 31

CREATED: 01/07/99

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 05-31-98

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011999 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	179	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.73	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	36.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.44	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	664	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	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	973 344-1800 AREA CODE / NUMBER	99 03 24 YEAR MO DAY
TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 01/07/99

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 05-31-98

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	01	01	TO	99	01	31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011999 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE)	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.45	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	10.5	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,112	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	169	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	72.8	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.68	**********	MG/KG		1/30	COMP.
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	307	**********	MG/KG		1/30	COMP.
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	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	973 344-1800 AREA CODE / NUMBER	99 03 24 YEAR MO DAY
TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

DMR NUMBER: NJ0021016 SQ 5E 011999

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
99 01 01	99 01 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/07/99

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 05-31-98

NORTHERN REGION / ESSEX

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PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,077	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.890	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 33.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 33.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	73.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 33.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 33.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	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	973 344-1800 AREA CODE / NUMBER	99 03 24 YEAR MO DAY
TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

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MAJOR

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MONITORING PERIOD

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NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011999

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HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 33.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.890	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.890	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.890	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.890	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.890	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.890	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	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	973 344-1800 AREA CODE / NUMBER	99 03 24 YEAR MO DAY
TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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DMR NUMBER: NJ0021016 SQ 5E 011999

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 01/07/99

MAJOR

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OMB No.2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	01	01	TO	99	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NORTHERN REGION / ESSEX

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PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.04	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	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	973 344-1800 AREA CODE / NUMBER	99 03 24 YEAR MO DAY
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: 600 WILSON AVENUE
NEWARK, NJ 07105

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

(2-16)	(17-19)
NJ0021016	SQ5E
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 01/07/99

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 05-31-98

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
99 01 01	99 01 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011999

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	101.73	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	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	973 344-1800	99 03 24
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	01	1999	5	2

FACILITY NAME: Passaic Valley Sewerage Commissioners

SLUDGE SAMPLING LOCATION: Filter Press (Wet Air Oxidized) Sludge)

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	5.44	
Beryllium	01012	1.45	*
Cadmium	61527	10.5	
Chromium	61512	307.	
Copper	61506	664.	
Iron	01045	14077.	
Lead	61503	169.	
Mercury	01260	1.68	
Molybdenum	01062	36.0	
Nickel	61515	72.8	
Selenium	61518	11.9	
Zinc	61509	1112.	
Selected Chemical Parameters			
Total Nitrogen	00625	16577.	
Ammonia	71845	880.	
Nitrate Nitrogen	71850	3.64	*
Oil and Grease	00550	19146 0.	
Phenols	46000	101.73	
Phosphorus	00665	14000.	
Calcium	00916	17670.	
Magnesium	00927	4455.	
Potassium	00937	555.	
Cyanide	00720	4.04	
Fluoride	00951	7.73	
Chloride	00940	179.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)

Chief Chemist — Title

Signature

3/24/99 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

T-VWX-009
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	01	1999	5	2

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Filter Pressed (Wet Air Oxidized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.30	*
Chlordane	39350	30	*
Dieldrin	39380	0.60	*
DDT	39370	0.60	*
Heptachlor	39410	0.30	*
Lindane	39782	0.30	*
PCB's	39516	6.1	*
Toxaphene	39400	60.	*
Purgeables			
Benzene	34030	0.890	*
Carbon tetrachloride	32102	0.890	*
Chloroform	32106	0.890	*
Methylene Chloride	34423	0.890	*
Tetrachloroethylene	34475	0.890	*
Trichloroethylene	39180	0.890	*
Vinyl chloride	39175	0.890	*
Base/Neutrals and Acids			
Benzidine	39120	33.000	*
Benzo(a)pyrene	34247	33.000	*
Bis(2-ethylhexyl) phthalate	39100	73.000	
Hexachlorobenzene	39700	33.000	*
Hexachlorobutadiene	39702	33.000	*
N-nitrosodimethylamine	34438	33.000	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
3/24/99 — Date

Laboratory Name: Antech Ltd.
Cert No.: 77051

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 2 9 9	THRU	0 2 9 9

PERMITTEE : Name: Passaic Valley Sewerage Commissioners
Address: 600 Wilson Avenue
Newark, New Jersey 07105

FACILITY : Name: Passaic Valley Sewerage Commissioners
Address: 600 Wilson Avenue
Newark, New Jersey 07105 (County) Essex
Telephone: (973) 344-1800

FORMS ATTACHED (Indicate Quantity of Each)

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ____ T-VWX-008 ____ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 01/99

SLUDGE REPORTS - INDUSTRIAL
____ T-VWX-010A ____ T-VWX-010B

WASTEWATER REPORTS
____ T-VWX-011 ____ T-VWX-012 ____ T-VWX-013

GROUNDWATER REPORTS
____ VWX-015(A,B) ____ VWX-016 ____ VWX-017
____ ELECTRONIC SUBMISSION

NPDES DISCHARGE MONITORING
____ EPA FORM 3320-1

Operating Exceptions

	YES	NO
DYE TESTING	__	__
TEMPORARY BYPASSING	__	__
DISINFECTION INTERRUPTION	__	__
MONITORING MALFUNCTIONS	__	__
UNITS OUT OF OPERATION	__	__
OTHER	__	__

(Detail any "YES" on reverse side in appropriate space).

NOTE : The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible 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 fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature Phil Habrukowich
Date 3/23/99

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
Date 3/24/99

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
FRANK J. CALANDRIELLO
DOMINIC W. CUCCINELLO
PETER A. MURPHY
ANGELINA M. PASERCHIA
THOMAS J. POWELL
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com
OPERATIONS DEPT. Fax: (973) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which originated from our Zimpro process.

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0021016	02	1999	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3300
2. Industrial Conribution	(% of influent)	A2:	18
3. Average Daily Septage Treated	(Gallons/Day)	A3:	22032

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	12.9
2. Average Daily Sludge Production	(Gallons/Day)	B2:	264620
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	142.12

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	56.7
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	
Total Solids of 2.b.i.	(% by weight)	C5:	
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	250.9
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	142.24
4. pH of Sludge Removed	(Standard Units)	C9:	4.4

D. ULTIMATE SLUDGE MANAGEMENT SITE (See Codes on Reverse)

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	19316	OUT OF STATE	

E. PATHOGEN REDUCTION INFORMATION (See Codes and Complete Reverse)

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
E	PASSAIC VALLEY	0021016		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
3/24/99 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 9	THRU	0 1 9 9

PERMITTEE : Name: Passaic Valley Sewerage Commissioners
Address: 600 Wilson Avenue
Newark, New Jersey 07105

FACILITY : Name: Passaic Valley Sewerage Commissioners
Address: 600 Wilson Avenue
Newark, New Jersey 07105 (County) Essex
Telephone: (973) 344-1800

FORMS ATTACHED (Indicate Quantity of Each)

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1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 12/98

SLUDGE REPORTS - INDUSTRIAL
___ T-VWX-010A ___ T-VWX-010B

WASTEWATER REPORTS
___ T-VWX-011 ___ T-VWX-012 ___ T-VWX-013

GROUNDWATER REPORTS
___ VWX-015(A,B) ___ VWX-016 ___ VWX-017
___ ELECTRONIC SUBMISSION

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

	YES	NO
DYE TESTING	___	___
TEMPORARY BYPASSING	___	___
DISINFECTION INTERRUPTION	___	___
MONITORING MALFUNCTIONS	___	___
UNITS OUT OF OPERATION	___	___
OTHER	___	___

(Detail any "YES" on reverse side in appropriate space).

NOTE : The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible 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 fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature Phil Hab
Date 2/24/99

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
Date 2/25/99

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
FRANK J. CALANDRIELLO
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ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which originated from our Zimpro process.

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0 0 2 1 0 1 6	0 1	1 9 9 9	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3300
2. Industrial Conribution	(% of influent)	A2:	18
3. Average Daily Septage Treated	(Gallons/Day)	A3:	16923

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	14.3
2. Average Daily Sludge Production	(Gallons/Day)	B2:	227643
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	135.83

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	55.1
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	
Total Solids of 2.b.i.	(% by weight)	C5:	
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	246.7
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	135.94
4. pH of Sludge Removed	(Standard Units)	C9:	4.5

D. ULTIMATE SLUDGE MANAGEMENT SITE (See Codes on Reverse)

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	19316	OUT OF STATE	

E. PATHOGEN REDUCTION INFORMATION (See Codes and Complete Reverse)

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
E	PASSAIC VALLEY	00210116		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/24/99 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250