SDMS Document
94645

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/1995

Document order #30

946450001

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	0 1 9 5

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: (201) 344-1800

* For Reporting Period(s) 01/95
** For Reporting Period(s) 12/94

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature

Date 2/24/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 3/24/95

946450002

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

2/92

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	0 1 9 5

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: (201) 344-1800

* For Reporting Period(s) 01/95

** For Reporting Period(s) 12/94

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature

Date 2/24/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 3/24/95

946450004

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450005

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents raw centrifuged sludge.

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	12	1994	5	2

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Centrifuged UNLIMED Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	236	
Beryllium	01012	072	*
Cadmium	61527	124	
Chromium	61512	2577 0	
Copper	61506	6495	
Iron	01045	1290 0	
Lead	61503	1290	
Mercury	01260	074	
Molybdenum	01062	826	
Nickel	61515	3550	
Selenium	61518	070	
Zinc	61509	9185 0	
Selected Chemical Parameters			
Total Nitrogen	00625	4051 4	
Ammonia	71845	9041	
Nitrate Nitrogen	71850	340	*
Oil and Grease	00550	6460 7	
Phenols	46000	1132	
Phosphorus	00665	6000	
Calcium	00916	9225	
Magnesium	00927	2725	
Potassium	00937	2368	
Cyanide	00720	3089	
Fluoride	00951	181	
Chloride	00940	7090	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/21/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450007

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	12	1994	5	2

FACILITY NAME: Passaic Valley Sewerage
SLUDGE SAMPLING LOCATION: Centrifuged (Unlimed) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.006	*
Chlordane	39350	0.006	*
Dieldrin	39380	0.012	*
DDT	39370	0.012	*
Heptachlor	39410	0.006	*
Lindane	39782	0.006	*
PCB's	39516	0.231	*
Toxaphene	39400	0.116	*
Purgeables			
Benzene	34030	0.170	*
Carbon tetrachloride	32102	0.170	*
Chloroform	32106	0.170	*
Methylene Chloride	34423	0.580	
Tetrachloroethylene	34475	0.170	*
Trichloroethylene	39180	0.170	*
Vinyl chloride	39175	0.350	*
Base/Neutrals and Acids			
Benzidine	39120	1.200	*
Benzo(a)pyrene	34247	1.200	*
Bis(2-ethylhexyl) phthalate	39100	20.000	
Hexachlorobenzene	39700	1.200	*
Hexachlorobutadiene	39702	1.200	*
N-nitrosodimethylamine	34438	1.200	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
1/31/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450008

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

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.

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	12	1994	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,	NONE DETECTED
Metals			
Arsenic	01002	697	*
Beryllium	01012	076	*
Cadmium	61527	222	
Chromium	61512	5710	
Copper	61506	1490	
Iron	01045	8540	
Lead	61503	3545	
Mercury	01260	205	
Molybdenum	01062	151	*
Nickel	61515	6990	
Selenium	61518	139	*
Zinc	61509	1692	
Selected Chemical Parameters			
Total Nitrogen	00625	20911	
Ammonia	71845	922	
Nitrate Nitrogen	71850	180	*
Oil and Grease	00550	23194	
Phenols	46000	937	
Phosphorus	00665	16130	
Calcium	00916	18740	
Magnesium	00927	4794	
Potassium	00937	1110	
Cyanide	00720	422	
Fluoride	00951	249	
Chloride	00940	2670	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	2/21/95

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450010

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	12	1994	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.003	*
Chlordane	39350	0.003	*
Dieldrin	39380	0.006	*
DDT	39370	0.006	*
Heptachlor	39410	0.003	*
Lindane	39782	0.003	*
PCB's	39516	0.121	*
Toxaphene	39400	0.060	*
Purgeables			
Benzene	34030	0.110	
Carbon tetrachloride	32102	0.090	*
Chloroform	32106	0.090	*
Methylene Chloride	34423	0.170	
Tetrachloroethylene	34475	0.130	
Trichloroethylene	39180	0.090	*
Vinyl chloride	39175	0.180	*
Base/Neutrals and Acids			
Benzidine	39120	6.000	*
Benzo(a)pyrene	34247	6.000	*
Bis(2-ethylhexyl) phthalate	39100	110.000	
Hexachlorobenzene	39700	6.000	*
Hexachlorobutadiene	39702	6.000	*
N-nitrosodimethylamine	34438	6.000	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
1/31/94 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450011

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED

REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature Phil Habrukowich

Date 3/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 3/1/96

946450012

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450013

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

REVISED

1995

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450014

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		
00210116	01	1995	5	1	Page 2 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	1387

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	484
2. Average Daily Sludge Production	(Gallons/Day)	B2:	21038
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	368

**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:	484
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:	76
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	368
4. pH of Sludge Removed	(Standard Units)	C9:	112

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450015

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)			
b. After Stabilization	(as weight % of TS)			
c. Percent Reduction	(see equation)			
2. Detention Time	(Days)			
3. Average Temperature	(Degrees C)			

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge. Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450016

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 3/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 3/1/96

946450017

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450018

DANIEL F. BECHT, ESQ.
CHAIRMAN

RAYMOND LUCHKO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

OPERATIONS DEPT. Fax: (201) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNCIL

LOUIS LANZILLO
CLERK

REVISED

1995

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 5	5	1	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3 3 0 . 0
2. Industrial Conribution	(% of influent)	A2:	1 8 .
3. Average Daily Septage Treated	(Gallons/Day)	A3:	1 3 8 7 .

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	5 1 . 8
2. Average Daily Sludge Production	(Gallons/Day)	B2:	1 6 6 2 8 2 .
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	8 8 . 5 6

**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:	5 1 . 8
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:	1 7 1 . 1
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	8 8 . 5 6
4. pH of Sludge Removed	(Standard Units)	C9:	5 . 7

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	1 7 2 4 4	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	0 0 2 1 0 1 6		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450020

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
b. After Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
c. Percent Reduction	(see equation)	__ . _	__ . _	__ . _
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . _	__ . _	__ . _

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge. Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450021

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 2 9 5	THRU	0 2 9 5

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: (201) 344-1800

* For Reporting Period(s) 02/95
** For Reporting Period(s) 01/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

1 T-VWX-007 *	1 T-VWX-008 **	1 T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature

Date 3/24/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 3/24/95

946450022

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450023

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

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.

946450024

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	01	1995	52

FACILITY NAME: Passaic Valley Sewerage

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	159	
Beryllium	01012	008	
Cadmium	61527	2025	
Chromium	61512	61810	
Copper	61506	93245	
Iron	01045	58300	
Lead	61503	2640	
Mercury	01260	152	
Molybdenum	01062	520	
Nickel	61515	7920	
Selenium	61518	037	*
Zinc	61509	14880	
Selected Chemical Parameters			
Total Nitrogen	00625	21786	
Ammonia	71845	692	
Nitrate Nitrogen	71850	190	*
Oil and Grease	00550	192085	
Phenols	46000	876	
Phosphorus	00665	13500	
Calcium	00916	19680	
Magnesium	00927	5212	
Potassium	00937	1085	
Cyanide	00720	876	
Fluoride	00951	310	
Chloride	00940	1310	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist	[signature]	3/9/95
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450025

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	1995	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.003	*
Chlordane	39350	0.094	
Dieldrin	39380	0.006	*
DDT	39370	0.006	*
Heptachlor	39410	0.003	*
Lindane	39782	0.003	*
PCB's	39516	0.029	*
Toxaphene	39400	0.058	*
Purgeables			
Benzene	34030	0.140	
Carbon tetrachloride	32102	0.040	*
Chloroform	32106	0.040	*
Methylene Chloride	34423	0.560	
Tetrachloroethylene	34475	0.040	*
Trichloroethylene	39180	0.040	*
Vinyl chloride	39175	0.090	*
Base/Neutrals and Acids			
Benzidine	39120	5.800	*
Benzo(a)pyrene	34247	5.800	*
Bis(2-ethylhexyl) phthalate	39100	92.000	
Hexachlorobenzene	39700	5.800	*
Hexachlorobutadiene	39702	5.800	*
N-nitrosodimethylamine	34438	5.800	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Arthur A. Martinelli — Signature
3/3/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450026

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450027

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	
0 0 2 1 0 1 6	0 1	1 9 9 5	5	2

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	0.41	*
Beryllium	01012	0.04	*
Cadmium	61527	9.95	
Chromium	61512	10.305	
Copper	61506	25.495	
Iron	01045	147.00	
Lead	61503	11.950	
Mercury	01260	0.21	*
Molybdenum	01062	5.72	
Nickel	61515	3.810	
Selenium	61518	0.04	*
Zinc	61509	59.50	
Selected Chemical Parameters			
Total Nitrogen	00625	240.91	
Ammonia	71845	6.47	
Nitrate Nitrogen	71850	2.10	*
Oil and Grease	00550	237.60	
Phenols	46000	1.156	
Phosphorus	00665	458.0	
Calcium	00916	2334.50	
Magnesium	00927	330.8	
Potassium	00937	125.1	
Cyanide	00720	1.420	
Fluoride	00951	4.80	
Chloride	00940	129.00	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
3/9/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450028

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	1995	5	2

FACILITY NAME: Passaic Valley Sewerage
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.004	*
Chlordane	39350	0.011	
Dieldrin	39380	0.008	*
DDT	39370	0.008	*
Heptachlor	39410	0.004	*
Lindane	39782	0.004	*
PCB's	39516	0.038	*
Toxaphene	39400	0.075	*
Purgeables			
Benzene	34030	0.060	*
Carbon tetrachloride	32102	0.060	*
Chloroform	32106	0.060	*
Methylene Chloride	34423	0.180	
Tetrachloroethylene	34475	0.060	*
Trichloroethylene	39180	0.060	*
Vinyl chloride	39175	0.011	*
Base/Neutrals and Acids			
Benzidine	39120	0.750	*
Benzo(a)pyrene	34247	0.750	*
Bis(2-ethylhexyl) phthalate	39100	1.000	
Hexachlorobenzene	39700	0.750	*
Hexachlorobutadiene	39702	0.750	*
N-nitrosodimethylamine	34438	0.750	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
3/3/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450029

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	0 1 9 5

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: (201) 344-1800

* For Reporting Period(s) 01/95
** For Reporting Period(s) 12/94

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature

Date 2/24/95

946450030

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 3/24/95

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

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	01	1995	5	1	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.0
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	1387.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	51.8
2. Average Daily Sludge Production	(Gallons/Day)	B2:	41057.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	8856

**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:	51.8
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:	171.1
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	8856
4. pH of Sludge Removed	(Standard Units)	C9:	5.7

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
2/22/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450033

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	___.___	___.___	___.___
b. After Stabilization	(as weight % of TS)	___.___	___.___	___.___
c. Percent Reduction	(see equation)	___.___	___.___	___.___
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	___.___	___.___	___.___

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450034

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

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	01	1995	5	1	Page 2 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	1387

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	484
2. Average Daily Sludge Production	(Gallons/Day)	B2:	1822
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	368

**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:	484
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:	76
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	368
4. pH of Sludge Removed	(Standard Units)	C9:	112

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/22/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450036

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion; or

B. Aerobic Digestion; complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
b. After Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
c. Percent Reduction	(see equation)	__ . __	__ . __	__ . __
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . __	__ . __	__ . __

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet) X Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet) X Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before X VS after}}{\text{VX before} - \text{(VS before X VS after)}} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450037

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)*: Phil Habrukowich

Grade & Registry No.: NJ S-4 #000499

Signature: Phil Hill

Date: 2/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)*: Robert J. Davenport

Title *(Printed)*: Executive Director

Signature: Robert J. Davenport

Date: 3/1/96

946450038

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450039

DANIEL F. BECHT, ESQ.
CHAIRMAN

RAYMOND LUCHKO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

OPERATIONS DEPT. Fax: (201) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNCIL

LOUIS LANZILLO
CLERK

REVISED

1995

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

946450040

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 2	1 9 9 5	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage

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:	821

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	54.7
2. Average Daily Sludge Production	(Gallons/Day)	B2:	1943243
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1160.7

**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:	54.7
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:	212.3
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1160.7
4. pH of Sludge Removed	(Standard Units)	C9:	5.7

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450041

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	___ . ___	___ . ___	___ . ___
b. After Stabilization	(as weight % of TS)	___ . ___	___ . ___	___ . ___
c. Percent Reduction	(see equation)	___ . ___	___ . ___	___ . ___
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	___ . ___	___ . ___	___ . ___

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. Dry Tons = $\frac{\text{Gallons (wet) X Solid Content (of the gallons)}}{240}$

B. Dry Tons = $\frac{\text{Cubic Yards (wet) X Solid Content (of the cubic yards)}}{(Y)}$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. Volatile Solids Reduction = $\frac{\text{VS before X VS after}}{\text{VX before} - \text{(VS before X VS after)}}$ X 100

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450042

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450043

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
0 0 2 1 0 1 6	0 2	1 9 9 5	5 2

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	no	
Beryllium	01012	samples	
Cadmium	61527	this	
Chromium	61512	month	
Copper	61506		
Iron	01045		
Lead	61503		
Mercury	01260		
Molybdenum	01062		
Nickel	61515		
Selenium	61518		
Zinc	61509		
Selected Chemical Parameters			
Total Nitrogen	00625		
Ammonia	71845		
Nitrate Nitrogen	71850		
Oil and Grease	00550		
Phenols	46000		
Phosphorus	00665		
Calcium	00916		
Magnesium	00927		
Potassium	00937		
Cyanide	00720		
Fluoride	00951		
Chloride	00940		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist		4/11/95
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450044

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	1995	5	2

FACILITY NAME: Passaic Valley Sewerage
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	no samples this month	
Chlordane	39350		
Dieldrin	39380		
DDT	39370		
Heptachlor	39410		
Lindane	39782		
PCB's	39516		
Toxaphene	39400		
Purgeables			
Benzene	34030		
Carbon tetrachloride	32102		
Chloroform	32106		
Methylene Chloride	34423		
Tetrachloroethylene	34475		
Trichloroethylene	39180		
Vinyl chloride	39175		
Base/Neutrals and Acids			
Benzidine	39120		
Benzo(a)pyrene	34247		
Bis(2-ethylhexyl) phthalate	39100		
Hexachlorobenzene	39700		
Hexachlorobutadiene	39702		
N-nitrosodimethylamine	34438		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
3/24/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450045

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

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.

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	1995	52

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	145	
Beryllium	01012	012	
Cadmium	61527	1965	
Chromium	61512	6935	
Copper	61506	16425 0	
Iron	01045	10100 0	
Lead	61503	22150	
Mercury	01260	128	
Molybdenum	01062	118	
Nickel	61515	6105	
Selenium	61518	107	
Zinc	61509	16245 0	
Selected Chemical Parameters			
Total Nitrogen	00625	22468	
Ammonia	71845	856	
Nitrate Nitrogen	71850	18	*
Oil and Grease	00550	21389 4	
Phenols	46000	1023	
Phosphorus	00665	19600	
Calcium	00916	19220	
Magnesium	00927	4832	
Potassium	00937	1096	
Cyanide	00720	983	
Fluoride	00951	490	
Chloride	00940	2060	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	4/11/95

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450047

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	1995	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.003	*
Chlordane	39350	0.003	*
Dieldrin	39380	0.006	*
DDT	39370	0.006	*
Heptachlor	39410	0.003	*
Lindane	39782	0.003	*
PCB's	39516	0.031	*
Toxaphene	39400	0.061	*
Purgeables			
Benzene	34030	0.180	
Carbon tetrachloride	32102	0.050	*
Chloroform	32106	0.050	*
Methylene Chloride	34423	0.050	*
Tetrachloroethylene	34475	0.100	
Trichloroethylene	39180	0.050	*
Vinyl chloride	39175	0.090	*
Base/Neutrals and Acids			
Benzidine	39120	6.200	*
Benzo(a)pyrene	34247	6.200	*
Bis(2-ethylhexyl) phthalate	39100	110.000	
Hexachlorobenzene	39700	6.200	*
Hexachlorobutadiene	39702	6.200	*
N-nitrosodimethylamine	34438	14.000	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
3/24/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450048

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 2 9 5	THRU	0 2 9 5

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: (201) 344-1800

* For Reporting Period(s) 02/95
** For Reporting Period(s) 01/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT
[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 3/24/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 3/24/95

946450049

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450050

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

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	1995	5	1

FACILITY NAME: Passaic Valley Sewerage

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:	821

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

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

**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:	
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:	
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	
4. pH of Sludge Removed	(Standard Units)	C9:	

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
3/20/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450052

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__.__	__.__	__.__
b. After Stabilization	(as weight % of TS)	__.__	__.__	__.__
c. Percent Reduction	(see equation)	__.__	__.__	__.__
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__.__	__.__	__.__

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: LIME STABILIZATION)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: OUT OF STATE LANDFILL)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450053

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

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		
00210116	02	1995	5	1	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.0
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	821.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	54.7
2. Average Daily Sludge Production	(Gallons/Day)	B2:	50953.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1160.7

**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:	54.7
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:	2123.
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1160.7
4. pH of Sludge Removed	(Standard Units)	C9:	5.7

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
3/24/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450055

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	___.___	___.___	___.___
b. After Stabilization	(as weight % of TS)	___.___	___.___	___.___
c. Percent Reduction	(see equation)	___.___	___.___	___.___
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	___.___	___.___	___.___

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450056

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

June 12, 1995

NJDEP
Patty Long
Division of Water Quality
The Bureau of Permit Management
CN-029
Trenton, NJ 08625-0029

Re: NJ0021016

Dear Patty Long:

Enclosed please find revised copies of the February 1995 and March 1995 Sludge Quality DMR's. If further information is required on this matter, contact me at your convenience.

Sincerely,

Phil Habrukowich
Ass't Plant Superintendent

PH/dr
Encl.

cc: NJDEP, Metro Division

R.R.R. P518885393

946450057

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

DMR NUMBER: NJ0021016 SQ 5A 02 ~~09~~1995

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	02	01	95	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO 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) 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)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 1.8	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.83	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19,220	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,832	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	206.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.90	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.45	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

CORRECTED

946450058

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	02	01	95	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

02

DMR NUMBER: NJ0021016 SQ 5A ~~03~~1995

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (48-53) 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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.07	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

CORRECTED

946450059

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

DMR NUMBER: NJ0021016 SQ 5A 02 1995

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	02	01	TO	95	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading Average	(54-61) Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	110.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 06 07
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

CORRECTED

946450060

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	02	01	95	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A ~~03~~ 02 1995

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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.061	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.031	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,642.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 06 07
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

CORRECTED

946450061

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	02	01	95	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A ~~03~~ 02 1995

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)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.12	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19.65	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	102.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	213,894	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11.8	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

CORRECTED

946450062

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	02	01	95	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A ~~03~~ 02 1995

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 (46-53) Minimum	(54-61) Average	Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,624.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	221.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	61.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	22,468	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.28	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,096	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	693.95	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 06 07
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

CORRECTED

946450063

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	02	01	95	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A ~~03~~ 02 1995

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	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	**********	**********	*******	**********	10,100.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19,600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	856	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

CORRECTED

946450064

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 3 9 5	THRU	0 3 9 5

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: (201) 344-1800

* For Reporting Period(s) 03/95
** For Reporting Period(s) 02/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obaining 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 4/25/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 4/25/95

946450065

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY
FROM	95	02	01
TO	95	02	28

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 021995 (20-21)(22-23)(24-25) (26-27)(28-29)

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)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.8	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.83	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19,220	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,832	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	206.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.90	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.45	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 04 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT. 946450067 FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	02	01	TO	95	02	28

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 021995 (20-21)(22-23)(24-25) (26-27)(28-29)

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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.07	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 04 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

946450068

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	02	01	TO	95	02	28

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 021995 (20-21)(22-23)(24-25) (26-27)(28-29)

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)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	110.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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
201 344-1800	95 04 25
AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

946450069

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY
FROM	95	02	01
TO	95	02	28

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 021995 (20-21)(22-23)(24-25) (26-27)(28-29)

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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.061	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.031	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,642.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 04 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

946450070

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	02	01	TO	95	02	28

CREATED: 03/24/95 MAJOR
** GROUND WATER **
SLUDGE QUALITY
Form Approved. OMB No.2040-0004
Approval expires 10-31-94
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 021995 (20-21)(22-23)(24-25) (26-27)(28-29)
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)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.12	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19.65	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	102.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	213,894	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11.8	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 04 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450071

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	02	01	TO	95	02	28

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 021995 (20-21)(22-23)(24-25) (26-27)(28-29)

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)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,624.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	221.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	61.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	22,468	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.28	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,096	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	693.95	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 04 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT. 946450072 FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	02	01	TO	95	02	28

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 021995 (20-21)(22-23)(24-25) (26-27)(28-29)

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)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	10,100.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19,600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	856	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 04 25
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450073

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED

REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 3/1/96

946450074

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 3/1/96

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450075

DANIEL F. BECHT, ESQ.
CHAIRMAN

RAYMOND LUCHKO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951
OPERATIONS DEPT. Fax: (201) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNCIL

LOUIS LANZILLO
CLERK

REVISED

1995

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

946450076

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 3	1 9 9 5	5	1	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.0
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	1355.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	54.7
2. Average Daily Sludge Production	(Gallons/Day)	B2:	195447.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1059.4

**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:	54.7
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:	193.7
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1059.4
4. pH of Sludge Removed	(Standard Units)	C9:	5.7

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	2/26/96

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450077

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion; or

B. Aerobic Digestion; complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
b. After Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
c. Percent Reduction	(see equation)	__ . _	__ . _	__ . _
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . _	__ . _	__ . _

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge. Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450078

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 3/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 3/1/96

946450079

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

REVISED

1995

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450081

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	03	1995	5	1	Page 2 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	1355

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	479
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2970
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	653

**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:	479
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:	136
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	653
4. pH of Sludge Removed	(Standard Units)	C9:	106

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450082

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
b. After Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
c. Percent Reduction	(see equation)	__ . __	__ . __	__ . __
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . __	__ . __	__ . __

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge. Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. $\text{Dry Tons} = \dfrac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$

B. $\text{Dry Tons} = \dfrac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $\text{Volatile Solids Reduction} = \dfrac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450083

Alternative equations may be utilized if approved in writing by NJDEP

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

June 12, 1995

NJDEP
Patty Long
Division of Water Quality
The Bureau of Permit Management
CN-029
Trenton, NJ 08625-0029

Re: NJ0021016

Dear Patty Long:

Enclosed please find revised copies of the February 1995 and March 1995 Sludge Quality DMR's. If further information is required on this matter, contact me at your convenience.

Sincerely,

Phil Habrukowich
Ass't Plant Superintendent

PH/dr
Encl.

cc: NJDEP, Metro Division

R.R.R. P518885393

946450084

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	03	01	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14.17	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18,175	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,554	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	259	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 1.94	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 06 07 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

CORRECTED

946450085

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (OBSOLETE EPA FORM T-40 WHICH MAY NOT BE USED.)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 1.21	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.150	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT 946450086 FILTER PRESSED (WET AIR OXIDIZED) SLUDGE CORRECTED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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) 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)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	120.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT. 946450087 FILTER PRESSED (WET AIR OXIDIZED) SLUDGE CORRECTED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.061	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.030	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,667.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450088

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

CORRECTED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	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 < 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.55	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	130.4	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	120,500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT. 946450089 FILTER PRESSED (WET AIR OXIDIZED) SLUDGE CORRECTED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,465.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	305.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	63.8	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19,013	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.36	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	932	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	605.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450090

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

CORRECTED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95 MAJOR
** GROUND WATER **
SLUDGE QUALITY
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8,250	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,890	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL, DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	929	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)
DATE: 95 06 07 (YEAR MO DAY)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ALL PARAMETERS ARE REPORTED AS DRY WEIGHT
FILTER PRESSED (WET AIR OXIDIZED) SLUDGE
CORRECTED

946450091

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	30.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20.88	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	242,650	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,796	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	945	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	68.4	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 2.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT. 946450092 CENTRIFUGED (LIME STABILIZED) SLUDGE CORRECTED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 1.41	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450093

CENTRIFUGED (LIME STABILIZED) SLUDGE

CORRECTED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

DMR NUMBER: NJ0021016 SQ 5A 031995 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO 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) 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)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.210	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.230	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.004	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.004	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450094

CENTRIFUGED (LIME STABILIZED) SLUDGE

CORRECTED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	03	01	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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) 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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.008	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.008	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.078	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.039	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	441.45	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450095

CENTRIFUGED (LIME STABILIZED) SLUDGE

CORRECTED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.004	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.76	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	39.66	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	29,228	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND < 0.004	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

CENTRIFUGED (LIME STABILIZED) SLUDGE

CORRECTED

946450096

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY
FROM	95	03	01
TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 031995 (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)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	660.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	112.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	31.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	21,202	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.44	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	928	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	186.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450097

CENTRIFUGED (LIME STABILIZED) SLUDGE

CORRECTED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,230	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,142	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,142	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 06 07 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT. 946450098 CENTRIFUGED (LIME STABILIZED) SLUDGE CORRECTED

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 4 9 5	THRU	0 4 9 5

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: (201) 344-1800

* For Reporting Period(s) 04/95
** For Reporting Period(s) 03/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 5/24/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 5/25/95

946450099

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450100

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450101

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
0 0 2 1 0 1 6	0 3	1 9 9 5	5 2

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	225	*
Beryllium	01012	076	*
Cadmium	61527	925	
Chromium	61512	1867	
Copper	61506	44145	
Iron	01045	22300	
Lead	61503	1125	
Mercury	01260	044	
Molybdenum	01062	170	
Nickel	61515	316	
Selenium	61518	141	*
Zinc	61509	6600	
Selected Chemical Parameters			
Total Nitrogen	00625	21202	
Ammonia	71845	1142	
Nitrate Nitrogen	71850	303	
Oil and Grease	00550	29228	
Phenols	46000	3966	
Phosphorus	00665	1142	
Calcium	00916	24265 0	
Magnesium	00927	2796	
Potassium	00937	928	
Cyanide	00720	2088	
Fluoride	00951	684	
Chloride	00940	945	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist		5/16/95
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450102

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	03	1995	5	2

FACILITY NAME: Passaic Valley Sewerage
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.004	*
Chlordane	39350	0.004	*
Dieldrin	39380	0.008	*
DDT	39370	0.008	*
Heptachlor	39410	0.004	*
Lindane	39782	0.004	*
PCB's	39516	0.039	*
Toxaphene	39400	0.078	*
Purgeables			
Benzene	34030	0.120	*
Carbon tetrachloride	32102	0.120	*
Chloroform	32106	0.120	*
Methylene Chloride	34423	0.120	
Tetrachloroethylene	34475	0.210	
Trichloroethylene	39180	0.120	*
Vinyl chloride	39175	0.230	*
Base/Neutrals and Acids			
Benzidine	39120	0.780	*
Benzo(a)pyrene	34247	0.780	*
Bis(2-ethylhexyl) phthalate	39100	4.900	
Hexachlorobenzene	39700	0.780	*
Hexachlorobutadiene	39702	0.780	*
N-nitrosodimethylamine	34438	0.780	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
5/10/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450103

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	03	1995	52

FACILITY NAME: Passaic Valley Sewerage

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	1.94	*
Beryllium	01012	0.55	*
Cadmium	61527	19.05	
Chromium	61512	605.40	
Copper	61506	1666.750	
Iron	01045	8250	
Lead	61503	305.5	
Mercury	01260	1.36	
Molybdenum	01062	159	
Nickel	61515	638	
Selenium	61518	1.21	*
Zinc	61509	1465.5	
Selected Chemical Parameters			
Total Nitrogen	00625	190.13	
Ammonia	71845	92.9	
Nitrate Nitrogen	71850	7.7	
Oil and Grease	00550	1205.00	
Phenols	46000	13.04	
Phosphorus	00665	389.0	
Calcium	00916	1817.5	
Magnesium	00927	455.4	
Potassium	00937	93.2	
Cyanide	00720	14.17	
Fluoride	00951	4.0	
Chloride	00940	259	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	5/16/95

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450104

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	03	1995	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.003	*
Chlordane	39350	0.003	*
Dieldrin	39380	0.006	*
DDT	39370	0.006	*
Heptachlor	39410	0.003	*
Lindane	39782	0.003	*
PCB's	39516	0.030	*
Toxaphene	39400	0.061	*
Purgeables			
Benzene	34030	0.150	
Carbon tetrachloride	32102	0.090	*
Chloroform	32106	0.090	*
Methylene Chloride	34423	0.090	*
Tetrachloroethylene	34475	0.100	
Trichloroethylene	39180	0.090	*
Vinyl chloride	39175	0.180	*
Base/Neutrals and Acids			
Benzidine	39120	6.000	*
Benzo(a)pyrene	34247	6.000	*
Bis(2-ethylhexyl) phthalate	39100	12.000	
Hexachlorobenzene	39700	6.000	*
Hexachlorobutadiene	39702	6.000	*
N-nitrosodimethylamine	34438	6.000	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
5/10/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450105

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY
FROM	95	03	01
TO	95	03	31

CREATED: 03/24/95 MAJOR
** GROUND WATER **
SLUDGE QUALITY

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 031995 (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) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	30.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	20.88	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	242,650	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	2,796	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	945	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	68.4	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	2.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 05 25 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

CENTRIFUGED (LIME STABILIZED) SLUDGE

946450106

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

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

CREATED: 03/24/95 MAJOR
** GROUND WATER **
SLUDGE QUALITY

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995

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	Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	1.41	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34316 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 05 25 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

CENTRIFUGED (LIME STABILIZED) SLUDGE

946450107

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NJ0021016	SQ5A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.210	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.230	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.004	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.004	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 05 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

CENTRIFUGED (LIME STABILIZED) SLUDGE

946450108

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NJ0021016	SQ5A

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	03	01	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995 (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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.008	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.008	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.078	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.039	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	441.45	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 05 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

CENTRIFUGED (LIME STABILIZED) SLUDGE

946450109

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

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

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995

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	**********	**********	*******	**********	0.004	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.76	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	39.66	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	29,228	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.004	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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	201 344-1800 AREA CODE / NUMBER	95 05 25 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

CENTRIFUGED (LIME STABILIZED) SLUDGE

946450110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

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

CREATED: 03/24/95 MAJOR
** GROUND WATER **
SLUDGE QUALITY

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995

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)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	660.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	112.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	31.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	21,202	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.44	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	928	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	186.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 05 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

CENTRIFUGED (LIME STABILIZED) SLUDGE

946450111

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

DMR NUMBER: NJ0021016 SQ5A 031995

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO 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) 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	**********	**********	*******	**********	2,230	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78476 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,142	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,142	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 05 25 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

CENTRIFUGED (LIME STABILIZED) SLUDGE

946450112

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

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

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995

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)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	7.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	14.17	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	18,175	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	4,554	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	259	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	4.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	1.94	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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
201 344-1800	95 05 25
AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

946450113

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 031995 (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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	1.21	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.150	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 05 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

946450114

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

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

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 031995

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)
TETRACHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.100	**********	MG/KG		1/30	COMP.
34478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.090	**********	MG/KG		1/30	COMP.
34487 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.180	**********	MG/KG		1/30	COMP.
34495 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	120.000	**********	MG/KG		1/30	COMP.
39102 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	6.000	**********	MG/KG		1/30	COMP.
39121 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.003	**********	MG/KG		1/30	COMP.
39333 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.003	**********	MG/KG		1/30	COMP.
39351 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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	201 344-1800 AREA CODE / NUMBER	95 05 25 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

946450115

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 03/24/95
** GROUND WATER **
SLUDGE QUALITY

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995

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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.061	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	0.030	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	1,667.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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
201 344-1800	95 05 25
AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE **946450116**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

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

CREATED: 03/24/95 MAJOR
** GROUND WATER **
SLUDGE QUALITY

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995

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)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.55	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	130.4	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	120,500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 05 25 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

946450117

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

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

CREATED: 03/24/95 MAJOR
** GROUND WATER **
SLUDGE QUALITY
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ5A 031995

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)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	1,465.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	305.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	63.8	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	19,013	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	1.36	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	932	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	.....	**********	605.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 05 25 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

946450118

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	03	01	TO	95	03	31

DMR NUMBER: NJ0021016 SQ5A 031995 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

CREATED: 03/24/95 MAJOR
** GROUND WATER **
SLUDGE QUALITY
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94
METRO REGION / ESSEX
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	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	**********	**********	*******	**********	8,250	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,890	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	929	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)
DATE: 95 05 25 (YEAR MO DAY)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE 946450119

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 3 9 5	THRU	0 3 9 5

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: (201) 344-1800

* For Reporting Period(s) 03/95
** For Reporting Period(s) 02/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obaining 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 4/25/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 4/25/95

946450120

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450122

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		
00210116	03	1995	5	1	Page 2 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3300
2. Industrial Contribution	(% of influent)	A2:	18
3. Average Daily Septage Treated	(Gallons/Day)	A3:	1355

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	479
2. Average Daily Sludge Production	(Gallons/Day)	B2:	3269
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	653

**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:	479
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:	136
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	653
4. pH of Sludge Removed	(Standard Units)	C9:	106

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
4/19/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450123

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion; or

B. Aerobic Digestion; complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	.	.	.
b. After Stabilization	(as weight % of TS)	.	.	.
c. Percent Reduction	(see equation)	.	.	.
2. Detention Time	(Days)			
3. Average Temperature	(Degrees C)	.	.	.

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

Alternative equations may be utilized if approved in writing by NJDEP.

946450124

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

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.

946450125

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	03	1995	5	1

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.0
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	1355.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	54.7
2. Average Daily Sludge Production	(Gallons/Day)	B2:	46490.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1059.4

**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:	54.7
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:	193.7
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1059.4
4. pH of Sludge Removed	(Standard Units)	C9:	5.7

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
4/19/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450126

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
b. After Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
c. Percent Reduction	(see equation)	__ . __	__ . __	__ . __
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . __	__ . __	__ . __

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

Equations may be utilized if approved in writing by NJDEP.

946450127

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 5 9 5	THRU	0 5 9 5

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: (201) 344-1800

* For Reporting Period(s) 05/95
** For Reporting Period(s) 04/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 6/23/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 6/23/95

946450128

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 04 01	95 04 30

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 041995 (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) 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	**********	**********	*******	**********	10.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.98	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,750	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,492	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	181.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.70	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.67	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

946450130

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 04 01	95 04 30

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 041995 (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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.290	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 06 23
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450131

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	04	01	95	04	30

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

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 041995

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)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.140	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34496 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	94.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 06 23 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450132

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 04 01	95 04 30

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 041995 (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) 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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.062	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.031	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,687.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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	201 344-1800 AREA CODE / NUMBER	95 06 23 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450133

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 04 01	95 04 30

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 041995 (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) 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)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	22.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	89.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	257,979	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	12.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 06 23
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT. 946450134 FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	04	01	TO	95	04	30

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 041995 (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) 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)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,623.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	392.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	82.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20,908	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.07	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	777	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	551.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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	201 344-1800 AREA CODE / NUMBER	95 06 23 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450135

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	04	01	TO	95	04	30

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

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 041995

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading Average	(54-61) Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration 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	**********	**********	*******	**********	5,990	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	21,200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	732	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 06 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450136

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

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 4	1 9 9 5	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3 3 0 . 0
2. Industrial Conribution	(% of influent)	A2:	1 8 .
3. Average Daily Septage Treated	(Gallons/Day)	A3:	6 7 6 8 .

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 5 . 1
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2 0 1 8 0 6 .
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1 2 7 . 1 9

**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:	5 6 . 4
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:	2 2 5 . 6
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 2 7 . 1 9
4. pH of Sludge Removed	(Standard Units)	C9:	5 . 9

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	1 7 2 4 4	O U T O F S T A T E	

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

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
E	P A S S A I C V A L L E Y	0 0 2 1 0 1 6		

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450137

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__.__	__.__	__.__
b. After Stabilization	(as weight % of TS)	__.__	__.__	__.__
c. Percent Reduction	(see equation)	__.__	__.__	__.__
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__.__	__.__	__.__

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $\text{Dry Tons} = \dfrac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$

B. $\text{Dry Tons} = \dfrac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $\text{Volatile Solids Reduction} = \dfrac{\text{VS before} \times \text{VS after}}{\text{VS before} - (\text{VS before} \times \text{VS after})} \times 100$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450138

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY
0021016	04	1995	52

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.003	*
Chlordane	39350	0.003	*
Dieldrin	39380	0.006	*
DDT	39370	0.006	*
Heptachlor	39410	0.003	*
Lindane	39782	0.003	*
PCB's	39516	0.031	*
Toxaphene	39400	0.062	*
Purgeables			
Benzene	34030	0.290	
Carbon tetrachloride	32102	0.050	*
Chloroform	32106	0.050	*
Methylene Chloride	34423	0.090	
Tetrachloroethylene	34475	0.140	
Trichloroethylene	39180	0.050	*
Vinyl chloride	39175	0.090	*
Base/Neutrals and Acids			
Benzidine	39120	6.200	*
Benzo(a)pyrene	34247	6.200	*
Bis(2-ethylhexyl) phthalate	39100	94.000	
Hexachlorobenzene	39700	6.200	*
Hexachlorobutadiene	39702	6.200	*
N-nitrosodimethylamine	34438	6.200	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
5/25/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450139

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 4 9 5	THRU	0 4 9 5

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: (201) 344-1800

* For Reporting Period(s) 04/95
** For Reporting Period(s) 03/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ-S-4 #080499

Signature [signature]

Date 3/24/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 5/25/95

946450140

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

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 4	1 9 9 5	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage

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:	6768

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	15.1
2. Average Daily Sludge Production	(Gallons/Day)	B2:	201995
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	127.19

**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:	56.4
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:	225.6
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	127.19
4. pH of Sludge Removed	(Standard Units)	C9:	5.9

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
5/25/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450143

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
b. After Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
c. Percent Reduction	(see equation)	__ . __	__ . __	__ . __
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . __	__ . __	__ . __

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet) X Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet) X Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before X VS after}}{\text{VX before— (VS before X VS after)}} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450144

equations may be utilized if approved in writing by NJDEP.

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature Phil Habrukowich

Date 3/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 3/1/96

946450145

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450146

DANIEL F. BECHT, ESQ.
CHAIRMAN

RAYMOND LUCHKO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

OPERATIONS DEPT. Fax: (201) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNCIL

LOUIS LANZILLO
CLERK

REVISED

1995

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 4	1 9 9 5	5	1

Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3 3 0 . 0
2. Industrial Conribution	(% of influent)	A2:	1 8 .
3. Average Daily Septage Treated	(Gallons/Day)	A3:	6 7 6 8 .

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 5 . 1
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2 0 1 8 0 6 .
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1 2 7 . 1 9

**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:	5 6 . 4
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:	2 2 5 . 6
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 2 7 . 1 9
4. pH of Sludge Removed	(Standard Units)	C9:	5 . 9

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	1 7 2 4 4	O U T O F S T A T E	

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

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
E	P A S S A I C V A L L E Y	0 0 2 1 0 1 6		

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A. Martinelli	Chief Chemist	Arthur A. Martinelli	2/26/96

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

046450148

2/92

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 6 9 5	THRU	0 6 9 5

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: (201) 344-1800

* For Reporting Period(s) 06/95

** For Reporting Period(s) 05/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-47#000499

Signature

Date 7/25/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 7/25/95

946450149

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450150

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 05 01	95 05 31

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

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 051995

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading Average	(54-61) Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration 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 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.75	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,070	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,204	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	163	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.77	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 6 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 07 25 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

946450151

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY
FROM	95	05	01
TO	95	05	31

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

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 051995

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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.060	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 60.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.530	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 60.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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 6 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 07 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

946450152

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 05 01	95 05 31

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 051995 (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)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	130.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 60.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 07 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

946450153

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 05 01	95 05 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

NOTE: Read instructions before completing this form.

DMR NUMBER: NJ0021016 SQ 5A 051995

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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.061	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 60.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 60.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,543.75	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 07 25
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450154

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 05 01	95 05 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 051995

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	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< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	35.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	96.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	231,858	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 76044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.90	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 07 25
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

946450155

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 05 01	95 05 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 051995

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)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,817	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	334.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	74.65	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	21,706	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.76	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	608	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	532.80	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 07 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450156

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 05 01	95 05 31

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

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 051995

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	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	**********	**********	*******	**********	9,400	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	994	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	732	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 07 25
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450157

FILTER PRESSED (WET AIR OXIDIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	05	01	TO	95	05	31

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

CREATED: 04/04/95

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 051995

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)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.80	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	16.86	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	239,500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,914	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.20	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.98	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 07 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450158

CENTRIFUGED (LIME STABILIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16) NJ0021016 — PERMIT NUMBER
(17-19) SQ5A — DISCHARGE NUMBER

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	05	01	95	05	31

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 051995 (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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.61	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.610	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.950	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.610	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 07 25 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450159

CENTRIFUGED (LIME STABILIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	05	01	TO	95	05	31

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

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

NOTE: Read instructions before completing this form.

DMR NUMBER: NJ0021016 SQ 5A 051995

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)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 USC, 1001 AND 33USC, 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 07 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450160

CENTRIFUGED (LIME STABILIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 05 01	95 05 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

NOTE: Read Instructions before completing this form.

DMR NUMBER: NJ0021016 SQ 5A 051995

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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.061	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.610	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.610	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	260.90	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 07 25
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

CENTRIFUGED (LIME STABILIZED) SLUDGE

946450161

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 05 01	95 05 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 051995

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< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.61	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11.95	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	209,532	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 12.20	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 07 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

CENTRIFUGED (LIME STABILIZED) SLUDGE

946450162

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 05 01	95 05 31

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 051995 (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)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	328	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	90.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	32.45	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	27,226	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.28	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	584	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	75.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 07 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450163

CENTRIFUGED (LIME STABILIZED) SLUDGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 05 01	95 05 31

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

CREATED: 04/04/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 051995

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)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,770	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	225	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,767	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 07 25
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450164

CENTRIFUGED (LIME STABILIZED) SLUDGE

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR
Name *(Printed)* Phil Habrukowich
Grade & Registry No. NJ S-4 #000499
Signature [signature]
Date 3/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE
Name *(Printed)* Robert J. Davenport
Title *(Printed)* Executive Director
Signature [signature]
Date 3/1/96

946450165

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450166

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

REVISED

1995

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450167

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 5	1 9 9 5	5	1

FACILITY NAME: Passaic Valley Sewerage

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:	2065

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	36
2. Average Daily Sludge Production	(Gallons/Day)	B2:	25620
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	387

**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:	556
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:	70
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	387
4. pH of Sludge Removed	(Standard Units)	C9:	60

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450168

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)			
b. After Stabilization	(as weight % of TS)			
c. Percent Reduction	(see equation)			
2. Detention Time	(Days)			
3. Average Temperature	(Degrees C)			

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. Dry Tons = $\frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$

B. Dry Tons = $\frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$

Y = 1.185 where solid content is less than 15%
= 1.255 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. Volatile Solids Reduction = $\frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450169

Alternative equations may be utilized if approved in writing by NJDEP

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 5 9 5	THRU	0 5 9 5

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: (201) 344-1800

* For Reporting Period(s) 05/95
** For Reporting Period(s) 04/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 6/23/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 6/23/95

946450170

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

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.

946450172

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	05	1995	51	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.0
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	2065.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	14.8
2. Average Daily Sludge Production	(Gallons/Day)	B2:	192308.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	118.62

**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:	56.5
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:	2101.
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	118.62
4. pH of Sludge Removed	(Standard Units)	C9:	6.5

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
6/23/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450173

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	___ . ___	___ . ___	___ . ___
b. After Stabilization	(as weight % of TS)	___ . ___	___ . ___	___ . ___
c. Percent Reduction	(see equation)	___ . ___	___ . ___	___ . ___
2. Detention Time	(Days)	___ ___ ___	___ ___ ___	___ ___ ___
3. Average Temperature	(Degrees C)	___ . ___	___ . ___	___ . ___

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450174

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450175

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	05	1995	5	1	Page 2 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.0
2. Industrial Conribution	(% of influent)	A2:	18
3. Average Daily Septage Treated	(Gallons/Day)	A3:	2065

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	3.6
2. Average Daily Sludge Production	(Gallons/Day)	B2:	9692
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	3.87

**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:	7.0
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	3.87
4. pH of Sludge Removed	(Standard Units)	C9:	6.0

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
6/23/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450176

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	.	.	.
b. After Stabilization	(as weight % of TS)	.	.	.
c. Percent Reduction	(see equation)	.	.	.
2. Detention Time	(Days)			
3. Average Temperature	(Degrees C)	.	.	.

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. $\text{Dry Tons} = \dfrac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$

B. $\text{Dry Tons} = \dfrac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $\text{Volatile Solids Reduction} = \dfrac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450177

[illegible] equations may be utilized if approved in writing by NJDEP

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	
0 0 2 1 0 1 6	0 5	1 9 9 5	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	277	
Beryllium	01012	060	*
Cadmium	61527	3500	
Chromium	61512	5280	
Copper	61506	15437 5	
Iron	01045	9400	
Lead	61503	3345 0	
Mercury	01260	176	
Molybdenum	01062	1190	*
Nickel	61515	7465	
Selenium	61518	060	*
Zinc	61509	1817	
Selected Chemical Parameters			
Total Nitrogen	00625	21706	
Ammonia	71845	732	
Nitrate Nitrogen	71850	69	
Oil and Grease	00550	23185 8	
Phenols	46000	967	
Phosphorus	00665	994	
Calcium	00916	17070	
Magnesium	00927	4204	
Potassium	00937	608	
Cyanide	00720	575	
Fluoride	00951	210	
Chloride	00940	163	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
7/24/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450178

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	05	1995	5	2

FACILITY NAME: Passaic Valley Sewerage

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.003	*
Chlordane	39350	0.003	*
Dieldrin	39380	0.006	*
DDT	39370	0.006	*
Heptachlor	39410	0.003	*
Lindane	39782	0.003	*
PCB's	39516	0.030	*
Toxaphene	39400	0.061	*
Purgeables			
Benzene	34030	0.060	
Carbon tetrachloride	32102	0.050	*
Chloroform	32106	0.050	*
Methylene Chloride	34423	0.530	
Tetrachloroethylene	34475	0.050	*
Trichloroethylene	39180	0.050	*
Vinyl chloride	39175	0.090	*
Base/Neutrals and Acids			
Benzidine	39120	60.000	*
Benzo(a)pyrene	34247	60.000	*
Bis(2-ethylhexyl) phthalate	39100	130.000	
Hexachlorobenzene	39700	60.000	*
Hexachlorobutadiene	39702	60.000	*
N-nitrosodimethylamine	34438	60.000	*

CERTIFICATE OF AUTHENTICITY

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

Chief Chemist, — Title

Signature

6/26/95 — Date

Laboratory Name: Accredited Laboratories, Inc.

Cert No. 12007

946450179

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	05	1995	5	2

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	098	*
Beryllium	01012	061	*
Cadmium	61527	1195	
Chromium	61512	752	
Copper	61506	2690	
Iron	01045	17700	
Lead	61503	9050	
Mercury	01260	028	
Molybdenum	01062	1220	*
Nickel	61515	3245	
Selenium	61518	061	*
Zinc	61509	328	
Selected Chemical Parameters			
Total Nitrogen	00625	27226	
Ammonia	71845	1767	
Nitrate Nitrogen	71850	180	*
Oil and Grease	00550	20953 2	
Phenols	46000	146	
Phosphorus	00665	225	
Calcium	00916	23950 0	
Magnesium	00927	2914	
Potassium	00937	584	
Cyanide	00720	1686	
Fluoride	00951	320	
Chloride	00940	1500	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
7/24/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450180

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	05	1995	5	2

FACILITY NAME: Passaic Valley Sewerage
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.003	*
Chlordane	39350	0.003	*
Dieldrin	39380	0.006	*
DDT	39370	0.006	*
Heptachlor	39410	0.003	*
Lindane	39782	0.003	*
PCB's	39516	0.030	*
Toxaphene	39400	0.061	*
Purgeables			
Benzene	34030	0.050	*
Carbon tetrachloride	32102	0.050	*
Chloroform	32106	0.050	*
Methylene Chloride	34423	0.950	
Tetrachloroethylene	34475	0.050	*
Trichloroethylene	39180	0.050	*
Vinyl chloride	39175	0.090	*
Base/Neutrals and Acids			
Benzidine	39120	7.200	
Benzo(a)pyrene	34247	0.610	*
Bis(2-ethylhexyl) phthalate	39100	1.300	
Hexachlorobenzene	39700	0.610	*
Hexachlorobutadiene	39702	0.610	*
N-nitrosodimethylamine	34438	0.610	*

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
6/26/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450181

2/92

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 7 9 5	THRU	0 7 9 5

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: (201) 344-1800

* For Reporting Period(s) 07/95
** For Reporting Period(s) 06/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

1 T-VWX-007 *	1 T-VWX-008 **	1 T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature

Date 8/25/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 8/25/95

946450182

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

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

CREATED: 07/07/95

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY
FROM	95	06	01
TO	95	06	30

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

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061995

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)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.8	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.67	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,040	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,294	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	311	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	50.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.23	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 08 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450184

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 06 01	95 06 30

CREATED: 07/07/95

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061995 (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) 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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 08 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450185

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

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

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 06 01	95 06 30

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061995 (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) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.360	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	250.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 08 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450186

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	06	01	95	06	30

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061995 (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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.060	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,035.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 08 25 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450187

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

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

CREATED: 07/07/95

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	06	01	TO	95	06	30

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061995 (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)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	41.45	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	50.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	180,479	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 76044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.34	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 08 25
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450188

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

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

CREATED: 07/07/95

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY
FROM	95	06	01
TO	95	06	30

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061995 (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) Quantity or Loading Average	(54-61) Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,838	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	373.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	79.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	36,773	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.52	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	959	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	607.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 08 25 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450189

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 06 01	95 06 30

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061995 (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) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	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	**********	**********	*******	**********	5,860	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	453	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	264	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 08 25
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450190

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 06 01	95 06 30

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 061995 (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)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	21.65	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	168,650	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,646	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,040	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.90	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.46	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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 6 YEARS)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 08 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450191

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	06	01	TO	95	06	30

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

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 061995

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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.640	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.640	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 08 25
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450192

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16) NJ0021016 PERMIT NUMBER
(17-19) SQ5A DISCHARGE NUMBER

CREATED: 07/07/95

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD
FROM YEAR MO DAY 95 06 01 TO YEAR MO DAY 95 06 30
(20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 061995

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)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.190	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.640	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.024	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 08 25 (YEAR MO DAY)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450193

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NJ0021016	SQ5A

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 06 01	95 06 30

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

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 061995

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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.064	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.032	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.640	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.640	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	395.15	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 08 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450194

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 06 01	95 06 30

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 061995 (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)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	12.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	60,039	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	10.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 08 25
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450195

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	06	01	TO	95	06	30

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

DMR NUMBER: NJ0021016 SQ 5A 061995

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO 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) 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)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	456	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	143.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	34.60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	60,248	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	886	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	179.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 6 YEARS)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 08 25 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450196

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

PERMITTEE NAME/ADDRESS:
Name: PASSAIC VALLEY SEWERAGE COMM
Address: C/O ROBERT J. DAVENPORT
600 WILSON AVENUE
NEWARK, NJ 07105
Facility:
Location:

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NJ0021016	SQ5A

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 06 01	95 06 30

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 061995 (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) Quantity or Loading Average	(54-61) Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration 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	**********	**********	*******	**********	1,330	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	248	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	898	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 08 25
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450197

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	06	1995	52

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	246	
Beryllium	01012	033	*
Cadmium	61527	1230	
Chromium	61512	17950	
Copper	61506	39515	
Iron	01045	13300	
Lead	61503	14300	
Mercury	01260	010	*
Molybdenum	01062	1040	
Nickel	61515	3460	
Selenium	61518	033	*
Zinc	61509	456	
Selected Chemical Parameters			
Total Nitrogen	00625	60248	
Ammonia	71845	898	
Nitrate Nitrogen	71850	530	
Oil and Grease	00550	60039	
Phenols	46000	110	
Phosphorus	00665	248	
Calcium	00916	16850	
Magnesium	00927	2646	
Potassium	00937	886	
Cyanide	00720	2165	
Fluoride	00951	190	*
Chloride	00940	1040	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
8/16/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450198

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

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

FACILITY NAME: Passaic Valley Sewerage
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.024	
Chlordane	39350	0.003	*
Dieldrin	39380	0.006	*
DDT	39370	0.006	*
Heptachlor	39410	0.003	*
Lindane	39782	0.003	*
PCB's	39516	0.032	*
Toxaphene	39400	0.064	*
Purgeables			
Benzene	34030	0.100	*
Carbon tetrachloride	32102	0.100	*
Chloroform	32106	0.100	*
Methylene Chloride	34423	0.100	*
Tetrachloroethylene	34475	0.100	*
Trichloroethylene	39180	0.100	*
Vinyl chloride	39175	0.190	*
Base/Neutrals and Acids			
Benzidine	39120	0.640	*
Benzo(a)pyrene	34247	0.640	*
Bis(2-ethylhexyl) phthalate	39100	8.800	
Hexachlorobenzene	39700	0.640	*
Hexachlorobutadiene	39702	0.640	*
N-nitrosodimethylamine	34438	0.640	*

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
8/15/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450199

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED

REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ____ T-VWX-008 ____ T-VWX-009
____ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
____ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 3/1/96

946450200

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 3/1/96

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450201

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

REVISED

1995

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450202

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 6	1 9 9 5	5	1	Page 2 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	2000

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	31
2. Average Daily Sludge Production	(Gallons/Day)	B2:	53008
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	822

**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:	508
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:	162
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	822
4. pH of Sludge Removed	(Standard Units)	C9:	115

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
H	PASSAIC VALLEY	00211016		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450203

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)			
b. After Stabilization	(as weight % of TS)			
c. Percent Reduction	(see equation)			
2. Detention Time	(Days)			
3. Average Temperature	(Degrees C)			

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization

E. Thermal Treatment/Drying

F. Phragmites

G. Composting

H. Other (specify here: Lime Stabilization)

I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge. Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. Dry Tons = $\frac{\text{Gallons (wet) X Solid Content (of the gallons)}}{240}$

B. Dry Tons = $\frac{\text{Cubic Yards (wet) X Solid Content (of the cubic yards)}}{(Y)}$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. Volatile Solids Reduction = $\frac{\text{VS before X VS after}}{\text{VX before} - \text{(VS before X VS after)}}$ X 100

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450204

[illegible] may be utilized if approved in writing by NJDEP

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 6 9 5	THRU	0 6 9 5

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: (201) 344-1800

* For Reporting Period(s) 06/95
** For Reporting Period(s) 05/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

1 T-VWX-007 *	1 T-VWX-008 **	1 T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature

Date 7/25/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 7/25/95

946450205

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450206

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

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.

946450207

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	06	1995	5	1

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.0
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	2000.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	122
2. Average Daily Sludge Production	(Gallons/Day)	B2:	239036.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	121.64

**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:	54.3
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:	224.0
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	121.64
4. pH of Sludge Removed	(Standard Units)	C9:	5.8

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
7/19/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450208

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
b. After Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
c. Percent Reduction	(see equation)	__ . __	__ . __	__ . __
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . __	__ . __	__ . __

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450209

[illegible] may be utilized if approved in writing by NJDEP

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450210

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	06	1995	5	1

FACILITY NAME: Passaic Valley Sewerage

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:	2000

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	31
2. Average Daily Sludge Production	(Gallons/Day)	B2:	3221212
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	822

**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:	508
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:	162
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	822
4. pH of Sludge Removed	(Standard Units)	C9:	115

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Arthur A. Martinelli — Signature
7/19/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450211

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
b. After Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
c. Percent Reduction	(see equation)	__ . _	__ . _	__ . _
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . _	__ . _	__ . _

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet) X Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet) X Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before X VS after}}{\text{VX before} - \text{(VS before X VS after)}} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450212

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450213

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	06	1995	51	Page 2 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	2000

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	31
2. Average Daily Sludge Production	(Gallons/Day)	B2:	322112
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	822

**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:	508
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:	162
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	822
4. pH of Sludge Removed	(Standard Units)	C9:	115

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
7/19/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450214

Size

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion; or

B. Aerobic Digestion; complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	___.___	___.___	___.___
b. After Stabilization	(as weight % of TS)	___.___	___.___	___.___
c. Percent Reduction	(see equation)	___.___	___.___	___.___
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	___.___	___.___	___.___

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450215

Alternative equations may be utilized if approved in writing by NJDEP.

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	
0 0 2 1 0 1 6	0 6	1 9 9 5	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	22.3	
Beryllium	01012	0.33	*
Cadmium	61527	41.45	
Chromium	61512	607.40	
Copper	61506	1035.05	
Iron	01045	5860	
Lead	61503	373.0	
Mercury	01260	0.52	
Molybdenum	01062	7.34	
Nickel	61515	79.05	
Selenium	61518	0.33	*
Zinc	61509	1838	
Selected Chemical Parameters			
Total Nitrogen	00625	3677.3	
Ammonia	71845	264	
Nitrate Nitrogen	71850	1.8	*
Oil and Grease	00550	1804.79	
Phenols	46000	5.07	
Phosphorus	00665	453	
Calcium	00916	1704.0	
Magnesium	00927	429.4	
Potassium	00937	959	
Cyanide	00720	6.67	
Fluoride	00951	5.07	
Chloride	00940	311	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
5/16/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450216

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	06	1995	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.003	*
Chlordane	39350	0.003	*
Dieldrin	39380	0.006	*
DDT	39370	0.006	*
Heptachlor	39410	0.003	*
Lindane	39782	0.003	*
PCB's	39516	0.030	*
Toxaphene	39400	0.060	*
Purgeables			
Benzene	34030	0.180	*
Carbon tetrachloride	32102	0.180	*
Chloroform	32106	0.180	*
Methylene Chloride	34423	0.180	*
Tetrachloroethylene	34475	0.180	*
Trichloroethylene	39180	0.180	*
Vinyl chloride	39175	0.360	*
Base/Neutrals and Acids			
Benzidine	39120	6.000	*
Benzo(a)pyrene	34247	6.000	*
Bis(2-ethylhexyl) phthalate	39100	25.000	
Hexachlorobenzene	39700	6.000	*
Hexachlorobutadiene	39702	6.000	*
N-nitrosodimethylamine	34438	6.000	*

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
8/15/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450217

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 8 9 5	THRU	0 8 9 5

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: (201) 344-1800

* For Reporting Period(s) 08/95
** For Reporting Period(s) 07/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 9/25/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport Jr

Date 9/25/95

946450218

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450219

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 071995 (20-21)(22-23)(24-25)

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 07 01	95 07 31
(26-27)(28-29)(30-31)	

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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	Quality 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 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	16,150	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5,278	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	235	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 09 25 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450220

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:
Location:

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

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	07	01	TO	95	07	31

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071995 (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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.99	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.040	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.040	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.070	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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	201 344-1800 AREA CODE / NUMBER	95 09 25 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450221

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 071995 (20-21)(22-23)(24-25)

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	07	01	TO	95	07	31

(26-27)(28-29)(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.080	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.040	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34496 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.080	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	170.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800 (AREA CODE / NUMBER)

DATE: 95 09 25 (YEAR MO DAY)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450222

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 071995

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	07	01	TO	95	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.005	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.005	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.055	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.027	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,351.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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)	Robert J. Davenport	201 344-1800	95 09 25
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450223

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:
Location:

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	07	01	TO	95	07	31

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071995 (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)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.58	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	25.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	48.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	166,370	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 09 25 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450224

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:
Location:

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 07 01	95 07 31

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071995 (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)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,782.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	327.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	72.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,182	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.69	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	978	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	543.85	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 09 25 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450225

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:
Location:

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

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 07 01	95 07 31

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071995 (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)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11,800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	125	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	669	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J. Davenport	201 344-1800	95 09 25
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450226

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 7 9 5	THRU	0 7 9 5

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: (201) 344-1800

* For Reporting Period(s) 07/95
** For Reporting Period(s) 06/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

1 T-VWX-007 *	1 T-VWX-008 **	1 T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature

Date 8/25/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 8/25/95

946450227

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

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.

946450229

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 7	1 9 9 5	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3300.0
2. Industrial Contribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	1968.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	13.7
2. Average Daily Sludge Production	(Gallons/Day)	B2:	1767112.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	100.87

**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:	56.2
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:	179.6
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	100.87
4. pH of Sludge Removed	(Standard Units)	C9:	5.9

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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	00210 16		

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
8/17/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450230

Site

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
b. After Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
c. Percent Reduction	(see equation)	__ . __	__ . __	__ . __
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . __	__ . __	__ . __

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450231

Alternative equations may be utilized if approved in writing by NJDEP.

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 9 9 5	THRU	0 9 9 5

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: (201) 344-1800

* For Reporting Period(s) 09/95
** For Reporting Period(s) 08/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

1 T-VWX-007 *	1 T-VWX-008 **	1 T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 10/20/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 10/24/95

946450232

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450233

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
00210116	08	1995	5	2

FACILITY NAME: Passaic Valley Sewerage

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	678	
Beryllium	01012	065	*
Cadmium	61527	2365	
Chromium	61512	71320	
Copper	61506	148375	
Iron	01045	8900	
Lead	61503	29750	
Mercury	01260	476	
Molybdenum	01062	129	
Nickel	61515	11425	
Selenium	61518	129	*
Zinc	61509	192250	
Selected Chemical Parameters			
Total Nitrogen	00625	16122	
Ammonia	71845	1003	
Nitrate Nitrogen	71850	17	*
Oil and Grease	00550	244972	
Phenols	46000	1327	
Phosphorus	00665	3420	
Calcium	00916	15240	
Magnesium	00927	38999	
Potassium	00937	910	
Cyanide	00720	822	
Fluoride	00951	260	
Chloride	00940	2020	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	10/23/95

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450234

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 8	1 9 9 5	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.124	
Chlordane	39350	0.150	
Dieldrin	39380	0.006	*
DDT	39370	0.006	*
Heptachlor	39410	0.003	*
Lindane	39782	0.003	*
PCB's	39516	0.030	*
Toxaphene	39400	0.060	*
Purgeables			
Benzene	34030	0.130	
Carbon tetrachloride	32102	0.090	*
Chloroform	32106	0.090	*
Methylene Chloride	34423	0.090	*
Tetrachloroethylene	34475	0.090	*
Trichloroethylene	39180	0.090	*
Vinyl chloride	39175	0.180	*
Base/Neutrals and Acids			
Benzidine	39120	6.000	*
Benzo(a)pyrene	34247	6.000	*
Bis(2-ethylhexyl) phthalate	39100	76.000	
Hexachlorobenzene	39700	6.000	*
Hexachlorobutadiene	39702	6.000	*
N-nitrosodimethylamine	34438	6.000	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
10/10/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450235

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 8 9 5	THRU	0 8 9 5

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: (201) 344-1800

* For Reporting Period(s) 08/95
** For Reporting Period(s) 07/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 9/25/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport Jr

Date 9/25/95

946450236

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450237

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

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.

946450238

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	08	1995	51		Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.0
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	2032.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	13.5
2. Average Daily Sludge Production	(Gallons/Day)	B2:	187534.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	105.57

**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:	54.7
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:	1930
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	105.57
4. pH of Sludge Removed	(Standard Units)	C9:	6.1

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
9/21/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450239

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	___ .	___ .	___ .
b. After Stabilization	(as weight % of TS)	___ .	___ .	___ .
c. Percent Reduction	(see equation)	___ .	___ .	___ .
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	___ .	___ .	___ .

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet) X Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet) X Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before X VS after}}{\text{VX before} - \text{(VS before X VS after)}} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450240

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 081995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 08 01	95 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
NITRATE NITROGEN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/30	COMP.
00621 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.22	**********	MG/KG		1/30	COMP.
00721 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,240	**********	MG/KG		1/30	COMP.
00917 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,899	**********	MG/KG		1/30	COMP.
00924 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	202.0	**********	MG/KG		1/30	COMP.
00942 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.60	**********	MG/KG		1/30	COMP.
00949 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.78	**********	MG/KG		1/30	COMP.
01003 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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.)

Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800
AREA CODE / NUMBER

DATE: 95 10 24
YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450241

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 081995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 08 01	95 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.29	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.130	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J. Davenport	201 344-1800	95 10 24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450242

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 081995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 08 01	95 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	76.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.124	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.150	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J Davenport (SL)	201 344-1800	95 10 24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450243

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:
Location:

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 08 01	95 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081995

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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.006	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.060	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39616 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.030	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 6.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	1,483.75	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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.)

Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800
AREA CODE / NUMBER

DATE: 95 10 24
YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450244

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 081995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 08 01	95 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.65	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	23.65	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	132.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	244,972	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	12.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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)	Robert J. Davenport Jr.	201 344-1800	95 10 24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450245

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:
Location:

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 08 01	95 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081995

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)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,922.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	297.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	114.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	16,122	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.76	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	910	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	713.20	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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)	Robert J. Davenport	201 344-1800	95 10 24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450246

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 081995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 08 01	95 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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	**********	**********	*******	**********	8,900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	342.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J. Davenport	201 344-1800	95 10 24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450247

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	09	1995	5	2

FACILITY NAME: Passaic Valley Sewerage

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	294	
Beryllium	01012	060	*
Cadmium	61527	2170	
Chromium	61512	5990	
Copper	61506	15562 5	
Iron	01045	10600	
Lead	61503	2410 0	
Mercury	01260	419	
Molybdenum	01062	262	
Nickel	61515	9060	
Selenium	61518	111	
Zinc	61509	17835 0	
Selected Chemical Parameters			
Total Nitrogen	00625	12793	
Ammonia	71845	511	
Nitrate Nitrogen	71850	250	
Oil and Grease	00550	27168 1	
Phenols	46000	1526 5	
Phosphorus	00665	8890	
Calcium	00916	16660	
Magnesium	00927	4369	
Potassium	00937	743	
Cyanide	00720	376	
Fluoride	00951	214	
Chloride	00940	2610	

CERTIFICATE OF AUTHENTICITY

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

Chief Chemist — Title

Signature

11/14/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450248

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	09	1995	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.102	
Chlordane	39350	0.001	*
Dieldrin	39380	0.003	*
DDT	39370	0.003	*
Heptachlor	39410	0.001	*
Lindane	39782	0.001	*
PCB's	39516	0.029	*
Toxaphene	39400	0.059	*
Purgeables			
Benzene	34030	0.140	
Carbon tetrachloride	32102	0.090	*
Chloroform	32106	0.090	*
Methylene Chloride	34423	0.130	
Tetrachloroethylene	34475	0.110	
Trichloroethylene	39180	0.090	*
Vinyl chloride	39175	0.180	*
Base/Neutrals and Acids			
Benzidine	39120	5.900	*
Benzo(a)pyrene	34247	5.900	*
Bis(2-ethylhexyl) phthalate	39100	100.000	
Hexachlorobenzene	39700	5.900	*
Hexachlorobutadiene	39702	5.900	*
N-nitrosodimethylamine	34438	5.900	*

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
10/26/97 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450249

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.*

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature Phil Habrukowich

Date 3/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 3/1/96

946450250

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

DANIEL F. BECHT, ESQ.
CHAIRMAN

RAYMOND LUCHKO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

OPERATIONS DEPT. Fax: (201) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNCIL

LOUIS LANZILLO
CLERK

REVISED

1995

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 9	1 9 9 5	5	1	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3 3 0 . 0
2. Industrial Conribution	(% of influent)	A2:	1 8
3. Average Daily Septage Treated	(Gallons/Day)	A3:	1 2 6 7

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 0 8
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2 5 9 1 3 0
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1 1 6 5 9

**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:	5 6 5
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:	2 0 6 5
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 1 6 5 9
4. pH of Sludge Removed	(Standard Units)	C9:	5 9

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	1 7 2 4 4	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	0 0 2 1 0 1 6		

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	2/26/96

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450253

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
b. After Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
c. Percent Reduction	(see equation)	__ . _	__ . _	__ . _
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . _	__ . _	__ . _

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450253 A

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0021016	1095	THRU	1095

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: (201) 344-1800

* For Reporting Period(s) 10/95
** For Reporting Period(s) 09/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 11/21/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 11/21/95

946450254

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

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: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	09	01	TO	95	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Facility:
Location:

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091995

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)
NITRATE NITROGEN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.50	**********	MG/KG		1/30	COMP.
00621 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CYANIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.76	**********	MG/KG		1/30	COMP.
00721 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	16,660	**********	MG/KG		1/30	COMP.
00917 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,369	**********	MG/KG		1/30	COMP.
00924 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	261.0	**********	MG/KG		1/30	COMP.
00942 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.14	**********	MG/KG		1/30	COMP.
00949 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.94	**********	MG/KG		1/30	COMP.
01003 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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	201 344-1800 AREA CODE / NUMBER	95 11 22 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450256

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 091995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 09 01	95 09 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.11	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.140	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.130	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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: 201 344-1800
AREA CODE / NUMBER

DATE: 95 11 22
YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT

946450257

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: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 09 01	95 09 30

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

Facility:
Location:

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091995

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)
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.110	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	100.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.102	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 11 22
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450258

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:
Location:

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 09 01	95 09 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

DMR NUMBER: NJ0021016 SQ 5E 091995

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.059	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.029	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,556.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 11 22 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450259

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 091995

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	09	01	TO	95	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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< 0.001	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	21.70	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	152.65	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	271,681	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	26.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 11 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450260

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:
Location:

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 09 01	95 09 30

DMR NUMBER: NJ0021016 SQ 5E 091995 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading Average	(54-61) Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,783.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	241.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	90.60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	12,793	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.19	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	743	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	599.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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	201 344-1800 AREA CODE / NUMBER	95 11 22 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450261

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 091995

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	09	01	TO	95	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 07/07/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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	**********	**********	*******	**********	10,600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	889.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	511	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 11 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450262

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 9 9 5	THRU	0 9 9 5

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: (201) 344-1800

* For Reporting Period(s) 09/95
** For Reporting Period(s) 08/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

1 T-VWX-007 *	1 T-VWX-008 **	1 T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 10/20/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 10/24/95

946450263

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

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 9	1 9 9 5	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage

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:	1267

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	108
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2590888
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	116.59

**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:	56.5
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:	206.5
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	116.59
4. pH of Sludge Removed	(Standard Units)	C9:	5.9

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
10/19/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450265

Side

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
b. After Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
c. Percent Reduction	(see equation)	__ . __	__ . __	__ . __
2. Detention Time	(Days)	__ __ __	__ __ __	__ __ __
3. Average Temperature	(Degrees C)	__ . __	__ . __	__ . __

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__ __	__ __	__ __ __ __	__ __	__ __	__ __	__ __ __ __
2.	__ __	__ __	__ __ __ __	__ __	__ __	__ __	__ __ __ __
3.	__ __	__ __	__ __ __ __	__ __	__ __	__ __	__ __ __ __
4.	__ __	__ __	__ __ __ __	__ __	__ __	__ __	__ __ __ __
5.	__ __	__ __	__ __ __ __	__ __	__ __	__ __	__ __ __ __

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450266

may be utilized if approved in writing by NJDEP

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	10	1995	52

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	354	
Beryllium	01012	062	*
Cadmium	61527	2105	
Chromium	61512	7250	
Copper	61506	1832 5	
Iron	01045	1140 0	
Lead	61503	2320 0	
Mercury	01260	991	
Molybdenum	01062	2860	
Nickel	61515	8100	
Selenium	61518	130	
Zinc	61509	1722 0 0	
Selected Chemical Parameters			
Total Nitrogen	00625	2126 1	
Ammonia	71845	784	
Nitrate Nitrogen	71850	810	
Oil and Grease	00550	2029 80	
Phenols	46000	1035	
Phosphorus	00665	245 0	
Calcium	00916	1715 0	
Magnesium	00927	5352	
Potassium	00937	1025	
Cyanide	00720	582	
Fluoride	00951	250	
Chloride	00940	2900	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
12/18/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450267

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	10	1995	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.001	*
Chlordane	39350	0.099	
Dieldrin	39380	0.003	*
DDT	39370	0.003	*
Heptachlor	39410	0.001	*
Lindane	39782	0.001	*
PCB's	39516	0.030	*
Toxaphene	39400	0.060	*
Purgeables			
Benzene	34030	0.900	*
Carbon tetrachloride	32102	0.900	*
Chloroform	32106	0.900	*
Methylene Chloride	34423	0.900	*
Tetrachloroethylene	34475	0.900	*
Trichloroethylene	39180	0.900	*
Vinyl chloride	39175	1.800	*
Base/Neutrals and Acids			
Benzidine	39120	3.000	*
Benzo(a)pyrene	34247	3.000	*
Bis(2-ethylhexyl) phthalate	39100	130.000	
Hexachlorobenzene	39700	3.000	*
Hexachlorobutadiene	39702	3.000	*
N-nitrosodimethylamine	34438	3.000	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
12/4/95 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450268

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0021016	1095	THRU	1095

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: (201) 344-1800

* For Reporting Period(s) 10/95
** For Reporting Period(s) 09/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 11/21/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

ate 11/21/95

946450269

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

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.

946450271

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	1 0	1 9 9 5	5	1	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.0
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	1935.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	124
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2111106.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	108.98

**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:	53.7
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:	2030
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	108.93
4. pH of Sludge Removed	(Standard Units)	C9:	6.2

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
11/14/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450272

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion; or

B. Aerobic Digestion; complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	___ . .	___ .	___ .
b. After Stabilization	(as weight % of TS)	___ .	___ .	___ .
c. Percent Reduction	(see equation)	___ .	___ .	___ .
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	___ .	___ .	___ .

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450273

[illegible] if approved in writing by NJDEP

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	1 1 9 5	THRU	1 1 9 5

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: (201) 344-1800

* For Reporting Period(s) 11/95
** For Reporting Period(s) 10/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.*

LICENSED OPERATOR		PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE	
Name *(Printed)*	Phil Habrukowich	Name *(Printed)*	Robert J. Davenport
Grade & Registry No.	NJ S-4 #000499	Title *(Printed)*	Executive Director
Signature	[signature]	Signature	[signature]
Date	12/21/95	Date	12/22/95

946450274

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

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

Facility:
Location:

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 10 01	95 10 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101995

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)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	202,980	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	21,261	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,025	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	784	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,150	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5,352	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 12 21 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450276

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: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

Facility:
Location:

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	10	01	TO	95	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101995

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	**********	**********	*******	**********	290.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	28.60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	245.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.54	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,832.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 12 21 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450277

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 101995

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	10	01	TO	95	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.62	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	21.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	1,722.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	232.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	81.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	9.91	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	712.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	95 12 21
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450278

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 101995

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	10	01	TO	95	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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	**********	**********	*******	**********	11,400	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	130.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 12 21 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450279

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:
Location:

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

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	10	01	95	10	31

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

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101995

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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 12 21 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450280

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 101995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 10 01	95 10 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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	**********	**********	*******	**********	5.82	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.099	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.060	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	95 12 21 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450281

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

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

Facility:
Location:

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 10 01	95 10 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101995

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)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	103.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	95 12 21 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450282

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	11	1995	5	2

FACILITY NAME: Passaic Valley Sewerage

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	300	
Beryllium	01012	065	*
Cadmium	61527	1665	
Chromium	61512	8585	
Copper	61506	15005	
Iron	01045	12700	
Lead	61503	20700	
Mercury	01260	097	*
Molybdenum	01062	3810	
Nickel	61515	8755	
Selenium	61518	129	*
Zinc	61509	15880	
Selected Chemical Parameters			
Total Nitrogen	00625	24639	
Ammonia	71845	11664	
Nitrate Nitrogen	71850	190	
Oil and Grease	00550	193702	
Phenols	46000	1250	
Phosphorus	00665	19600	
Calcium	00916	18465	
Magnesium	00927	52445	
Potassium	00937	92875	
Cyanide	00720	692	
Fluoride	00951	19	*
Chloride	00940	2430	

CERTIFICATE OF AUTHENTICITY

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

Chief Chemist — Title

Signature

1/4/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450283

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	11	1995	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.001	*
Chlordane	39350	0.001	*
Dieldrin	39380	0.003	*
DDT	39370	0.003	*
Heptachlor	39410	0.001	*
Lindane	39782	0.001	*
PCB's	39516	0.035	*
Toxaphene	39400	0.070	*
Purgeables			
Benzene	34030	1.000	*
Carbon tetrachloride	32102	1.000	*
Chloroform	32106	1.000	*
Methylene Chloride	34423	1.000	*
Tetrachloroethylene	34475	1.000	*
Trichloroethylene	39180	1.000	*
Vinyl chloride	39175	2.100	*
Base/Neutrals and Acids			
Benzidine	39120	2.500	
Benzo(a)pyrene	34247	2.100	*
Bis(2-ethylhexyl) phthalate	39100	27.000	
Hexachlorobenzene	39700	2.100	*
Hexachlorobutadiene	39702	2.100	*
N-nitrosodimethylamine	34438	2.100	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
1/4/96 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450284

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 3/1/96

946450285

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 3/1/96

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

DANIEL F. BECHT, ESQ.
CHAIRMAN

RAYMOND LUCHKO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951
OPERATIONS DEPT. Fax: (201) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNCIL

LOUIS LANZILLO
CLERK

REVISED

1995

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

946450287

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	1 1	1 9 9 5	5	1	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	1633

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	148
2. Average Daily Sludge Production	(Gallons/Day)	B2:	1612778
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	9965

**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:	52.4
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:	1902
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	9965
4. pH of Sludge Removed	(Standard Units)	C9:	6.0

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450288

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__.__	__.__	__.__
b. After Stabilization	(as weight % of TS)	__.__	__.__	__.__
c. Percent Reduction	(see equation)	__.__	__.__	__.__
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__.__	__.__	__.__

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $\text{Dry Tons} = \dfrac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$

B. $\text{Dry Tons} = \dfrac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $\text{Volatile Solids Reduction} = \dfrac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450289

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED

REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR 946450290

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 3/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 3/1/96

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450291

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

REVISED

1995

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450292

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	1 1	1 9 9 5	5	1	Page 2 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	1633

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	35
2. Average Daily Sludge Production	(Gallons/Day)	B2:	11409
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	202

**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:	518
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:	39
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	202
4. pH of Sludge Removed	(Standard Units)	C9:	114

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450293

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)			
b. After Stabilization	(as weight % of TS)			
c. Percent Reduction	(see equation)			
2. Detention Time	(Days)			
3. Average Temperature	(Degrees C)			

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. Dry Tons = $\frac{\text{Gallons (wet) X Solid Content (of the gallons)}}{240}$

B. Dry Tons = $\frac{\text{Cubic Yards (wet) X Solid Content (of the cubic yards)}}{(Y)}$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. Volatile Solids Reduction = $\frac{\text{VS before X VS after}}{\text{VX before} - \text{(VS before X VS after)}}$ X 100

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450294

Alternative equations may be utilized if approved in writing by NJDEP

Z 276 284 122

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

UNITED STATES POSTAL SERVICE

PS Form 3800, March 1993

Sent to	J. Martin Wagner
Street and No.	1121 12th Street N.W.
P.O., State and ZIP Code	Washington
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	Terris Pravlik - Wagner

(PH) 2.29.96

Z 276 284 123

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

UNITED STATES POSTAL SERVICE

PS Form 3800, March 1993

Sent to	NJDEP - DWQ
Street and No.	CN-029
P.O., State and ZIP Code	Trenton, NJ.
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	Patty Long

(PH) 2.29.96

Z 276 284 124

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

UNITED STATES POSTAL SERVICE

PS Form 3800, March 1993

Sent to	Robert Lange
Street and No.	305 Palmer Rd.
P.O., State and ZIP Code	Pennville, NJ.
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	EPIC

(PH) 2.29.96

Z 276 284 121

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

UNITED STATES POSTAL SERVICE

PS Form 3800, March 1993

Sent to	NJDEP
Street and No.	2 Babcock Place
P.O., State and ZIP Code	W. Orange, NJ.
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	Peter Lynch

(PH) 2.29.96

Z 276 284 120

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

UNITED STATES POSTAL SERVICE

PS Form 3800, March 1993

Sent to	NJDEP
Street and No.	2 Babcock Place
P.O., State and ZIP Code	W. Orange
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	Mike Mariano

(PH) 2.29.96

946450295

DANIEL F. BECHT, ESQ.
CHAIRMAN

FRANK ORECHIO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951
OPERATIONS DEPT. Fax: (201) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

June 5, 1996

NJDEP
Div. of Water Quality
407 East State Street
CN-029
Trenton, NJ 08625

ATT: Ruth Ann Rosenberg

Dear Ms. Rosenberg:

Enclosed are original Nov., 1995 sludge reports you returned to PVSC, along with a copy of the revised report we previously submitted in March, 1996.

If I can be of any further assistance, please contact me at (201) 817-5786.

Very truly yours,

Phil Habrukowich
Assistant Plant Superintendent

PH:h

Enc.

RRR 754 174 104

946450296

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED

REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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 (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

9 T-VWX-007 ____ T-VWX-008 ____ T-VWX-009

____ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT

____ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR 946450297

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature Phil Hab

Date 3/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 3/1/96

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450298

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	11	1995	5	1	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.0
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	1633.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	14.8
2. Average Daily Sludge Production	(Gallons/Day)	B2:	4565.0
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	99.65

**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:	52.4
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:	190.2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	99.65
4. pH of Sludge Removed	(Standard Units)	C9:	6.0

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
Arthur A. Martinelli — Signature
12/18/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450299

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids.				
a. Before Stabilization	(as weight % of TS)	__.__	__.__	__.__
b. After Stabilization	(as weight % of TS)	__.__	__.__	__.__
c. Percent Reduction	(see equation)	__.__	__.__	__.__
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__.__	__.__	__.__

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450300

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

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.

946450301

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	1 1 9 5	THRU	1 1 9 5

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: (201) 344-1800

* For Reporting Period(s) 11/95
** For Reporting Period(s) 10/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR 946450302

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 12/21/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 12/22/95

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

946450303

_____.Section C not completed correctly. Please see comments below.

_____.Section D not completed correctly. Please see comments below.

_____.Section E not completed correctly. Please see comments below.

_____.Discharge permit number was not provided.

_____.Facility name was not indicated in space provided.

_____.Reporting period was not indicated or correct.

_____.Reporting category not indicated or correct.

_____.Form was not signed and/or dated.

COMMENTS:

II. FORM T-VWX-008 REPORTING PERIOD:
FORM T-VWX-009 REPORTING PERIOD:

_____. Discharge permit number was not indicated or not correct.

_____. Reporting period was not indicated or not correct.

_____. Reporting category was not indicated or not correct.

_____. Facility name was not indicated in the space provided.

_____. Sludge sampling location was not indicated in space provided.

_____. Form was not signed and/or dated.

_____. The levels indicated for some parameters fall outside the normal ranges typically expected. Please confirm with your laboratory that all analyses were performed on the total phase and reported on a dry weight basis.

_____. Analysis was not performed by a New Jersey Certified Lab or lab was not indicated.

_____. A component was identified as being present below a test's limit of detectability, but the limit of detectability was not indicated.

COMMENTS:

State of New Jersey

Christine Todd Whitman
Governor

Department of Environmental Protection

Robert C. Shinn, Jr.
Commissioner

Division Of Water Quality
401 East State Street
CN-029
Trenton, NJ 08625
Fax: 609-984-7938

May 15, 1996

MAY 1996
Received
Operations
Department

Passaic Valley Sewerage Commissioners
600 Wilson Avenue
Newark, NJ 07105

Dear Permittee:

RE: Sludge Quality Assurance Reports- Deficiencies
Passaic Valley Sewerage Commissioners
NJPDES Permit No. NJ0021016

The Bureau of Pretreatment and Residuals has received the following sludge Quality Assurance Reporting Form(s) for the above referenced facility, please note the following deficiencies:

I. FORM T-VWX-007 REPORTING PERIOD: 11/95

. .A1: Permitted wastewater flow was not reported or is not correct.

. .A2: Industrial contribution was not indicated, if none please indicate "0".

. .A3: Average daily septage treated was not indicated or if none please indicate "0".

. .B1: Average total solids of sludge produced not indicated or correct. Numbers should be reported here as a percent, not as a fraction.

. .B2: Average daily sludge production (gallons) not indicated.

. X .B3: Average daily sludge production (dry tons) not indicated or correct. This is a calculated value (see equation on back of form) based on gallons of sludge produced (B2) and the total solids of the sludge produced (B1). Therefore, you should also recheck these figures for reporting accuracy.

Z 276 284 123

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

UNITED STATES POSTAL SERVICE

PS Form **3800**, March 1993

Sent to NJDEP - DWQ	
Street and No. CN - 029	
P.O., State and ZIP Code Trenton, NJ	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date Patty Long DMR - Revised	

(PH) 2.29.96

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NJDEP
Division of Water Quality
The Bureau of Permit Management
CN - 029
Trenton, New Jersey 08625-0029
ATTN: Patty Long

4a. Article Number
Z 276 284 123

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)* STATE OF NEW JERSEY CAPITOL POST OFFICE

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

MAR 06 '96

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

946450306

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	1 1	1 9 9 5	5	1	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	1633

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	14.8
2. Average Daily Sludge Production	(Gallons/Day)	B2:	1612778
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	9965

*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:	52.4
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:	1902
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	9965
4. pH of Sludge Removed	(Standard Units)	C9:	6.0

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450307

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
b. After Stabilization	(as weight % of TS)	__ . __	__ . __	__ . __
c. Percent Reduction	(see equation)	__ . __	__ . __	__ . __
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . __	__ . __	__ . __

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. Dry Tons = $\frac{\text{Gallons (wet) X Solid Content (of the gallons)}}{240}$

B. Dry Tons = $\frac{\text{Cubic Yards (wet) X Solid Content (of the cubic yards)}}{(Y)}$

Y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. Volatile Solids Reduction = $\frac{\text{VS before X VS after}}{\text{VX before} - \text{(VS before X VS after)}}$ X 100

946450308

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01

DANIEL F. BECHT, ESQ.
CHAIRMAN

RAYMOND LUCHKO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951
OPERATIONS DEPT. Fax: (201) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNCIL

LOUIS LANZILLO
CLERK

REVISED

1995

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

946450309

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	1 2 9 5	THRU	1 2 9 5

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: (201) 344-1800

* For Reporting Period(s) 12/95
** For Reporting Period(s) 11/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR 946450310

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 1/25/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 1/25/96

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

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:
Location:

DMR NUMBER: NJ0021016 SQ 5A 111995

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	11	01	TO	95	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO 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	Quality 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 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	37,645	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	48,843	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,031.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,440	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	179,750	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,651.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450312

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:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	11	01	TO	95	11	30

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

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 111995

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	**********	**********	*******	**********	761.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	68.20	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	921.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.17	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.51	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	406.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450313

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:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	11	01	TO	95	11	30

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 111995 (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) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.75	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.70	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	431.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	108.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	43.65	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.13	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	206.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450314

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:
Location:

DMR NUMBER: NJ0021016 SQ 5A 111995

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 11 01	95 11 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO 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) 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	**********	**********	*******	**********	4,160.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.760	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.760	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.760	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450315

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:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 10/03/95

MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	11	01	TO	95	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 111995

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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.760	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34496 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450316

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:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 11 01	95 11 30

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

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 111995

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading Average	(54-61) Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration 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	**********	**********	*******	**********	14.48	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.002	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.012	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.004	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.004	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.076	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.038	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450317

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:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	11	01	95	11	30

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

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 111995

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)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.002	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.002	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11.64	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450318

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:
Location:

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 11 01	95 11 30

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 111995 (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)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.90	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	193,702	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	24,639	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	928.75	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,164	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18,465	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5,245	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450319

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 111995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 11 01	95 11 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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	**********	**********	*******	**********	243.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	38.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,960.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.29	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,500.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450320

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 111995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 11 01	95 11 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.65	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	16.65	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,588.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	207.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	87.55	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.97	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	858.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450321

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 111995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 11 01	95 11 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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	**********	**********	*******	**********	12,700	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	27.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450322

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 111995

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	11	01	TO	95	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450323

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

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

Facility:
Location:

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	11	01	TO	95	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 111995

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)
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.92	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.070	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.035	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450324

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 111995

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	11	01	TO	95	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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< 0.001	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	125.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 01 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450325

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	11	1995	5	2

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	317	
Beryllium	01012	075	*
Cadmium	61527	770	
Chromium	61512	2066	
Copper	61506	4650	
Iron	01045	41600	
Lead	61503	10800	
Mercury	01260	113	*
Molybdenum	01062	6820	
Nickel	61515	4365	
Selenium	61518	151	*
Zinc	61509	43150	
Selected Chemical Parameters			
Total Nitrogen	00625	488443	
Ammonia	71845	14440	
Nitrate Nitrogen	71850	250	
Oil and Grease	00550	37645	
Phenols	46000	1164	
Phosphorus	00665	9210	
Calcium	00916	179750	
Magnesium	00927	265150	
Potassium	00937	10312 5	
Cyanide	00720	1448	
Fluoride	00951	23	*
Chloride	00940	7610	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
1/4/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450326

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	11	1995	5	2

FACILITY NAME: Passaic Valley Sewerage
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.002	*
Chlordane	39350	0.012	
Dieldrin	39380	0.004	*
DDT	39370	0.004	*
Heptachlor	39410	0.002	*
Lindane	39782	0.002	*
PCB's	39516	0.038	*
Toxaphene	39400	0.076	*
Purgeables			
Benzene	34030	1.100	*
Carbon tetrachloride	32102	1.100	*
Chloroform	32106	1.100	*
Methylene Chloride	34423	1.100	*
Tetrachloroethylene	34475	1.100	*
Trichloroethylene	39180	1.100	*
Vinyl chloride	39175	2.300	*
Base/Neutrals and Acids			
Benzidine	39120	2.500	
Benzo(a)pyrene	34247	0.760	*
Bis(2-ethylhexyl) phthalate	39100	8.900	
Hexachlorobenzene	39700	0.760	*
Hexachlorobutadiene	39702	0.760	*
N-nitrosodimethylamine	34438	0.760	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
1/4/96 — Date

Laboratory Name: Accredited Laboratories, Inc.
Cert No. 12007

946450327

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	1 1 9 5	THRU	1 1 9 5

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: (201) 344-1800

* For Reporting Period(s) 11/95
** For Reporting Period(s) 10/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[1] T-VWX-007 * [1] T-VWX-008 ** [1] T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

[ ] 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 12/21/95

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 12/22/95

946450328

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

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	11	1995	5	1	Page 2 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	1633

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	35
2. Average Daily Sludge Production	(Gallons/Day)	B2:	934
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	202

**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:	518
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:	39
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	202
4. pH of Sludge Removed	(Standard Units)	C9:	114

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
12/18/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450331

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion; or

B. Aerobic Digestion; complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	___ . ___	___ . ___	___ . ___
b. After Stabilization	(as weight % of TS)	___ . ___	___ . ___	___ . ___
c. Percent Reduction	(see equation)	___ . ___	___ . ___	___ . ___
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	___ . ___	___ . ___	___ . ___

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

Alternative equations may be utilized if approved in writing by NJDEP.

946450332

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

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.

946450333

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	1 1	1 9 9 5	5	1	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3 3 0 . 0
2. Industrial Conribution	(% of influent)	A2:	1 8 .
3. Average Daily Septage Treated	(Gallons/Day)	A3:	1 6 3 3 .

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 4 . 8
2. Average Daily Sludge Production	(Gallons/Day)	B2:	4 5 6 5 0 .
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	9 9 . 6 5

**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:	5 2 . 4
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:	1 9 0 . 2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	9 9 . 6 5
4. pH of Sludge Removed	(Standard Units)	C9:	6 . 0

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	1 7 2 4 4	O U T O F S T A T E	

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

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
E	P A S S A I C V A L L E Y	0 0 2 1 0 1 6		

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
12/18/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450334

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
b. After Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
c. Percent Reduction	(see equation)	__ . _	__ . _	__ . _
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . _	__ . _	__ . _

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge. Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450335

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 3/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 3/1/96

946450336

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

DANIEL F. BECHT, ESQ.
CHAIRMAN

RAYMOND LUCHKO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

OPERATIONS DEPT. Fax: (201) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNCIL

LOUIS LANZILLO
CLERK

REVISED

1995

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	1 2	1 9 9 5	5	1	Page 1 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	1226

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	154
2. Average Daily Sludge Production	(Gallons/Day)	B2:	1615555
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	10422

**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:	494
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:	65448
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	10422
4. pH of Sludge Removed	(Standard Units)	C9:	5.9

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450339

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__.__	__.__	__.__
b. After Stabilization	(as weight % of TS)	__.__	__.__	__.__
c. Percent Reduction	(see equation)	__.__	__.__	__.__
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__.__	__.__	__.__

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge. Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450340

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

REVISED

REVISED

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
9 T-VWX-007 ____ T-VWX-008 ____ T-VWX-009
____ EPA Form 3320-1 For Reporting Period SEE BACK

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 REPORT
____ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature Phil Habrukowich

Date 3/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 3/1/96

946450341

OPERATING EXCEPTIONS DETAILED

REVISED

REPORTING PERIOD

	OXIDATION SLUDGE	CENTRIFUGE SLUDGE
1.	1/95	1/95
2.	2/95	****
3.	3/95	3/95
4.	4/95	****
5.	****	5/95
6.	****	6/95
7.	9/95	****
8.	11/95	11/95
9.	12/95	12/95

HOURS ATTENDED AT PLANT

Month ____ Year ____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

REVISED

1995

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

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	1 2	1 9 9 5	5	1	Page 2 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	1226

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	35
2. Average Daily Sludge Production	(Gallons/Day)	B2:	8989
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	116

**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:	439
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:	26
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	116
4. pH of Sludge Removed	(Standard Units)	C9:	112

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
H	PASSAIC VALLEY	00210 16		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/26/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450344

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
b. After Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
c. Percent Reduction	(see equation)	__ . _	__ . _	__ . _
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . _	__ . _	__ . _

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge. Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450345

Alternative equations may be utilized if approved in writing by NJDEP

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	1 2 9 5	THRU	1 2 9 5

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: (201) 344-1800

* For Reporting Period(s) 12/95
** For Reporting Period(s) 11/95

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

1 T-VWX-007 *	1 T-VWX-008 **	1 T-VWX-009 **

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

NPDES DISCHARGE MONITORING REPORT

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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 1/25/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 1/25/96

946450346

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

This domestic wastewater sludge report represents dewatered cake which has been centrifuged and lime stablized.

946450348

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	1 2	1 9 9 5	5	1	Page 2 of 2

FACILITY NAME: Passaic Valley Sewerage

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:	1226

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	35
2. Average Daily Sludge Production	(Gallons/Day)	B2:	6572
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	116

**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:	439
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:	26
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	116
4. pH of Sludge Removed	(Standard Units)	C9:	112

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
7	17244	OUT OF STATE	

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

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
H	PASSAIC VALLEY	00210 16		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
1/22/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450349

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)			
b. After Stabilization	(as weight % of TS)			
c. Percent Reduction	(see equation)			
2. Detention Time	(Days)			
3. Average Temperature	(Degrees C)			

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.							
2.							
3.							
4.							
5.							

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: Lime Stabilization)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: Out of State Landfill)
8. None Removed

EQUATIONS

A. $\text{Dry Tons} = \dfrac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$

B. $\text{Dry Tons} = \dfrac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $\text{Volatile Solids Reduction} = \dfrac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

946450350

Alternative equations may be utilized if approved in writing by NJDEP

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(201) 344-1800
Fax: (201) 344-2951

DANIEL F. BECHT, ESQ.
CHAIRMAN

THOMAS J. CIFELLI
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
FRANK ORECHIO
DONALD TUCKER
COMMISSIONERS

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	1 2	1 9 9 5	5	1

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.0
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	1226.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	15.4
2. Average Daily Sludge Production	(Gallons/Day)	B2:	50669.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1042.2

**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:	49.4
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:	6544.8
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1042.2
4. pH of Sludge Removed	(Standard Units)	C9:	5.9

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	17244	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	00210 16		

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	1/22/96

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450352

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

		UNIT 1	UNIT 2	UNIT 3
1. Percent Volatile Solids:				
a. Before Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
b. After Stabilization	(as weight % of TS)	__ . _	__ . _	__ . _
c. Percent Reduction	(see equation)	__ . _	__ . _	__ . _
2. Detention Time	(Days)	___	___	___
3. Average Temperature	(Degrees C)	__ . _	__ . _	__ . _

C. Air Drying (Report on any beds emptied for the report period)

BED	DATE SLUDGE LOADED Month	Day	Year	DEPTH POURED Inches	DATE SLUDGE REMOVED Month	Day	Year
1.	__	__	____	__	__	__	____
2.	__	__	____	__	__	__	____
3.	__	__	____	__	__	__	____
4.	__	__	____	__	__	__	____
5.	__	__	____	__	__	__	____

D. State Approved Lime Stabilization
E. Thermal Treatment/Drying
F. Phragmites
G. Composting
H. Other (specify here: _____)
I. None

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

1. Land Application at a NJPDES Permitted Site
2. State Approved Distribution Permit
3. Incineration
4. Ocean Disposal
5. Out of State
6. Residual Not Classified as Sludge, Managed by Hazardous or Waste Flow Regs.
7. Other (specify here: _____)
8. None Removed

EQUATIONS

A. $$\text{Dry Tons} = \frac{\text{Gallons (wet)} \times \text{Solid Content (of the gallons)}}{240}$$

B. $$\text{Dry Tons} = \frac{\text{Cubic Yards (wet)} \times \text{Solid Content (of the cubic yards)}}{(Y)}$$

y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

C. Dry Tons = Tons (wet) X Solid Content (of the wet tons)

D. $$\text{Volatile Solids Reduction} = \frac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$$

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example:

1% Total Solids = .01
20% Total Solids = .20

Alternative equations may be utilized if approved in writing by NJDEP.

946450353

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	12	1995	52

FACILITY NAME: Passaic Valley Sewerage

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	365	
Beryllium	01012	066	*
Cadmium	61527	270	
Chromium	61512	7084 5	
Copper	61506	1281 25	
Iron	01045	10500	
Lead	61503	1825 0	
Mercury	01260	198	*
Molybdenum	01062	1850	
Nickel	61515	9670	
Selenium	61518	066	*
Zinc	61509	15345 0	
Selected Chemical Parameters			
Total Nitrogen	00625	15782	
Ammonia	71845	1268	
Nitrate Nitrogen	71850	200	*
Oil and Grease	00550	187247	
Phenols	46000	2200 4	
Phosphorus	00665	8400	
Calcium	00916	16985	
Magnesium	00927	5154	
Potassium	00937	790	
Cyanide	00720	329	
Fluoride	00951	296	
Chloride	00940	2130	

CERTIFICATE OF AUTHENTICITY

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

Chief Chemist — Title

Signature

2/6/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450354

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	12	1995	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.010	*
Chlordane	39350	0.010	*
Dieldrin	39380	0.010	*
DDT	39370	0.021	*
Heptachlor	39410	0.010	*
Lindane	39782	0.010	*
PCB's	39516	0.990	*
Toxaphene	39400	0.010	*
Purgeables			
Benzene	34030	2.050	*
Carbon tetrachloride	32102	2.050	*
Chloroform	32106	2.050	*
Methylene Chloride	34423	2.050	*
Tetrachloroethylene	34475	2.050	*
Trichloroethylene	39180	2.050	*
Vinyl chloride	39175	2.050	*
Base/Neutrals and Acids			
Benzidine	39120	0.671	*
Benzo(a)pyrene	34247	0.671	*
Bis(2-ethylhexyl) phthalate	39100	16.800	
Hexachlorobenzene	39700	0.671	*
Hexachlorobutadiene	39702	0.671	*
N-nitrosodimethylamine	34438	0.671	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
1/22/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946450355

NEW JERSEY DEPT. 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 6	THRU	0 1 9 6

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
2 EPA Form 3320-1 For Reporting Period 12/95

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 REPORT
___ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 7/23/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 7/23/96

946450356

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 121995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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	Quality 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 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	187,247	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,782	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	790	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,268	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	16,985	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5,154	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	96 02 23
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450358

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 121995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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	**********	**********	*******	**********	213.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.96	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	840.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.65	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.66	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,281.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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
201 344-1800	96 02 23
AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450359

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 121995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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	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) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.66	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	27.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,534.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	182.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	96.70	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.98	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	708.45	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 02 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450360

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 121995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-84

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading Average (46-53)	Maximum (54-61)	Unit	(4 Card Only) Quality or Concentration Minimum (38-45)	Average (46-53)	Maximum (54-61)	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	**********	**********	*******	**********	10,500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.671	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.671	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	16.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.671	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.671	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 02 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450361

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 121995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.671	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 02 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450362

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 121995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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	**********	**********	*******	**********	3.29	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.010	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.010	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.021	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.010	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.010	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.990	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 02 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450363

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:
Location:

DMR NUMBER: NJ0021016 SQ 5E 121995

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-26)	(28-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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< 0.010	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.010	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	220.04	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 02 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450364

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:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	12	01	TO	95	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 121995

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)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	39,863	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	29,663	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,075	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	10,021	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	114,800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,700	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 02 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450365

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:
Location:

DMR NUMBER: NJ0021016 SQ 5A 121995

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO 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) 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	**********	**********	*******	**********	368.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.28	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 16.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,020.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.59	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.82	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	363.45	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 02 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450366

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:
Location:

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 121995

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)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.82	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13.8	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	466.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	102.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	47.35	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.44	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	183.55	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 02 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450367

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:
Location:

DMR NUMBER: NJ0021016 SQ 5A 121995

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

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)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,840.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.160	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.355	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.355	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.355	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.355	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 02 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450368

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:
Location:

DMR NUMBER: NJ0021016 SQ 5A 121995

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO 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) 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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.355	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.160	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.160	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.160	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.160	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.160	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.160	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 02 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450369

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:
Location:

DMR NUMBER: NJ0021016 SQ 5A 121995

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO 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) 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	**********	**********	*******	**********	24.77	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.011	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.011	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.022	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.011	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.011	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.306	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800 AREA CODE / NUMBER	96 02 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450370

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:
Location:

DMR NUMBER: NJ0021016 SQ 5A 121995

(2-16)	(17-19)
NJ0021016	SQ5A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 12 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO 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) 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< 0.011	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 76044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.011	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	66.29	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			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 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	201 344-1800	96 02 23
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450371

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	12	1995	52

FACILITY NAME: Passaic Valley Sewerage Commissioners
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Metals			
Arsenic	01002	259	
Beryllium	01012	082	*
Cadmium	61527	138	
Chromium	61512	18355	
Copper	61506	36345	
Iron	01045	28400	
Lead	61503	10250	
Mercury	01260	244	*
Molybdenum	01062	163	*
Nickel	61515	4735	
Selenium	61518	082	*
Zinc	61509	46650	
Selected Chemical Parameters			
Total Nitrogen	00625	29663	
Ammonia	71845	10021	
Nitrate Nitrogen	71850	240	*
Oil and Grease	00550	39863	
Phenols	46000	6629	
Phosphorus	00665	10200	
Calcium	00916	11480 0	
Magnesium	00927	2700	
Potassium	00937	1075	
Cyanide	00720	2477	
Fluoride	00951	428	
Chloride	00940	3680	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/6/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946450372

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	12	1995	5	2

FACILITY NAME: Passaic Valley Sewerage
SLUDGE SAMPLING LOCATION: Centrifuged (Lime Stabilized) Sludge

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis,	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.011	*
Chlordane	39350	0.011	*
Dieldrin	39380	0.011	*
DDT	39370	0.022	*
Heptachlor	39410	0.011	*
Lindane	39782	0.011	*
PCB's	39516	0.306	*
Toxaphene	39400	0.011	*
Purgeables			
Benzene	34030	2.160	*
Carbon tetrachloride	32102	2.160	*
Chloroform	32106	2.160	*
Methylene Chloride	34423	2.160	*
Tetrachloroethylene	34475	2.160	*
Trichloroethylene	39180	2.160	*
Vinyl chloride	39175	2.160	*
Base/Neutrals and Acids			
Benzidine	39120	0.355	*
Benzo(a)pyrene	34247	0.355	*
Bis(2-ethylhexyl) phthalate	39100	2.600	
Hexachlorobenzene	39700	0.355	*
Hexachlorobutadiene	39702	0.355	*
N-nitrosodimethylamine	34438	0.355	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
1/22/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946450373

NEW JERSEY DEPT. 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 5	THRU	1 2 9 5

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: (201) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
____ T-VWX-007 ____ T-VWX-008 ____ T-VWX-009
2 EPA Form 3320-1 For Reporting Period 08/95 SQ5B
01/95-12/95 SQ5D

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 REPORT
____ 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 I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature [signature]

Date 2/1/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 3/1/96

946450374

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator																
Others																
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator																
Others																

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:
Location:

(2-16)	(17-19)
NJ0021016	SQ5D
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 10/03/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 01 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5D 121995

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)
ANNUAL AMT. SLUDGE DISPOSED BY OTHER METH. 49017 + 0 SLUDGE	SAMPLE MEASUREMENT	CODE=NODI	**********	METRIC TON / YR	**********	**********	**********	*******			
	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********		**********	**********	**********			ANNUAL	CALCTD
ANNUAL AMT. OF SLUDGE INCINERATED 49018 + 0 SLUDGE	SAMPLE MEASUREMENT	CODE=NODI	**********	METRIC TON / YR	**********	**********	**********	*******			
	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********		**********	**********	**********			ANNUAL	CALCTD
ANNUAL SLUDGE PRODUCTION, TOTAL 49019 + 0 SLUDGE	SAMPLE MEASUREMENT	CODE=N	**********	METRIC TON / YR	**********	**********	**********	*******			
	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********		**********	**********	**********			ANNUAL	CALCTD
ANNUAL AMOUNT OF SLUDGE LAND APPLIED 49020 + 0 SLUDGE	SAMPLE MEASUREMENT	CODE=NODI	**********	METRIC TON / YR	**********	**********	**********	*******			
	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********		**********	**********	**********			ANNUAL	CALCTD
ANNUAL AMT. OF SLUDGE DISPOSED SURFACE UNT 49021 + 0 SLUDGE	SAMPLE MEASUREMENT	CODE=NODI	**********	METRIC TON / YR	**********	**********	**********	*******			
	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********		**********	**********	**********			ANNUAL	CALCTD
ANNUAL AMT. OF SLUDGE DISPOSED IN LANDFILL 49022 + 0 SLUDGE	SAMPLE MEASUREMENT	CODE=N	**********	METRIC TON / YR	**********	**********	**********	*******			
	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********		**********	**********	**********			ANNUAL	CALCTD
ANNUAL AMT. OF SLUDGE TRANSPORTED INTERSTATE 49023 + 0 SLUDGE	SAMPLE MEASUREMENT	CODE=N	**********	METRIC TON / YR	**********	**********	**********	*******			
	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********		**********	**********	**********			ANNUAL	CALCTD

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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

946450376

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:
Location:

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 01 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081995

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	Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
CHLOROETHANE, DRY WEIGHT 34314 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.018	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DIBENZO (A,H) ANTHRACENE DRY WEIGHT 34559 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-CHLOROPHENOL, DRY WEIGHT 34589 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,4-DICHLOROPHENOL, DRY WEIGHT 34604 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1232, DRY WEIGHT 39495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1242, DRY WEIGHT 39499 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1248, DRY WEIGHT 39503 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450377

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

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

Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	01	01	TO	95	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081995

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)
PCB-1254, DRY WEIGHT 39507 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1260, DRY WEIGHT 39511 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1016, DRY WEIGHT 39514 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
AN AMT SLUDGE TRANSPORTED INTERSTATE 49023 + 0 SLUDGE	SAMPLE MEASUREMENT	68,738.58	**********	METRIC TON / YR	**********	**********	**********	*******		ANNUAL	CALC
	PERMIT REQUIREMENT	REPORT ANNUAL TOTAL	**********		**********	**********	**********			ANNUAL	CALCTD
PCB-1221, DRY WEIGHT 73165 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
TRANS-1,3 DICHLORO-PROPENE, DRY WEIGHT 73404 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
SILVER, DRY WEIGHT 01078 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	29.0	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450378

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:
Location:

DMR NUMBER: NJ0021016 SQ 5B 081995

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 01 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
ANTIMONY, DRY WEIGHT 01098 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.83	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
THALLIUM, DRY WEIGHT 34480 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.07	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACENAPHTHYLENE, DRY WEIGHT 34203 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACENAPHTHENE, DRY WEIGHT 34208 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ANTHRACENE, DRY WEIGHT 34223 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BENZO(K)FLUORANTHENE, DRY WEIGHT 34246 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BIS(2-CHLOROETHYL) ETHER, DRY WEIGHT 34276 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450379

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:
Location:

DMR NUMBER: NJ0021016 SQ 5B 081995

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 01 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
BIS(2-CHLOROETHOXY) METHANE, DRY WEIGHT 34281 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BIS(2-CHLOROISOPROPYL) ETHER, DRY WEIGHT 34286 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BUTYL BENZYL PHTHALATE, DRY WEIGHT 34295 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
CHRYSENE, DRY WEIGHT 34323 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DIETHYL PHTHALATE, DRY WEIGHT 34339 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DIMETHYL PHTHALATE, DRY WEIGHT 34344 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,2-DIPHENYLHYDRAZINE, DRY WEIGHT 34349 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450380

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:
Location:

DMR NUMBER: NJ0021016 SQ 5B 081995

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 01 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
FLUORANTHENE, DRY WEIGHT 34379 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
FLUORENE, DRY WEIGHT 34384 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
HEXACHLOROCYCLO-PENTADIENE, DRY WEIGHT 34389 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
HEXACHLOROETHANE, DRY WEIGHT 34399 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
INDENO (1,2,3-CD) PYRENE, DRY WEIGHT 34406 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
N-NITROSODI-N-PROPYLAMINE, DRY WEIGHT 34431 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
N-NITROSODIPHENYL-AMINE, DRY WEIGHT 34436 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450381

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:
Location:

DMR NUMBER: NJ0021016 SQ 5B 081995

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 01 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
NAPHTHALENE, DRY WEIGHT 34445 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
NITROBENZENE, DRY WEIGHT 34450 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PHENANTHRENE, DRY WEIGHT 34464 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PYRENE, DRY WEIGHT 34472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BENZO(GHI)PERYLENE, DRY WEIGHT 34524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BENZO(A)ANTHRACENE, DRY WEIGHT 34529 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,2-DICHLOROBENZENE, DRY WEIGHT 34539 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.026	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450382

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:
Location:

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	01	01	TO	95	12	31

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

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081995

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)
1,2,4-TRICHLOROBENZENE, DRY WEIGHT 34554 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,3-DICHLOROBENZENE, DRY WEIGHT 34569 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,4-DICHLOROBENZENE, DRY WEIGHT 34574 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-CHLORONAPHTHALENE, DRY WEIGHT 34584 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.079	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DI-N-OCTYL PHTHALATE, DRY WEIGHT 34599 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,4-DINITROTOLUENE, DRY WEIGHT 34614 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,6-DINITROTOLUENE, DRY WEIGHT 34629 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450383

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:
Location:

DMR NUMBER: NJ0021016 SQ 5B 081995

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	01	01	TO	95	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-84

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
3,3'-DICHLOROBENZIDINE, DRY WEIGHT 34634 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 14	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4-BROMOPHENYL PHENYL ETHER, DRY WEIGHT 34639 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4-CHLOROPHENYL PHENYL ETHER, DRY WEIGHT 34644 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DI-N-BUTYL PHTHALATE, DRY WEIGHT 39112 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
3,4 BENZOFLUORANTHENE, DRY WEIGHT 79531 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACROLEIN, DRY WEIGHT 34213 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.055	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACRYLONITRILE, DRY WEIGHT 34218 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.14	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450384

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:
Location:

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 01 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081995

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	Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BROMOFORM, DRY WEIGHT 34290 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
CHLOROBENZENE, DRY WEIGHT 34304 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
CHLORODIBROMOMETHANE, DRY WEIGHT 34309 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DICHLOROBROMOMETHANE, DRY WEIGHT 34330 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ETHYLBENZENE, DRY WEIGHT 34374 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.11	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
METHYL BROMIDE, DRY WEIGHT 34416 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.018	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
METHYL CHLORIDE, DRY WEIGHT 34421 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.018	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450385

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:
Location:

DMR NUMBER: NJ0021016 SQ 5B 081995

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	01	01	95	12	31

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

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
TOLUENE, DRY WEIGHT 34483 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.22	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1-DICHLOROETHANE, DRY WEIGHT 34499 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1-DICHLOROETHYLENE, DRY WEIGHT 34504 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1,1-TRICHLOROETHANE, DRY WEIGHT 34509 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1,2-TRICHLOROETHANE, DRY WEIGHT 34514 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1,2,2-TETRACHLORO-ETHANE, DRY WEIGHT 34519 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0054	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,2-DICHLOROETHANE, DRY WEIGHT 34534 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450386

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

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

Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	01	01	TO	95	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081995

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)
1,2-DICHLOROPROPANE, DRY WEIGHT 34544 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,2-TRANS-DICHLORO-ETHYLENE, DRY WEIGHT 34549 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.0036	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-CHLOROETHYL VINYL ETHER, DRY WEIGHT 34579 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.018	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ISOPHORONE, DRY WEIGHT 34411 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PHENOL, SINGLE COMPOUND, DRY WEIGHT 34695 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DELTA-BHC, DRY WEIGHT 34262 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ENDOSULFAN SULFATE, DRY WEIGHT 34354 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800	96 03 01
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450387

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:
Location:

DMR NUMBER: NJ0021016 SQ 5B 081995

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	01	01	TO	95	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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) 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)
B-ENDOSULFAN-BETA, DRY WEIGHT 34356 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
A-ENDOSULFAN-ALPHA, DRY WEIGHT 34361 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ENDRIN ALDEHYDE, DRY WEIGHT 34369 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.030	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,3,7,8 TETRACHLORODI-BENZO-P-DIOXIN, DRY WGT 34753 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.72	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4,4'-DDT, DRY WEIGHT 39301 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4,4'-DDD, DRY WEIGHT 39311 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4,4'-DDE, DRY WEIGHT 39321 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.107	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450388

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:
Location:

DMR NUMBER: NJ0021016 SQ 5B 081995

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	01	01	TO	95	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

SLUDGE QUALITY/OXIDATION SLUDGE
METRO 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	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
HEPTACHLOR EPOXIDE, DRY WEIGHT 39423 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ALPHA-BHC, DRY WEIGHT 73364 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BETA-BHC, DRY WEIGHT 73365 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ENDRIN, DRY WEIGHT 75048 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.003	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
P-CHLORO-M-CRESOL, DRY WEIGHT 34455 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 14	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-NITROPHENOL, DRY WEIGHT 34594 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,4-DIMETHYLPHENOL, DRY WEIGHT 34609 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800 AREA CODE / NUMBER	96 03 01 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450389

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 06/01/95

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 10-31-94

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

Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
95 01 01	95 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081995

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)
2,4 DINITROPHENOL, DRY WEIGHT 34619 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 36	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,4,6 TRICHLOROPHENOL, DRY WEIGHT 34624 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.2	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4 NITROPHENOL, DRY WEIGHT 34649 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 36	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PENTACHLOROPHENOL, DRY WEIGHT 39061 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 36	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4,6-DINITRO-O-CRESOL, DRY WEIGHT 79533 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 36	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	201 344-1800	96 03 01
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946450390

Signed off 9-14-95 E.E

-1-

ACCREDITED LABORATORIES, INC.

Implementing Tomorrow's Technology, Today™

ANNUAL PRIORITY POLLUTANT STUDY (SLUDGE)

Analytical Data Report

for

Passaic Valley Sewerage Commission
600 Wilson Ave.
Newark, NJ 07105

Project: Contract #877

Accredited Laboratories Case No.: 3883
Date Received: 08/17/95

Field ID	Laboratory Sample #
HFPS-359A	9511582

RECEIVED SEP 14 1995

Accredited Laboratories, Inc. New Jersey Certification Number 12007. This data has been reviewed and accepted by:

Yun-shen Lee, Ph.D. 9/6/95
Technical Director

946450391

CORPORATE OFFICES: Foot of Pershing Avenue | 800-254-LABS P.O. Box 369 | 908-541-2025 Carteret, New Jersey | FAX 908-541-1383 07008-0369

Printed on RECYCLED paper made with 20% post consumer waste

ACCREDITED LABORATORIES, INC.
P.O. BOX 369, FOOT OF PERSHING AVENUE
CARTERET, NEW JERSEY 07008-0369
PHONE: (908) 541-2025 / (800) ALI-LABS

CHAIN OF CUSTODY FORM

PAGE 1 OF 1

CLIENT	Passaic Valley Sewerage Comm.	PROJECT	Contract #877
ADDRESS	600 Wilson Ave	CONTACT	E. Rys / A. Martinelli
CITY	Newark	PHONE	(201) 817-5759
STATE	N.J. ZIP 07105	FAX	(201) 344-2951

ALI SAMPLE #	FIELD ID	C	M	DATE / TIME SAMPLED	SAMPLE DESCRIPTION	ANALYSIS
9511582	HFPS-359A	3	G	8-17-95 10:00 A.m.	Filter Press Sludge	A/B/N + Acid Comp. -10 Highest Pea / Base/Neut. -15 " "
						Purgeables + 15 Highest Peaks
						2,3,7,8-Tetrachlorodibenzo-p-Dioxin
						Priority Pollutants-Metals Scan
						Total Cyanide
						Phenolics
						Pesticides / PCB's

M = MATRIX A=AQUEOUS S=SOIL G=SLUDGE P=POTABLE WATER O=OIL F=FILTER K=SOLID X=OTHER

C = NO. CONTAINERS TURNAROUND: As Per Contract (If Blank, Std. 3 weeks)

DELIVERABLES (circle one): STD REDUCED FULL NY-ASP CLP I CLP II

RELINQUISHED BY PRINT	RELINQUISHED BY SIGN	RECEIVED BY PRINT	RECEIVED BY SIGN	ORGANIZATION	DATE	TIME	REASON
E. Rys	E. Rys	K. Chaloka	K. Chaloka	ALI	8/17/95	1:00 pm	Transport
K. Chaloka	K. Chaloka	H. Carreira	[signature]	ALI	8/17/95	2:20 pm	Analysis

PERSON(S) ASSUMING RESPONSIBILITY FOR SAMPLING: PRINT: SIGN:

COMMENTS:

ALI QUOTE #	
ALI CASE #	C-3883
P.O. #	160209

946450392

METHODOLOGY SUMMARY

Base-Neutral/Acid Extractables - Modified EPA 625 (sludge)

A 30 gram portion of sludge is mixed with anhydrous sodium sulfate and is extracted with 1:1 methylene chloride and acetone. The methylene chloride extract is dried and concentrated and a measured amount is injected onto a GC and the analytes are detected with a mass spectrometer.

Total Cyanide - SW 846, 9010 (solid)

A representative portion of sample is weighed and placed into a cyanide distillation apparatus. The cyanide as hydrocyanic acid is released from cyanide complexes by means of a reflux-distillation operation and absorbed in a scrubber containing sodium hydroxide solution. The cyanide ion in the absorbing solution is then determined colorimetrically according to EPA "Test Methods for Evaluating Solid Wastes", SW 846.

2,3,7,8-TCDD - (sludge) (Modified EPA 625)

The sludge sample is extracted with methylene chloride in a continuous extraction apparatus. The methylene chloride is consequently concentrated with K-D concentrator. The presence of 2,3,7,8-TCDD (Tetrachlorodibenzo-p-dioxin) is screened by selected ion monitoring (SIM) GC/MS technique according to section #17 of Method 625.

Pesticides/PCB's - EPA 3550/8080 (soil/solid)

A 30 gram portion of solid is mixed with anhydrous sodium sulfate and is extracted with 1:1 methylene chloride and acetone using sonication technique. The extract is separated from the sample by either centrifugation or filtration. The extract is then solvent-exchanged to hexane in a K-D concentrator to a final volume of 10 ml. The extract is injected into a gas chromatograph and the compounds in the GC effluent are detected by an electron capture detector.

Phenolics - EPA (SW-846) 9065 (soil/oil)

The method is based on the distillation of the sample and subsequent reaction of the distillate with potassium ferricyanide and 4-aminoantipyrine at pH of 10 to form a stable reddish-brown antipyrine dye. The amount of color produced is a function of the concentration of phenolic material.

Metals (soil)

A 1-5 gram portion of soil is digested with nitric acid and hydrogen peroxide. The digestate is then refluxed with either

nitric acid or hydrochloric acid. Diluted hydrochloric acid is used as the final reflux acid for the flame AA or ICAP of Ag, Al, Ba, Be, Cd, Cr, Co, Cu, Fe, Pb, Ni, Sb, Sn, Tl and Zn. Diluted nitric acid is employed as the final dilution acid for the furnace AA analysis of As, Pb and Se. For the graphite furnace analysis, an aliquot of the digestate is spiked with nickel nitrate solution and is placed into the graphite furnace. The aliquot is then slowly evaporated to dryness, charred and atomized. The absorption of the EDL radiation during atomization is proportional to the element concentration. For the flame AA, the digestate is aspirated and atomized in a flame. The absorption of the HCL radiation during atomization is proportional to the element concentration. The basis of ICAP method is the measurement of atomic emission by an optical spectroscope technique. The emission spectra are dispersed by a grating spectrometer and the intensities of the line are measured and processed by a computer system. For mercury analysis, a 0.5-1.0 gram portion of sample is digested with potassium permanganate and persulfate at acidic condition in a water bath at 95°C. The mercury in the sample is reduced to the elemental state and detected by the cold vapor technique in a closed system. The analytical procedures are derived from "EPA Methods for Evaluating Solid Waste, 3rd Edition, 1986" The AA technique is specified in Method 7000 series. The ICAP technique is specified in Method 6010.

Volatile Organics - Modified EPA 624 (sludge)

Volatile organic compounds are purged from a 5-g sample mixed with 5 ml DI water by bubbling an inert gas through the sample. The purgeables are trapped in a sorbent column. When purging is completed, the sorbent column is heated and back-flushed with the inert gas to desorb the purgeables onto a GC column. The GC is temperature programmed to separate the purgeables which are then detected with a mass spectrometer.

CONFORMANCE/NON-CONFORMANCE SUMMARY

Accredited Labs received 1 sludge sample (Project: Contract #877; ALI Case #3883) from Passaic Valley Sewerage Commission on 8/17/95 for the analyses of Volatile Organics plus Xylenes, MTBE and Isopropylether, Base Neutral Acid Extractables, Pesticides/PCBs, Dioxin, Total Cyanide, Phenols and Metals.

All analyses were performed within the required holding time.

In the Volatile Organics analysis three surrogates (1,2-Dichloroethane-d4, Toluene-d8 and Bromofluorobenzene) were out of criteria for ALI sample #9511582. The sample was reanalyzed and the same surrogates were out of criteria.

"The laboratory has reviewed the quality assurance and quality control measurements for the sample analysis stated above."

Yun-shen Lee, Ph.D. 9/6/95
Technical Director

ACCREDITED LABORATORIES, INC.
VOLATILE ORGANIC ANALYSIS DATA

CASE NUMBER	3883	MATRIX	Soil
SAMPLE NUMBER	9511582	DILUTION FACTOR	5
DATA FILE	>A4401	DATE EXTRACTED	
CLIENT NAME	PVSC	DATE ANALYZED	08/25/95
FIELD ID	HFPS-359A	ANALYZED BY	LARRY

CAS #	COMPOUND	UG/KG	MDL	CAS #	COMPOUND	UG/KG	MDL
74873	Chloromethane	U	18	124481	Dibromochloromethane	U	3.6
74839	Bromomethane	U	18	79005	1,1,2-Trichloroethane	U	3.6
75014	Vinyl Chloride	U	18	10061026	trans-1,3-Dichloropropene	U	3.6
75003	Chloroethane	U	18	110758	2-Chloroethylvinylether	U	18
75092	Methylene Chloride	24	9.0	75252	Bromoform	U	3.6
75694	Trichlorofluoromethane	U	3.6	127184	Tetrachloroethene	34	3.6
75354	1,1-Dichloroethene	U	3.6	79345	1,1,2,2-Tetrachloroethane	U	5.4
75343	1,1-Dichloroethane	U	3.6	108883	Toluene	220	4.5
156605	trans-1,2-Dichloroethene	U	3.6	108907	Chlorobenzene	U	3.6
67663	Chloroform	16	3.6	100414	Ethylbenzene	110	9.0
107062	1,2-Dichloroethane	U	3.6	541731	1,3-Dichlorobenzene	U	3.6
71556	1,1,1-Trichloroethane	U	3.6	106467	1,4-Dichlorobenzene	79	3.6
56235	Carbon Tetrachloride	U	3.6	95501	1,2-Dichlorobenzene	26	4.5
75274	Bromodichloromethane	U	3.6	1330207	m,p-Xylene	390	25
78875	1,2-Dichloropropane	U	3.6	95476	o-Xylene	280	19
10061015	cis-1,3-Dichloropropene	U	3.6	1634044	Methyl t-butyl ether	U	38
79016	Trichloroethene	U	3.6	108203	Diisopropylether	U	9.0
71432	Benzene	290	3.6				

SURROGATE COMPOUNDS	RECOVERY	LIMITS	STATUS
1,2-Dichloroethane-d4	129 %	70-121	OUT
Toluene-d8	163 %	81-117	OUT
Bromofluorobenzene	394 %	74-121	OUT

Percent solid of 55.4 is used for all target compounds.

J - Indicates compound concentration found below MDL.
U - Indicates compound analyzed for but not detected,
D - Indicates result is based on a dilution.
1 - Result exceeds industrial surface soil standards.*
B - Indicates compound found in associated blank.
E - Indicates result exceeds highest calibration standard
R - Result exceeds residential surface soil standards.*

* Flags are based on New Jersey Soil Cleanup Criteria from Site Remediation News Volume 06 Number 1.

RECEIVED
SEP 14 1995

VOLATILE ORGANICS ANALYSIS DATA SHEET
TENTATIVELY IDENTIFIED COMPOUNDS

Lab Name: Accredited Labs

Sample No.
9511582

Date Analyzed: 8/25/95 Extraction

Lab File ID:	Case	Date	Client Name	Field ID
>A4401	3883		PVSC	HFPS-359A

CONCENTRATION UNITS: ug/Kg

	CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
1		Unknown	5.74	6000.	
2	123728	Butanal	15.82	5500.	81
3		Unknown hydrocarbon	21.69	3600.	
4		Unknown hydrocarbon	25.93	380.	
5	66251	Hexanal	26.39	390.	87
6		Unknown hydrocarbon	32.46	240.	
7		Unknown hydrocarbon	33.06	290.	
8		Unknown hydrocarbon	33.33	420.	
9		Unknown hydrocarbon	33.51	620.	
10		Unknown hydrocarbon	33.83	260.	
11		Unknown hydrocarbon	33.97	1400.	
12		Unknown aromatic	34.27	290.	
13		Unknown hydrocarbon	34.57	490.	

* Unknowns are defined as: Compounds that are less than 80% probability or have no data base entries from the library.

FORM I VOA-TIC 1/87 Rev.

RECEIVED
SEP 14 1995
946450397

ACCREDITED LABORATORIES, INC.
VOLATILE ORGANIC ANALYSIS DATA

CASE NUMBER		MATRIX	Soil
SAMPLE NUMBER	DAILY BLANK	DILUTION FACTOR	1.0
DATA FILE	>A4400	DATE EXTRACTED	
CLIENT NAME		DATE ANALYZED	08/25/95
FIELD ID		ANALYZED BY	LARRY

CAS #	COMPOUND	UG/KG	MDL	CAS #	COMPOUND	UG/KG	MDL
74873	Chloromethane	U	2.0	124481	Dibromochloromethane	U	.4
74839	Bromomethane	U	2.0	79005	1,1,2-Trichloroethane	U	.4
75014	Vinyl Chloride	U	2.0	10061026	trans-1,3-Dichloropropene	U	.4
75003	Chloroethane	U	2.0	110758	2-Chloroethylvinylether	U	2.0
75092	Methylene Chloride	U	1.0	75252	Bromoform	U	.4
75694	Trichlorofluoromethane	U	.4	127184	Tetrachloroethene	U	.4
75354	1,1-Dichloroethene	U	.4	79345	1,1,2,2-Tetrachloroethane	U	.6
75343	1,1-Dichloroethane	U	.4	108883	Toluene	U	.5
156605	trans-1,2-Dichloroethene	U	.4	108907	Chlorobenzene	U	.4
67663	Chloroform	U	.4	100414	Ethylbenzene	U	1.0
107062	1,2-Dichloroethane	U	.4	541731	1,3-Dichlorobenzene	U	.4
71556	1,1,1-Trichloroethane	U	.4	106467	1,4-Dichlorobenzene	U	.4
56235	Carbon Tetrachloride	U	.4	95501	1,2-Dichlorobenzene	U	.5
75274	Bromodichloromethane	U	.4	1330207	m,p-Xylene	U	2.8
78875	1,2-Dichloropropane	U	.4	95476	o-Xylene	U	2.1
10061015	cis-1,3-Dichloropropene	U	.4	1634044	Methyl t-butyl ether	U	4.2
79016	Trichloroethene	U	.4	108203	Diisopropylether	U	1.0
71432	Benzene	U	.4				

SURROGATE COMPOUNDS	RECOVERY	LIMITS	STATUS
1,2-Dichloroethane-d4	107 %	70-121	OK
Toluene-d8	92 %	81-117	OK
Bromofluorobenzene	95 %	74-121	OK

Percent solid of 100 is used for all target compounds.

J - Indicates compound concentration found below MDL.
U - Indicates compound analyzed for but not detected,
D - Indicates result is based on a dilution.
I - Result exceeds industrial surface soil standards.*
B - Indicates compound found in associated blank.
E - Indicates result exceeds highest calibration standard
R - Result exceeds residential surface soil standards.*

* Flags are based on New Jersey Soil Cleanup Criteria from Site Remediation News Volume 06 Number 1.

RECEIVED
SEP 14 1995

VOLATILE ORGANICS ANALYSIS DATA SHEET
TENTATIVELY IDENTIFIED COMPOUNDS

Lab Name: Accredited Labs

Sample No.
DAILY BLANK

Date Analyzed: 8/25/95 Extraction

Case Date Client Name Field ID

Lab File ID: >A4400 .....

CONCENTRATION UNITS: ug/L

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q

Note: No entries are made if there are no extra peaks in the TIC.

* Unknowns are defined as: Compounds that are less than 80% probability or have no data base entries from the library.

FORM I VOA-TIC 1/87 Rev.

RECEIVED
SEP 14 1995

946450399

ACCREDITED LABORATORIES, INC.
BNA ORGANIC ANALYSIS DATA

CASE NUMBER	3883	MATRIX	Sludge
SAMPLE NUMBER	9511582	DILUTION FACTOR	12
DATA FILE	>F3106	DATE EXTRACTED	08/23/95
CLIENT NAME	PVSC	DATE ANALYZED	08/24/95
FIELD ID	HFPS-359A	ANALYZED BY	PAUL

CAS #	COMPOUND	UG/KG	MDL	CAS #	COMPOUND	UG/KG	MDL
108952	Phenol	U	7200	88062	2,4,6-Trichlorophenol	U	7200
95578	2-Chlorophenol	U	7200	95954	2,4,5-Trichlorophenol	U	7200
95487	2-Methylphenol	3200 J	7200	51285	2,4-Dinitrophenol	U	36000
108394	3&4-Methylphenol	1300 J	7200	100027	4-Nitrophenol	U	36000
88755	2-Nitrophenol	U	7200	534521	4,6-Dinitro-2-methylphenol	U	36000
105679	2,4-Dimethylphenol	U	7200	87865	Pentachlorophenol	U	36000
120832	2,4-Dichlorophenol	U	7200	121142	2,4-Dinitrotoluene	U	7200
111444	bis(-2-Chloroethyl)Ether	U	7200	84662	Diethylphthalate	U	7200
541731	1,3-Dichlorobenzene	U	7200	7005723	4-Chlorophenyl-phenylether	U	7200
106467	1,4-Dichlorobenzene	U	7200	86737	Fluorene	U	7200
100516	Benzyl Alcohol	8900 J	14000	100016	4-Nitroaniline	U	36000
95501	1,2-Dichlorobenzene	U	7200	86306	N-Nitrosodiphenylamine	U	7200
108601	bis(2-Chloroisopropyl)ether	U	7200	101553	4-Bromophenyl-phenylether	U	7200
621647	N-Nitroso-Di-n-propylamine	U	7200	118741	Hexachlorobenzene	U	7200
67721	Hexachloroethane	U	7200	85018	Phenanthrene	1100 J	7200
98953	Nitrobenzene	U	7200	120127	Anthracene	U	7200
78591	Isophorone	1700 J	7200	84742	Di-n-Butylphthalate	4600 J	7200
65850	Benzoic Acid	U	36000	206440	Fluoranthene	U	7200
111911	bis(-2-Chloroethoxy)Methane	U	7200	129000	Pyrene	U	7200
120821	1,2,4-Trichlorobenzene	6800 J	7200	85687	Butylbenzylphthalate	3000 J	7200
91203	Naphthalene	2500 J	7200	91941	3,3'-Dichlorobenzidine	U	14000
106478	4-Chloroaniline	U	14000	56553	Benzo(a)Anthracene	U	7200
87683	Hexachlorobutadiene	U	7200	117817	Bis(2-Ethylhexyl)Phthalate	82000	7200
91576	2-Methylnaphthalene	6700 J	7200	218019	Chrysene	U	7200
77474	Hexachlorocyclopentadiene	U	7200	117840	Di-n-octyl phthalate	4200 J	7200
91587	2-Chloronaphthalene	U	7200	205992	Benzo(b)fluoranthene	U	7200
88744	2-Nitroaniline	U	36000	207089	Benzo(k)Fluoranthene	U	7200
131113	Dimethyl Phthalate	U	7200	50328	Benzo(a)Pyrene	U	7200
208968	Acenaphthylene	U	7200	193395	Indeno(1,2,3-cd)Pyrene	U	7200
99092	3-Nitroaniline	U	36000	53703	Dibenzo(a,h)Anthracene	U	7200
83329	Acenaphthene	U	7200	191242	Benzo(g,h,i)Perylene	U	7200
132649	Dibenzofuran	U	7200	62759	N-Nitrosodimethylamine	U	7200
606202	2,6-Dinitrotoluene	U	7200	92875	Benzidine	U	7200
59507	4-Chloro-3-methylphenol	U	14000	122667	1,2-Diphenylhydrazine	U	7200

SURROGATE COMPOUNDS	RECOVERY	LIMITS	STATUS
Nitrobenzene-d5	73 %	23-120	OK
2-Fluorobiphenyl	93 %	30-115	OK
Terphenyl-d14	36 %	18-137	OK
Phenol-d5	139 %	24-113	OUT
2-Fluorophenol	69 %	25-121	OK
2,4,6-Tribromophenol	44 %	19-122	OK

SEP 14 1995

Percent solid of 55.4 is used for all target compounds.

J - Indicates compound concentration found below MDL.
U - Indicates compound analyzed for but not detected.
D - Indicates result is based on a dilution.
B - Indicates compound found in associated blank.
E - Concentration exceeds highest calibration standard.

** 3-Methylphenol and 4-Methylphenol cannot be separated by the method applied

946450400

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET
TENTATIVELY IDENTIFIED COMPOUNDS

Lab Name: Accredited Labs

Sample No.
9511582

Date Analyzed: 7/24/95

Extraction

Lab File ID:	Case	Date	Client Name	Field ID
>F3106	3883	08/23/95	PVSC	HFPS-359A

CONCENTRATION UNITS: UG/KG

	CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
1		Unknown aromatic	9.33	350000.	
2		Unknown aromatic	11.82	290000.	
3		Unknown aromatic	12.17	52000.	
4		Unknown hydrocarbon	13.87	32000.	
5		Unknown aromatic	15.22	32000.	
6		Unknown hydrocarbon	16.73	42000.	
7		Unknown hydrocarbon	16.96	62000.	
8		Unknown hydrocarbon	18.33	41000.	
9		Unknown hydrocarbon	19.64	30000.	
10		Unknown hydrocarbon	20.71	28000.	

* Unknowns are defined as: Compounds that are less than 80% probability or have no data base entries from the library.

FORM I SV-TIC 1/87 Rev.

SEP 14 1995

ACCREDITED LABORATORIES, INC.
BNA ORGANIC ANALYSIS DATA

CASE NUMBER		MATRIX	Soil
SAMPLE NUMBER	SBLK78	DILUTION FACTOR	1
DATA FILE	>B1682	DATE EXTRACTED	08/23/95
CLIENT NAME		DATE ANALYZED	08/29/95
FIELD ID		ANALYZED BY	PAUL

CAS #	COMPOUND	UG/KG	MDL	CAS #	COMPOUND	UG/KG	MDL
108952	Phenol	U	330	88062	2,4,6-Trichlorophenol	U	330
95578	2-Chlorophenol	U	330	95954	2,4,5-Trichlorophenol	U	330
95487	2-Methylphenol	U	330	51285	2,4-Dinitrophenol	U	1700
108394	3&4-Methylphenol	U	330	100027	4-Nitrophenol	U	1700
88755	2-Nitrophenol	U	330	534521	4,6-Dinitro-2-methylphenol	U	1700
105679	2,4-Dimethylphenol	U	330	87865	Pentachlorophenol	U	1700
120832	2,4-Dichlorophenol	U	330	121142	2,4-Dinitrotoluene	U	330
111444	bis(-2-Chloroethyl)Ether	U	330	84662	Diethylphthalate	U	330
541731	1,3-Dichlorobenzene	U	330	7005723	4-Chlorophenyl-phenylether	U	330
106467	1,4-Dichlorobenzene	U	330	86737	Fluorene	U	330
100516	Benzyl Alcohol	U	670	100016	4-Nitroaniline	U	1700
95501	1,2-Dichlorobenzene	U	330	86306	N-Nitrosodiphenylamine	U	330
108601	bis(2-Chloroisopropyl)ether	U	330	101553	4-Bromophenyl-phenylether	U	330
621647	N-Nitroso-Di-n-propylamine	U	330	118741	Hexachlorobenzene	U	330
67721	Hexachloroethane	U	330	85018	Phenanthrene	U	330
98953	Nitrobenzene	U	330	120127	Anthracene	U	330
78591	Isophorone	U	330	84742	Di-n-Butylphthalate	U	330
65850	Benzoic Acid	U	1700	206440	Fluoranthene	U	330
111911	bis(-2-Chloroethoxy)Methane	U	330	129000	Pyrene	U	330
120821	1,2,4-Trichlorobenzene	U	330	85687	Butylbenzylphthalate	U	330
91203	Naphthalene	U	330	91941	3,3'-Dichlorobenzidine	U	670
106478	4-Chloroaniline	U	670	56553	Benzo(a)Anthracene	U	330
87683	Hexachlorobutadiene	U	330	117817	Bis(2-Ethylhexyl)Phthalate	U	330
91576	2-Methylnaphthalene	U	330	218019	Chrysene	U	330
77474	Hexachlorocyclopentadiene	U	330	117840	Di-n-octyl phthalate	U	330
91587	2-Chloronaphthalene	U	330	205992	Benzo(b)fluoranthene	U	330
88744	2-Nitroaniline	U	1700	207089	Benzo(k)Fluoranthene	U	330
131113	Dimethyl Phthalate	U	330	50328	Benzo(a)Pyrene	U	330
208968	Acenaphthylene	U	330	193395	Indeno(1,2,3-cd)Pyrene	U	330
99092	3-Nitroaniline	U	1700	53703	Dibenzo(a,h)Anthracene	U	330
83329	Acenaphthene	U	330	191242	Benzo(g,h,i)Perylene	U	330
132649	Dibenzofuran	U	330	62759	N-Nitrosodimethylamine	U	330
606202	2,6-Dinitrotoluene	U	330	92875	Benzidine	U	330
59507	4-Chloro-3-methylphenol	U	670	122667	1,2-Diphenylhydrazine	U	330

SURROGATE COMPOUNDS	RECOVERY	LIMITS	STATUS
Nitrobenzene-d5	97 %	23-120	OK
2-Fluorobiphenyl	86 %	30-115	OK
Terphenyl-d14	70 %	18-137	OK
Phenol-d5	84 %	24-113	OK
2-Fluorophenol	58 %	25-121	OK
2,4,6-Tribromophenol	81 %	19-122	OK

RECEIVED SEP 14 1995

Percent solid of 100 is used for all target compounds.

J - Indicates compound concentration found below MDL.
U - Indicates compound analyzed for but not detected.
D - Indicates result is based on a dilution.
I - Results exceed industrial surface soil standards.*
B - Indicates compound found in associated blank.
E - Concentration exceeds highest calibration standard.
R - Result exceeds residential surface soil standards.*

* Flags are based on New Jersey Soil Cleanup Criteria from Site Remediation News Volume 06 Number 1.
** 3-Methylphenol and 4-Methylphenol can not be separated by the method applied

946450402

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET
TENTATIVELY IDENTIFIED COMPOUNDS

Lab Name: Accredited Labs

Sample No.
SBLK78

Date Analyzed: 8/29/95

Extraction
Case Date

Client Name

Field ID

Lab File ID: >B1682

08/23/95

CONCENTRATION UNITS: UG/KG

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
1	Aldol condensate	5.61	740.	

* Unknowns are defined as: Compounds that are less than 80% probability or have no data base entries from the library.

FORM I SV-TIC

1/87 Rev.

RECEIVED
SEP 14 1995

946450403

ACCREDITED LABORATORIES, INC.
BNA ORGANIC ANALYSIS DATA

CASE NUMBER	3883	MATRIX	Sludge
SAMPLE NUMBER	9511582	DILUTION FACTOR	12
DATA FILE	>F3110	DATE EXTRACTED	08/23/95
CLIENT NAME	PVSC	DATE ANALYZED	08/25/95
FIELD ID	HFPS-359A	ANALYZED BY	PAUL

CAS #	COMPOUND	UG/KG	MDL
174601	2,3,7,8-Tetrachlorodibenzo-p-dioxin	U	720

Percent solid of 55.4 is used for all target compounds.

J - Indicates compound concentration found below MDL.
U - Indicates compound analyzed for but not detected.
D - Indicates result is based on a dilution.
B - Indicates compound found in associated blank.
E - Concentration exceeds highest calibration standard.

RECEIVED
SEP 14 1995

946450404

ACCREDITED LABORATORIES, INC
PESTICIDE ANALYSIS DATA

CASE NUMBER	3883	MATRIX	Sludge
SAMPLE NUMBER	9511582	DILUTION FACTOR	1
DATA FILE	>G1845	DATE EXTRACTED	08/29/95
CLIENT NAME	PVSC	DATE ANALYZED	08/31/95
FIELD ID	HFPS-359A	ANALYZED BY	CLIFF

COMPOUND	MG/KG	MDL
A-BHC	U	.001
B-BHC	U	.001
Lindane	U	.001
D-BHC	U	.001
Heptachlor	U	.001
Aldrin	.213	.001
Heptachlor Epoxide	U	.001
Endosulfan I	U	.001
A-Chlordane	U	.001
G-Chlordane	.045	.001
Dieldrin	U	.003
4,4'-DDE	.107	.003
Endrin	U	.003
Endosulfan II	U	.003
4,4'-DDD	U	.003
Endrin Aldehyde	U	.003
Endosulfan Sulfate	U	.003
4,4'-DDT	U	.003
Toxaphene	U	.060

Percent Solid of 55.4 is used for all target compounds.

B - Indicates compound found in associated blank.
J - Indicates compound concentration found below MDL.
U - Indicates compound analyzed for but not detected.
E - Indicates result exceeds highest calibration standard.
D - Indicates result is based on a dilution.

RECEIVED
SEP 14 1995

946450405

ACCREDITED LABORATORIES, INC
PCB ORGANIC ANALYSIS DATA

CASE NUMBER	3883	MATRIX	Sludge
SAMPLE NUMBER	9511582	DILUTION FACTOR	1
DATA FILE	>G1845	DATE EXTRACTED	08/29/95
CLIENT NAME	PVSC	DATE ANALYZED	08/31/95
FIELD ID	HFPS-359A	ANALYZED BY	CLIFF

CAS#	COMPOUND	MG/KG	MDL
12674112	Aroclor-1016	U	.030
11104282	Aroclor-1221	U	.030
11141165	Aroclor-1232	U	.030
53469219	Aroclor-1242	U	.030
12672296	Aroclor-1248	U	.030
11097691	Aroclor-1254	U	.030
11096825	Aroclor-1260	U	.030

Percent Solid of 55.4 is used for all target compounds.

B - Indicates compound found in associated blank.
J - Indicates compound concentration found below MDL.
U - Indicates compound analyzed for but not detected.
E - Indicates result exceeds highest calibration standard.
D - Indicates result is based on a dilution.

RECEIVED
SEP 14 1995

ACCREDITED LABORATORIES, INC
PESTICIDE ANALYSIS DATA

CASE NUMBER		MATRIX	Soil
SAMPLE NUMBER	PBLK76-G,S	DILUTION FACTOR	1
DATA FILE	>A3875	DATE EXTRACTED	08/29/95
CLIENT NAME		DATE ANALYZED	08/29/95
FIELD ID		ANALYZED BY	CLIFF

COMPOUND	MG/KG	MDL
A-BHC	U	.001
B-BHC	U	.001
Lindane	U	.001
D-BHC	U	.001
Heptachlor	U	.001
Aldrin	U	.001
Heptachlor Epoxide	U	.001
Endosulfan I	U	.001
A-Chlordane	U	.001
G-Chlordane	U	.001
Dieldrin	U	.002
4,4'-DDE	U	.002
Endrin	U	.002
Endosulfan II	U	.002
4,4'-DDD	U	.002
Endrin Aldehyde	U	.002
Endosulfan Sulfate	U	.002
4,4'-DDT	U	.002
Toxaphene	U	.033

Percent Solid of 100. is used for all target compounds.

B - Indicates compound found in associated blank.
J - Indicates compound concentration found below MDL.
U - Indicates compound analyzed for but not detected.
E - Indicates result exceeds highest calibration standard.
D - Indicates result is based on a dilution.

RECEIVED
SEP 14 1995

946450407

ACCREDITED LABORATORIES, INC
PCB ORGANIC ANALYSIS DATA

CASE NUMBER		MATRIX	Soil
SAMPLE NUMBER	PBLK76-G,S	DILUTION FACTOR	1
DATA FILE	>A3875	DATE EXTRACTED	08/29/95
CLIENT NAME		DATE ANALYZED	08/29/95
FIELD ID		ANALYZED BY	CLIFF

CAS#	COMPOUND	MG/KG	MDL
12674112	Aroclor-1016	U	.017
11104282	Aroclor-1221	U	.017
11141165	Aroclor-1232	U	.017
53469219	Aroclor-1242	U	.017
12672296	Aroclor-1248	U	.017
11097691	Aroclor-1254	U	.017
11096825	Aroclor-1260	U	.017

Percent Solid of 100. is used for all target compounds.

B - Indicates compound found in associated blank.
J - Indicates compound concentration found below MDL.
U - Indicates compound analyzed for but not detected.
E - Indicates result exceeds highest calibration standard.
D - Indicates result is based on a dilution.

RECEIVED
SEP 14 1995

ACCREDITED LABORATORIES, INC.
INORGANIC ANALYSIS DATA SHEET

Case #: 3883
Sample #: 9511582
Field ID: HFPS-359A
Client Name: PVSC

Matrix: Sludge
Date Received: 08/17/95

CAS No.	Element	Result MG/KG	MDL MG/KG	Dilution Factor	Method	Date Analyzed
7440-36-0	Antimony	6.83	3.57	1	P	08/23/95
7440-38-2	Arsenic	3.37	1.44	5	F	08/22/95
7440-41-7	Beryllium	ND	.179	1	P	08/28/95
7440-43-9	Cadmium	20.9	.357	1	P	08/28/95
7440-47-3	Chromium	429	1.07	1	P	08/28/95
7440-50-8	Copper	897	1.07	1	P	08/28/95
7439-92-1	Lead	343	.357	1	P	08/23/95
7439-97-6	Mercury	3.89	.722	1	CV	08/22/95
7440-02-0	Nickel	47.2	1.43	1	P	08/28/95
7782-49-2	Selenium	ND	.901	5	F	08/23/95
7440-22-4	Silver	29.0	.357	1	P	08/23/95
7440-28-0	Thallium	ND	1.07	1	P	08/29/95
7440-66-6	Zinc	1280	.715	1	P	08/28/95

Percent Solid of 55.4 is used for all target elements

ND - Element analyzed for but not detected.
P - Analyzed by ICP
F - Analyzed by GFA
CV - Analyzed by Cold Vapor
A - Analyzed by flame AA

RECEIVED
SEP 14 1995

ACCREDITED LABORATORIES, INC.
INORGANIC ANALYSIS DATA SHEET

Sample #: PBS245 Matrix: Soil
Field ID: PREPLANK Date Prepared: 08/21/95

CAS No.	Element	Result MG/KG	MDL MG/KG	Dilution Factor	Method	Date Analyzed
7440-36-0	Antimony	ND	10.0	1	P	09/01/95
7440-38-2	Arsenic	ND	.800	1	F	08/21/95
7440-41-7	Beryllium	ND	.500	1	P	09/01/95
7440-43-9	Cadmium	ND	1.00	1	P	09/01/95
7440-47-3	Chromium	ND	3.00	1	P	09/01/95
7440-50-8	Copper	ND	3.00	1	P	09/01/95
7439-92-1	Lead	ND	1.00	1	P	09/01/95
7439-97-6	Mercury	ND	.200	1	CV	08/17/95
7440-02-0	Nickel	ND	4.00	1	P	09/01/95
7782-49-2	Selenium	ND	.500	1	F	08/23/95
7440-22-4	Silver	ND	1.00	1	P	09/01/95
7440-28-0	Thallium	ND	3.00	1	P	08/23/95
7440-66-6	Zinc	ND	2.00	1	P	09/01/95

Percent Solid of 100. is used for all target elements

ND - Element analyzed for but not detected.
P - Analyzed by ICP CV - Analyzed by Cold Vapor
F - Analyzed by GFA A - Analyzed by flame AA

RECEIVED
SEP 14 1995

946450410

ACCREDITED LABORATORIES, INC.
GENERAL CHEMISTRY ANALYSIS DATA

Case #:	3883	Matrix:	Sludge
Sample #:	9511582	Date Received:	08/17/95
Client Name:	PVSC	% Moisture:	44.6
Field Number:	HFPS-359A		-

ANALYTES	RESULTS	MDL	UNITS	DILUTION FACTOR	METHOD BLANK RESULTS	METHOD BLANK MDL	ANALYSIS DATE
Solids, Percent	55.4	0.1	%	1.			08/24/95
Cyanide, Total	0.83	0.45	mg/Kg	1.	ND	0.2	08/29/95
Phenols, Total	345.	0.7	mg/Kg	1.0	ND	0.10	09/01/95

RECEIVED
SEP 14 1995

946450411

ACCREDITED LABORATORIES, INC.
Implementing Tomorrow's Technology, Today.™

Analytical Data Report

for

Passaic Valley Sewerage Commission
600 Wilson Ave.
Newark, NJ 07105

Project: Contract #877

Accredited Laboratories Case No.: 3883
Date Received: 08/17/95

Field ID	Laboratory Sample #
HFPS-359A	9511582

FEB 5 1996

Accredited Laboratories, Inc. New Jersey Certification Number 12007. This data has been reviewed and accepted by:

Yun-shen Lee, Ph.D. 9/6/95
Technical Director
Revised 1/30/96

CORPORATE OFFICES: Foot of Pershing Avenue, 800-254-LABS P.O.Box 369, 908-541-2025 Carteret, New Jersey, FAX 908-541-1383 07008-0369

Printed on RECYCLED paper made with 20% post consumer waste

CONFORMANCE/NON-CONFORMANCE SUMMARY

Accredited Labs received 1 aqueous sample (Project: Contract #877; ALI Case #3883) from Passaic Valley Sewerage Commission on 8/17/95 for the analyses of Volatile Organics plus Xylenes, MTBE and Isopropylether, Base Neutral Acid Extractables, Pesticides/PCBs, Dioxin, Total Cyanide, Phenols and Metals.

All analyses were performed within the required holding time.

On 1/24/96, per the client's authorization, Acrolein and Acrylonitrile were requested.

In the Volatile Organics analysis three surrogates (1,2-Dichloroethane-d4, Toluene-d8 and Bromofluorobenzene) were out of criteria for ALI sample #9511582. The sample was reanalyzed and the same surrogates were out of criteria.

"The laboratory has reviewed the quality assurance and quality control measurements for the sample analysis stated above."

Yun-shen Lee, Ph.D.
Technical Director 1/30/96

ACCREDITED LABORATORIES, INC.
VOLATILE ORGANIC ANALYSIS DATA

CASE NUMBER	3883	MATRIX	Soil
SAMPLE NUMBER	9511582	DILUTION FACTOR	5
DATA FILE	>A4401	DATE EXTRACTED	
CLIENT NAME	PVSC	DATE ANALYZED	08/25/95
FIELD ID	HFPS-359A	ANALYZED BY	LARRY

CAS #	COMPOUND	UG/KG	MDL	CAS #	COMPOUND	UG/KG	MDL
107028	Acrolein	U	55	156605	trans-1,2-Dichloroethene	U	3.6
107131	Acrylonitrile	140	60	78875	1,2-Dichloropropane	U	3.6
71432	Benzene	290	3.6	10061015	cis-1,3-Dichloropropene	U	3.6
75274	Bromodichloromethane	U	3.6	10061026	trans-1,3-Dichloropropene	U	3.6
75252	Bromoform	U	3.6	108203	Diisopropyl ether	U	9.0
74839	Bromomethane	U	18	100414	Ethylbenzene	110	9.0
56235	Carbon Tetrachloride	U	3.6	75092	Methylene Chloride	24	9.0
108907	Chlorobenzene	U	3.6	1634044	Methyl t-butyl ether	U	38
75003	Chloroethane	U	18	79345	1,1,2,2-Tetrachloroethane	U	5.4
110758	2-Chloroethylvinylether	U	18	127184	Tetrachloroethene	34	3.6
67663	Chloroform	16	3.6	108883	Toluene	220	4.5
74873	Chloromethane	U	18	71556	1,1,1-Trichloroethane	U	3.6
124481	Dibromochloromethane	U	3.6	79005	1,1,2-Trichloroethane	U	3.6
95501	1,2-Dichlorobenzene	26	4.5	79016	Trichloroethene	U	3.6
541731	1,3-Dichlorobenzene	U	3.6	75694	Trichlorofluoromethane	U	3.6
106467	1,4-Dichlorobenzene	79	3.6	75014	Vinyl Chloride	U	18
75343	1,1-Dichloroethane	U	3.6	1330207	m,p-Xylene	390	25
107062	1,2-Dichloroethane	U	3.6	95476	o-Xylene	280	19
75354	1,1-Dichloroethene	U	3.6				

SURROGATE COMPOUNDS	RECOVERY	LIMITS	STATUS
1,2-Dichloroethane-d4	129 %	70-121	OUT
Toluene-d8	163 %	81-117	OUT
Bromofluorobenzene	394 %	74-121	OUT

Percent solid of 55.4 is used for all target compounds.

J - Indicates compound concentration found below MDL.
U - Indicates compound analyzed for but not detected,
D - Indicates result is based on a dilution.
I - Result exceeds industrial surface soil standards.*
B - Indicates compound found in associated blank.
E - Indicates result exceeds highest calibration standard
R - Result exceeds residential surface soil standards.*

* Flags are based on New Jersey Soil Cleanup Criteria from Site Remediation News Volume 06 Number 1.

RECEIVED
FEB 5 1996

946450414