SDMS Document
94646

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/1996

Document order #31

946460001

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 2 9 6	THRU	0 2 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
1 EPA Form 3320-1 For Reporting Period 01/96

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: 3/22/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)*: Robert J. Davenport

Title *(Printed)*: Executive Director

Signature: [signature]

Date: 3/29/96

946460002

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																

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 4 9 6	THRU	0 4 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
1 EPA Form 3320-1 For Reporting Period 03/96
Revised T-VWX-007 For Reporting Period 01/96

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)* Sheldon Lipke

Grade & Registry No. NJ S-4 #000606

Signature Sheldon Lipke

Date May 23, 1996

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [illegible]

Date 5/23/96

946460004

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

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
JANUARY 1996

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

REVISED

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 6	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:	968

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	130
2. Average Daily Sludge Production	(Gallons/Day)	B2:	192689
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	10445

**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:	50.2
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:	208.2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	104.54
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
5/6/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460007

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

946460008

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 2/23/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 2/23/96

946460009

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

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JAMES KRONE
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DONALD TUCKER
COMMISSIONERS

Passaic Valley
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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		
0021016	01	1996	5	1	Page 1 of 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:	968.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	13.0
2. Average Daily Sludge Production	(Gallons/Day)	B2:	1761900.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	954.9

**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:	50.2
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:	190.4
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	954.9
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	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
2/23/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460012

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

946460013

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	01	1996	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	325	
Beryllium	01012	061	*
Cadmium	61527	1975	
Chromium	61512	66150	
Copper	61506	92635	
Iron	01045	9960	
Lead	61503	19950	
Mercury	01260	204	*
Molybdenum	01062	1820	
Nickel	61515	8735	
Selenium	61518	140	
Zinc	61509	13930	
Selected Chemical Parameters			
Total Nitrogen	00625	14837	
Ammonia	71845	1369	
Nitrate Nitrogen	71850	250	
Oil and Grease	00550	17827	
Phenols	46000	9064	
Phosphorus	00665	1600	
Calcium	00916	18240	
Magnesium	00927	6200	
Potassium	00937	8640	
Cyanide	00720	871	
Fluoride	00951	943	
Chloride	00940	6240	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
3/12/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460014

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	1996	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	0.010	*
Chlordane	39350	0.010	*
Dieldrin	39380	0.019	*
DDT	39370	0.010	*
Heptachlor	39410	0.010	*
Lindane	39782	0.010	*
PCB's	39516	0.270	*
Toxaphene	39400	0.010	*
Purgeables			
Benzene	34030	1.950	*
Carbon tetrachloride	32102	1.950	*
Chloroform	32106	1.950	*
Methylene Chloride	34423	1.950	*
Tetrachloroethylene	34475	1.950	*
Trichloroethylene	39180	1.950	*
Vinyl chloride	39175	1.950	*
Base/Neutrals and Acids			
Benzidine	39120	3.822	*
Benzo(a)pyrene	34247	3.822	*
Bis(2-ethylhexyl) phthalate	39100	103.000	
Hexachlorobenzene	39700	3.822	*
Hexachlorobutadiene	39702	3.822	*
N-nitrosodimethylamine	34438	3.822	*

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
2/27/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460015

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: 01/23/96

MAJOR

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	01	01	96	01	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 011996

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	**********	**********	*******	**********	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	**********	**********	*******	**********	178,287	**********	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	**********	**********	*******	**********	14,837	**********	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	**********	**********	*******	**********	864.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,369	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18,240	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	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 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 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460016

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 011996

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 01/23/96

MAJOR

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

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	**********	**********	*******	**********	624.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.43	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78466 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18.20	**********	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	**********	**********	*******	**********	1,600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	926.35	**********	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 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 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460017

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 011996

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	01	01	96	01	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

CREATED: 01/23/96

MAJOR

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

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< 0.61	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	19.75	**********	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	**********	**********	********	**********	1,393.00	**********	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	**********	**********	********	**********	199.50	**********	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	**********	**********	********	**********	87.35	**********	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< 2.04	**********	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	**********	**********	********	**********	661.50	**********	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 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 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460018

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: 01/23/96

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	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 011996

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	**********	**********	*******	**********	9,960	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.950	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.822	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.822	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	103.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.822	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.822	**********	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 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 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.

946460019

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 011996

(2-16)	(17-19)
NJ0021016	SQ6E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 01/23/96

MAJOR

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

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< 3.822	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.950	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.950	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.950	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.950	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.950	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.950	**********	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 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 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460020

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: 01/23/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	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 011996

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	**********	**********	*******	**********	8.71	**********	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< 0.010	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.019	**********	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< 0.270	**********	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 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 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.

946460021

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: 01/23/96

MAJOR

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	01	01	96	01	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 011996

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< 0.010	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 76044 + 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	**********	**********	*******	**********	90.64	**********	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 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 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.

946460022

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 3 9 6	THRU	0 3 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
2 T-VWX-007 ____ T-VWX-008 ____ T-VWX-009
2 EPA Form 3320-1 For Reporting Period 02/96
Revised T-VWX-007 For Reporting Period 02/96

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: 4/24/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)*: Robert J. Davenport

Title *(Printed)*: Executive Director

Signature: [signature]

Date: 4/24/96

946460023

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

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
FEBRUARY 1996

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

946460025

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	1996	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:	828

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	137
2. Average Daily Sludge Production	(Gallons/Day)	B2:	175901
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1002

**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:	51.1
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	
Total Solids of 2.b.i.	(% by weight)	C5:	
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	178.8
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	91.38
4. pH of Sludge Removed	(Standard Units)	C9:	6.3

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
4/3/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460026

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

946460027

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 01/23/96

MAJOR

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

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	SQ5A

MONITORING PERIOD

	YEAR	MO	DAY
FROM	96	02	01
TO	96	02	29

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

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 021996

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	**********	**********	*******	**********	8.80	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	28,008	**********	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	**********	**********	*******	**********	25,199	**********	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	**********	**********	*******	**********	1,048	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	351	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	169,300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,584	**********	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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 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.

946460028

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: 01/23/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 021996

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	**********	**********	*******	**********	817.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.38	**********	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	**********	**********	*******	**********	31.4	**********	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	**********	**********	*******	**********	356.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.38	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.24	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	424.10	**********	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 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 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.

946460029

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 021996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 02 01	96 02 29
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/23/96

MAJOR

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

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)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.64	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.80	**********	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	**********	**********	*******	**********	421.00	**********	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	**********	**********	*******	**********	109.50	**********	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	**********	**********	*******	**********	43.55	**********	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< 2.01	**********	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	**********	**********	*******	**********	264.50	**********	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 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 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.

946460030

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 021996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 02 01	96 02 29
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/23/96

MAJOR

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

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	**********	**********	********	**********	4,250.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 2.580	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.868	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.868	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	17.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.868	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.868	**********	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 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 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.

946460031

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: 01/23/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29

SLUDGE QUALITY/CENTRIFUGE SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5A 021996 (20-21)(22-23)(24-26) (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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.868	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.580	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.580	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.580	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.580	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.580	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.580	**********	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 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 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.

946460032

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 021996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 02 01	96 02 29

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

CREATED: 01/23/96

MAJOR

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

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	**********	**********	*******	**********	14.26	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.013	**********	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< 0.013	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.026	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.013	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.013	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.365	**********	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 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 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.

946460033

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 021996 (20-21)(22-23)(24-26)

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 02 01	96 02 29

(26-27)(28-29)(30-31)

CREATED: 01/23/96

MAJOR

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

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< 0.013	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
HEPTACHLOR, DRY WEIGHT 76044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.013	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18.57	**********	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 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 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.

946460034

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: 01/23/96

MAJOR

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	02	01		96	02	29

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

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021996

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	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.90	**********	MG/KG		1/30	COMP.
00621 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	211,350	**********	MG/KG		1/30	COMP.
61568 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N)	SAMPLE MEASUREMENT	**********	**********	*******	**********	24,552	**********	MG/KG		1/30	COMP.
78470 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,336	**********	MG/KG		1/30	COMP.
78472 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,224	**********	MG/KG		1/30	COMP.
82294 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,440	**********	MG/KG		1/30	COMP.
00917 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,945	**********	MG/KG		1/30	COMP.
00924 + 0 SLUDGE	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 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 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.

946460035

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 021996

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	02	01	96	02	29

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

CREATED: 01/23/96

MAJOR

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

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	**********	**********	********	**********	254	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	4.79	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78466 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	29.80	**********	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	**********	**********	********	**********	344.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	3.28	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	1.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	1,307.50	**********	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 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 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.

946460036

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 021996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 02 01	96 02 29
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/23/96

MAJOR

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

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	**********	**********	*******	**********	19.95	**********	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	**********	**********	*******	**********	1,382.00	**********	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	**********	**********	*******	**********	228.50	**********	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	**********	**********	*******	**********	89.80	**********	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< 1.90	**********	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	**********	**********	*******	**********	989.45	**********	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 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 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.

946460037

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 021996

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 01/23/96

MAJOR

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

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	**********	**********	*******	**********	16,200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.930	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.072	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.072	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	94.700	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.072	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.072	**********	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 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 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.

946460038

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 021996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 02 01	96 02 29
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/23/96

MAJOR

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

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< 7.072	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.930	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.930	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.930	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.930	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.930	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.930	**********	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 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 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.

946460039

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: 01/23/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021996

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	**********	**********	*******	**********	9.54	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.009	**********	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< 0.009	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.019	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.009	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.009	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.267	**********	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 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 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.

946460040

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: 01/23/96

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 06-31-98

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021996 (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< 0.009	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 76044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.009	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	9.54	**********	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 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 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.

946460041

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 2 9 6	THRU	0 2 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
1 EPA Form 3320-1 For Reporting Period 01/96

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 3/22/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 3/22/96

946460042

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	
0 0 2 1 0 1 6	0 2	1 9 9 6	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:	828

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	49
2. Average Daily Sludge Production	(Gallons/Day)	B2:	204928
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	4184

**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:	482
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:	1045
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	5035
4. pH of Sludge Removed	(Standard Units)	C9:	110

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
3/19/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460045

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digesuon: 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%
= 1.265 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 = $\frac{\text{VS before} \times \text{VS after}}{\text{VS before} - (\text{VS before} \times \text{VS after})} \times 100$

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

946460046

[illegible] may be utilized if approved in writing by NJDEP

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

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 2	1 9 9 6	5	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:	8 2 8 .

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 3 7
2. Average Daily Sludge Production	(Gallons/Day)	B2:	1 6 0 4 2 3 .
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	9 1 . 5 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:	5 1 . 1
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	1 7 8 . 8
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	9 1 . 3 8
4. pH of Sludge Removed	(Standard Units)	C9:	6 . 3

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	Chief Chemist	Arthur A. Martinelli	3/19/96
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460048

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 NPDES 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

946460049

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	
00210116	02	1996	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	328	
Beryllium	01012	062	*
Cadmium	61527	1995	
Chromium	61512	98945	
Copper	61506	13075 0	
Iron	01045	16200	
Lead	61503	22850	
Mercury	01260	190	*
Molybdenum	01062	2980	
Nickel	61515	8980	
Selenium	61518	102	
Zinc	61509	13820 0	
Selected Chemical Parameters			
Total Nitrogen	00625	24552	
Ammonia	71845	1224	
Nitrate Nitrogen	71850	190	*
Oil and Grease	00550	21135 0	
Phenols	46000	954	
Phosphorus	00665	3440	
Calcium	00916	15440	
Magnesium	00927	4945	
Potassium	00937	1336	
Cyanide	00720	954	
Fluoride	00951	479	
Chloride	00940	254	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist		4/3/96
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460050

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	1996	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	0.009	*
Chlordane	39350	0.009	*
Dieldrin	39380	0.009	*
DDT	39370	0.019	*
Heptachlor	39410	0.009	*
Lindane	39782	0.009	*
PCB's	39516	0.267	*
Toxaphene	39400	0.009	*
Purgeables			
Benzene	34030	1.930	*
Carbon tetrachloride	32102	1.930	*
Chloroform	32106	1.930	*
Methylene Chloride	34423	1.930	*
Tetrachloroethylene	34475	1.930	*
Trichloroethylene	39180	1.930	*
Vinyl chloride	39175	1.930	*
Base/Neutrals and Acids			
Benzidine	39120	7.072	*
Benzo(a)pyrene	34247	7.072	*
Bis(2-ethylhexyl) phthalate	39100	94.700	
Hexachlorobenzene	39700	7.072	*
Hexachlorobutadiene	39702	7.072	*
N-nitrosodimethylamine	34438	7.072	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
3/28/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460051

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	02	1996	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	238	
Beryllium	01012	064	*
Cadmium	61527	880	
Chromium	61512	26450	
Copper	61506	42410	
Iron	01045	42500	
Lead	61503	10950	
Mercury	01260	201	*
Molybdenum	01062	314	
Nickel	61515	4355	
Selenium	61518	324	
Zinc	61509	42100	
Selected Chemical Parameters			
Total Nitrogen	00625	25199	
Ammonia	71845	351	
Nitrate Nitrogen	71850	880	
Oil and Grease	00550	28008	
Phenols	46000	1857	
Phosphorus	00665	3560	
Calcium	00916	16930 0	
Magnesium	00927	2584	
Potassium	00937	1048	
Cyanide	00720	1426	
Fluoride	00951	438	
Chloride	00940	8170	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
4/3/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460052

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	1996	52

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	0.013	*
Chlordane	39350	0.013	*
Dieldrin	39380	0.013	*
DDT	39370	0.026	*
Heptachlor	39410	0.013	*
Lindane	39782	0.013	*
PCB's	39516	0.365	*
Toxaphene	39400	0.013	*
Purgeables			
Benzene	34030	2.580	*
Carbon tetrachloride	32102	2.580	*
Chloroform	32106	2.580	*
Methylene Chloride	34423	2.580	*
Tetrachloroethylene	34475	2.580	*
Trichloroethylene	39180	2.580	*
Vinyl chloride	39175	2.580	*
Base/Neutrals and Acids			
Benzidine	39120	1.868	*
Benzo(a)pyrene	34247	1.868	*
Bis(2-ethylhexyl) phthalate	39100	17.000	
Hexachlorobenzene	39700	1.868	*
Hexachlorobutadiene	39702	1.868	*
N-nitrosodimethylamine	34438	1.868	*

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
3/28/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460053

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY
0021016	03	1996	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	288	
Beryllium	01012	061	*
Cadmium	61527	2290	
Chromium	61512	6205	
Copper	61506	14625	
Iron	01045	16800000	
Lead	61503	2370	
Mercury	01260	183	*
Molybdenum	01062	2120	
Nickel	61515	8810	
Selenium	61518	061	*
Zinc	61509	1543	
Selected Chemical Parameters			
Total Nitrogen	00625	33618	
Ammonia	71845	763	
Nitrate Nitrogen	71850	350	
Oil and Grease	00550	20036 8	
Phenols	46000	8961	
Phosphorus	00665	11900000	
Calcium	00916	22140	
Magnesium	00927	6152	
Potassium	00937	10725	
Cyanide	00720	1195	
Fluoride	00951	469	
Chloride	00940	4510	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist		5/1/96
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460054

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	1996	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	0.009	*
Chlordane	39350	0.009	*
Dieldrin	39380	0.009	*
DDT	39370	0.018	*
Heptachlor	39410	0.009	*
Lindane	39782	0.009	*
PCB's	39516	0.253	*
Toxaphene	39400	0.009	*
Purgeables			
Benzene	34030	1.820	*
Carbon tetrachloride	32102	1.820	*
Chloroform	32106	1.820	*
Methylene Chloride	34423	1.820	*
Tetrachloroethylene	34475	1.820	*
Trichloroethylene	39180	1.820	*
Vinyl chloride	39175	1.820	*
Base/Neutrals and Acids			
Benzidine	39120	7.905	*
Benzo(a)pyrene	34247	7.905	*
Bis(2-ethylhexyl) phthalate	39100	993.00	
Hexachlorobenzene	39700	7.905	*
Hexachlorobutadiene	39702	7.905	*
N-nitrosodimethylamine	34438	7.905	*

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
4/25/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460055

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	1 2 9 6	THRU	1 2 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

1 EPA Form 3320-1 For Reporting Period 11/96

Revised T-VWX-007 for 3/96, 5/96, 11/96

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 #090499

Signature [signature]

Date 1/24/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 1/24/97

946460056

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

FRANK ORECHIO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
KEVIN ROBERTSON
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

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

Includes revised Domestic Wastewater Sludge Reports for March 1996, May 1996, and November 1996.

946460058

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0021016	03	1996	5	1	Page 1 of

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	33.00
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	935.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	12.7
2. Average Daily Sludge Production	(Gallons/Day)	B2:	286566.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	151.88

**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:	54.4
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:	279.4
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	152.00
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
1/7/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460059

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

946460060

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 4 9 6	THRU	0 4 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
1 EPA Form 3320-1 For Reporting Period 03/96
Revised T-VWX-007 For Reporting Period 01/96

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)* Sheldon Lipke

Grade & Registry No. NJ S-4 #000606

Signature Sheldon Lipke

Date May 23, 1996

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 5/23/96

946460061

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 031996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 03 01	96 03 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/23/96

MAJOR

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

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 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	200,368	**********	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	**********	**********	*******	**********	33,618	**********	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	**********	**********	*******	**********	1,072.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	763	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	22,140	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6,152	**********	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 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 05 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460063

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: 01/23/96

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 03 01	96 03 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 031996

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	**********	**********	*******	**********	451.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.69	**********	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	**********	**********	*******	**********	21.20	**********	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	**********	**********	*******	**********	1,190.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.88	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.61	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,466.25	**********	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 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 05 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460064

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: 01/23/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	03	01	TO	96	03	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 031996

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< 0.61	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	22.90	**********	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	**********	**********	*******	**********	1,543	**********	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	**********	**********	*******	**********	237.00	**********	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	**********	**********	*******	**********	88.10	**********	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< 1.83	**********	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	**********	**********	*******	**********	612.05	**********	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 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 05 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460065

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: 01/23/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	03	01	TO	96	03	31

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 031996 (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	**********	**********	*******	**********	16,800.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.820	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.905	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.905	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	99.300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.905	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.905	**********	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 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 05 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460066

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	96	03	01	TO	96	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 01/23/96

MAJOR

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

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 031996

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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 7.905	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.820	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.820	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.820	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.820	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.820	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.820	**********	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 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 05 24
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.

946460067

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: 01/23/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	03	01	TO	96	03	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 031996

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	**********	**********	********	**********	11.95	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.009	**********	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< 0.009	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.018	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.009	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.009	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.253	**********	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 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 05 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460068

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: 01/23/96

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 03 01	96 03 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 031996

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< 0.009	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 76044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.009	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	89.61	**********	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 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 05 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460069

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 3 9 6	THRU	0 3 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
2 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
2 EPA Form 3320-1 For Reporting Period 02/96
Revised T-VWX-007 For Reporting Period 02/96

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: 4/24/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)*: Robert J. Davenport

Title *(Printed)*: Executive Director

Signature: [signature]

Date: 4/24/96

946460070

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

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

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

946460072

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	1996	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:	935

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	12.7
2. Average Daily Sludge Production	(Gallons/Day)	B2:	286634
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	15192

**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:	54.4
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:	279.5
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	15204
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	00210016		

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
4/24/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460073

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

946460074

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

T-VWX-008
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 4	1 9 9 6	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	162	
Beryllium	01012	063	*
Cadmium	61527	1475	
Chromium	61512	68510	
Copper	61506	10366 5	
Iron	01045	11400	
Lead	61503	16650	
Mercury	01260	108	
Molybdenum	01062	2010	
Nickel	61515	6620	
Selenium	61518	098	
Zinc	61509	13650 0	
Selected Chemical Parameters			
Total Nitrogen	00625	25896	
Ammonia	71845	713	
Nitrate Nitrogen	71850	200	*
Oil and Grease	00550	10150 0	
Phenols	46000	8321	
Phosphorus	00665	7320 0	
Calcium	00916	18900	
Magnesium	00927	66720	
Potassium	00937	949	
Cyanide	00720	637	
Fluoride	00951	200	*
Chloride	00940	361	

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
6/5/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460075

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	1996	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	0.0018	*
Chlordane	39350	0.0018	*
Dieldrin	39380	0.0018	*
DDT	39370	0.0037	*
Heptachlor	39410	0.0018	*
Lindane	39782	0.0018	*
PCB's	39516	0.5017	*
Toxaphene	39400	0.0018	*
Purgeables			
Benzene	34030	1.8700	*
Carbon tetrachloride	32102	1.8700	*
Chloroform	32106	1.8700	*
Methylene Chloride	34423	2.1200	
Tetrachloroethylene	34475	1.8700	*
Trichloroethylene	39180	1.8700	*
Vinyl chloride	39175	1.8700	*
Base/Neutrals and Acids			
Benzidine	39120	4.9972	*
Benzo(a)pyrene	34247	4.9972	*
Bis(2-ethylhexyl) phthalate	39100	103.0000	
Hexachlorobenzene	39700	4.9972	*
Hexachlorobutadiene	39702	4.9972	*
N-nitrosodimethylamine	34438	4.9972	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature — Date 5/22/96

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460076

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 4 9 6	THRU	0 4 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
1 EPA Form 3320-1 For Reporting Period 03/96
Revised T-VWX-007 For Reporting Period 01/96

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)* Sheldon Lipke

Grade & Registry No. NJ S-4 #000606

Signature Sheldon Lipke

Date May 23, 1996

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 5/23/96

946460077

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

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

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 6	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 Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	3033.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1.8
2. Average Daily Sludge Production	(Gallons/Day)	B2:	217417.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1069.9

**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:	53.0
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:	2020.
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1070.7
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
5/22/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460080

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%
= 1.255 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. $\text{Volatile Solids Reduction} = \dfrac{\text{VS before} \times \text{VS after}}{\text{VX before} - (\text{VS before} \times \text{VS after})} \times 100$

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

946460081

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 5 9 6	THRU	0 5 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
1 EPA Form 3320-1 For Reporting Period 04/96

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 6/24/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 6/25/96

946460082

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) NJ0021016 — PERMIT NUMBER
(17-19) SQ5E — DISCHARGE NUMBER

CREATED: 04/08/96

MAJOR

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

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

MONITORING PERIOD
FROM YEAR MO DAY 96 04 01 TO YEAR MO DAY 96 04 30

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041996 (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	**********	**********	*******	**********	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	**********	**********	*******	**********	101,500	**********	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	**********	**********	*******	**********	25,896	**********	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	**********	**********	*******	**********	949	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	713	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18,900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6,672	**********	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 U.S.C. 1001 AND 33 U.S.C. 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800 (AREA CODE / NUMBER)

DATE: 96 06 24 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460084

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 041996

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	04	01	96	04	30

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

CREATED: 04/08/96

MAJOR

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

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	SAMPLE MEASUREMENT	**********	**********	*******	**********	361	**********	MG/KG		1/30	COMP.
00942 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.00	**********	MG/KG		1/30	COMP.
00949 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO)	SAMPLE MEASUREMENT	**********	**********	*******	**********	20.10	**********	MG/KG		1/30	COMP.
78465 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P)	SAMPLE MEASUREMENT	**********	**********	*******	**********	732.00	**********	MG/KG		1/30	COMP.
78478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.62	**********	MG/KG		1/30	COMP.
01003 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.98	**********	MG/KG		1/30	COMP.
01148 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,036.65	**********	MG/KG		1/30	COMP.
46394 + 0 SLUDGE	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 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 06 24
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.

946460085

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 04/08/96

MAJOR

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041996 (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)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE)	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.63	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	14.75	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,365.00	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	166.50	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	66.20	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.08	**********	MG/KG		1/30	COMP.
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	685.10	**********	MG/KG		1/30	COMP.
78473 + 0 SLUDGE	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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 06 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460086

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

CREATED: 04/08/96

MAJOR

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	04	01	96	04	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 041996

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< 1.870	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.972	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.972	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	103.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.972	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.972	**********	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 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 06 24 YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460087

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 041996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 04 01	96 04 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/08/96

MAJOR

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

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< 4.972	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.870	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.870	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.870	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.870	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.870	**********	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 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 06 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460088

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 041996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 04 01	96 04 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/08/96

MAJOR

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

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)
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.37	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.018	**********	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< 0.018	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.037	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.018	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.018	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.517	**********	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 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 06 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460089

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

CREATED: 04/08/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	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 041996

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< 0.018	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 76044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.018	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	83.21	**********	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 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 06 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460090

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	1 2 9 6	THRU	1 2 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
1 EPA Form 3320-1 For Reporting Period 11/96
Revised T-VWX-007 for 3/96, 5/96, 11/96

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 #090499

Signature: [signature]

Date: 1/24/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)*: Robert J. Davenport

Title *(Printed)*: Executive Director

Signature: [signature]

Date: 1/24/97

946460091

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

FRANK ORECHIO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
KEVIN ROBERTSON
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

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

Includes revised Domestic Wastewater Sludge Reports for March 1996, May 1996, and November 1996.

946460093

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	05	1996	5	1

Page 1 of 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:	12.6
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2182311.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	11430

**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:	59.6
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:	1919.
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	11439
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 — 1/7/97 Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460094

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

946460095

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 7 9 6	THRU	0 7 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 05/96 & 06/96

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.)

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LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #000499

Signature

Date 8/23/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 8/23/96

946460096

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 051996

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	05	01	TO	96	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 04/08/96

MAJOR

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

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

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PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
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
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	237,416	**********	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	**********	**********	*******	**********	21,678	**********	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	**********	**********	*******	**********	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	**********	**********	*******	**********	754	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.				ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20,170	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT					REPORT MONTH AVG.				ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5,479	**********	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 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 08 22 YEAR MO DAY
TYPED OR PRINTED				

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

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946460098

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: 04/08/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	05	01	TO	96	05	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 051996

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	SAMPLE MEASUREMENT	**********	**********	*******	**********	104.00	**********	MG/KG		1/30	COMP.
00942 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.33	**********	MG/KG		1/30	COMP.
00949 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO)	SAMPLE MEASUREMENT	**********	**********	*******	**********	24.50	**********	MG/KG		1/30	COMP.
78465 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P)	SAMPLE MEASUREMENT	**********	**********	*******	**********	363.00	**********	MG/KG		1/30	COMP.
78478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.74	**********	MG/KG		1/30	COMP.
01003 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.57	**********	MG/KG		1/30	COMP.
01148 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,501.25	**********	MG/KG		1/30	COMP.
46394 + 0 SLUDGE	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 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 08 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.

946460099

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	96	05	01	TO	96	05	31

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

DMR NUMBER: NJ0021016 SQ 5E 051996

CREATED: 04/08/96

MAJOR

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

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	**********	**********	*******	**********	15,300.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.935	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.935	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	101.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.935	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.935	**********	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 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 08 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460100

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 04/08/96

MAJOR

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

Facility:
Location:

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 05 01	96 05 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 051996

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< 0.935	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.120	**********	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 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 08 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.

946460101

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 051996 (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
96 05 01	96 05 31
	(26-27)(28-29)(30-31)

CREATED: 04/08/96

MAJOR

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

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	**********	**********	********	**********	13.21	**********	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< 0.316	**********	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 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 08 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460102

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

DISCHARGE MONITORING REPORT (DMR)

CREATED: 04/08/96

MAJOR

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

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 05 01	96 05 31
(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 051996

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 75044 + 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 61665 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	70.30	**********	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 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 08 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460103

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 5 9 6	THRU	0 5 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
1 EPA Form 3320-1 For Reporting Period 04/96

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 6/24/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 6/25/96

946460104

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

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

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

946460106

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	1996	51	Page 1 of 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:	12.6
2. Average Daily Sludge Production	(Gallons/Day)	B2:	207170.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1085.1

**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:	59.6
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:	1822
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1085.9
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
6/20/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460107

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

946460108

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	05	1996	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	274	
Beryllium	01012	054	*
Cadmium	61527	2060	
Chromium	61512	72125	
Copper	61506	15012 5	
Iron	01045	153000 0	
Lead	61503	21750	
Mercury	01260	219	
Molybdenum	01062	2450	
Nickel	61515	7320	
Selenium	61518	057	*
Zinc	61509	200950	
Selected Chemical Parameters			
Total Nitrogen	00625	216780	
Ammonia	71845	754	
Nitrate Nitrogen	71850	180	*
Oil and Grease	00550	237416	
Phenols	46000	7030	
Phosphorus	00665	36300	
Calcium	00916	20170	
Magnesium	00927	5479	
Potassium	00937	890	
Cyanide	00720	1321	
Fluoride	00951	233	
Chloride	00940	10400	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A. Martinelli	Chief Chemist	Arthur A. Martinelli	8/19/96

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460109

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	
0 0 2 1 0 1 6	0 5	1 9 9 6	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	0.011	*
Chlordane	39350	0.011	*
Dieldrin	39380	0.011	*
DDT	39370	0.022	*
Heptachlor	39410	0.011	*
Lindane	39782	0.011	*
PCB's	39516	0.316	*
Toxaphene	39400	0.011	*
Purgeables			
Benzene	34030	1.120	*
Carbon tetrachloride	32102	1.120	*
Chloroform	32106	1.120	*
Methylene Chloride	34423	1.120	*
Tetrachloroethylene	34475	1.120	*
Trichloroethylene	39180	1.120	*
Vinyl chloride	39175	1.120	*
Base/Neutrals and Acids			
Benzidine	39120	0.935	*
Benzo(a)pyrene	34247	0.935	*
Bis(2-ethylhexyl) phthalate	39100	10.000	
Hexachlorobenzene	39700	0.935	*
Hexachlorobutadiene	39702	0.935	*
N-nitrosodimethylamine	34438	0.935	*

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
6/28/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460110

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 7 9 6	THRU	0 7 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 05/96 & 06/96

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 8/23/96

946460111

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 8/22/96

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																

946460112

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
96	06	01	96	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

DMR NUMBER: NJ0021016 SQ 5E 061996

CREATED: 04/08/96

MAJOR

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

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 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.04	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	216,495	**********	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	**********	**********	*******	**********	16,536	**********	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	**********	**********	*******	**********	1,093.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	788	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18,515	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,775	**********	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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 08 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460113

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: 04/08/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	06	01	TO	96	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 061996

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)
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	167	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.53	**********	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	**********	**********	*******	**********	32.2	**********	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	**********	**********	*******	**********	292.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.22	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,518.75	**********	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 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 08 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460114

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 061996

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	06	01	TO	96	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 04/08/96

MAJOR

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

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< 0.57	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	23.40	**********	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	**********	**********	*******	**********	1,960.00	**********	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	**********	**********	*******	**********	245.50	**********	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	**********	**********	*******	**********	67.80	**********	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< 1.72	**********	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	**********	**********	*******	**********	666.25	**********	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 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 08 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460115

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: 04/08/96

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 05-31-88

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	06	01	TO	96	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 061996

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	**********	**********	*******	**********	19,000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.740	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.680	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.680	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	53.300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.680	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.680	**********	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 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 08 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.

946460116

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 061996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 06 01	96 06 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/08/96

MAJOR

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

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< 1.680	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.740	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.740	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.740	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.740	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.740	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.740	**********	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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 08 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460117

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: 04/08/96

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 06 01	96 06 30

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061996 (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)
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	5.15	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.017	**********	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< 0.017	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.034	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.017	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.017	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.487	**********	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 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 08 22 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460118

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 061996

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

CREATED: 04/08/96

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 06 01	96 06 30
(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) (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< 0.017	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.017	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	69.55	**********	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 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 08 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.

946460119

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	
0 0 2 1 0 1 6	0 6	1 9 9 6	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	360	
Beryllium	01012	057	*
Cadmium	61527	2340	
Chromium	61512	66625	
Copper	61506	15875	
Iron	01045	19000	
Lead	61503	24550	
Mercury	01260	172	*
Molybdenum	01062	322	
Nickel	61515	6780	
Selenium	61518	222	
Zinc	61509	19600	
Selected Chemical Parameters			
Total Nitrogen	00625	16536	
Ammonia	71845	788	
Nitrate Nitrogen	71850	204	
Oil and Grease	00550	21649 5	
Phenols	46000	6955	
Phosphorus	00665	2920 0	
Calcium	00916	18515	
Magnesium	00927	4775	
Potassium	00937	1093 0	
Cyanide	00720	515	
Fluoride	00951	353	
Chloride	00940	167	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A. Martinelli	Chief Chemist	Arthur A. Martinelli	8/19/96

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460120

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 6 9 6	THRU	0 6 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
___ EPA Form 3320-1 For Reporting Period _____

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

Date 7/25/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 7/25/96

946460121

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

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

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	06	1996	5	1	Page 1 of 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:	980.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	13.0
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2154 07.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	116.41

**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:	57.9
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:	2010.
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	116.41
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	00210 16		

CERTIFICATE OF AUTHENTICITY

C.R.

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A. Martinelli	Chief Chemist	Arthur A. Martinelli	7-23-96

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460124

CHECK IF REVISED	DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.
☐			

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

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

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

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

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

946460125

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 6	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	0.017	*
Chlordane	39350	0.017	*
Dieldrin	39380	0.017	*
DDT	39370	0.034	*
Heptachlor	39410	0.017	*
Lindane	39782	0.017	*
PCB's	39516	0.487	*
Toxaphene	39400	0.017	*
Purgeables			
Benzene	34030	1.740	*
Carbon tetrachloride	32102	1.740	*
Chloroform	32106	1.740	*
Methylene Chloride	34423	1.740	*
Tetrachloroethylene	34475	1.740	*
Trichloroethylene	39180	1.740	*
Vinyl chloride	39175	1.740	*
Base/Neutrals and Acids			
Benzidine	39120	1.680	*
Benzo(a)pyrene	34247	1.680	*
Bis(2-ethylhexyl) phthalate	39100	53.300	
Hexachlorobenzene	39700	1.680	*
Hexachlorobutadiene	39702	1.680	*
N-nitrosodimethylamine	34438	1.680	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
8/9/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460126

T-VWX-008
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	07	1996	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	340	
Beryllium	01012	057	*
Cadmium	61527	1895	
Chromium	61512	40520	
Copper	61506	122750	
Iron	01045	12400	
Lead	61503	25700	
Mercury	01260	249	
Molybdenum	01062	1570	
Nickel	61515	7610	
Selenium	61518	227	*
Zinc	61509	184150	
Selected Chemical Parameters			
Total Nitrogen	00625	19012	
Ammonia	71845	704	
Nitrate Nitrogen	71850	18	*
Oil and Grease	00550	175893	
Phenols	46000	8616	
Phosphorus	00665	2830	
Calcium	00916	17205	
Magnesium	00927	4798	
Potassium	00937	1064	
Cyanide	00720	625	
Fluoride	00951	513	
Chloride	00940	150	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Arthur A. Martinelli — Signature
9/23/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460127

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 7	1 9 9 6	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	0.020	*
Chlordane	39350	0.020	*
Dieldrin	39380	0.020	*
DDT	39370	0.040	*
Heptachlor	39410	0.020	*
Lindane	39782	0.020	*
PCB's	39516	0.564	*
Toxaphene	39400	0.020	*
Purgeables			
Benzene	34030	2.000	*
Carbon tetrachloride	32102	2.000	*
Chloroform	32106	2.000	*
Methylene Chloride	34423	2.000	*
Tetrachloroethylene	34475	2.000	*
Trichloroethylene	39180	2.000	*
Vinyl chloride	39175	2.000	*
Base/Neutrals and Acids			
Benzidine	39120	16.700	*
Benzo(a)pyrene	34247	16.700	*
Bis(2-ethylhexyl) phthalate	39100	98.000	
Hexachlorobenzene	39700	16.700	*
Hexachlorobutadiene	39702	16.700	*
N-nitrosodimethylamine	34438	16.700	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Arthur A. Martinelli — Signature
8/20/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460128

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 7 9 6	THRU	0 7 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 05/96 & 06/96

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 8/23/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 8/22/96

946460129

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

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

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	07	1996	5	1	Page 1 of 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:	3705.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	13.1
2. Average Daily Sludge Production	(Gallons/Day)	B2:	222227.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	121.30

**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:	56.0
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:	2168
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	121.40
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
8/20/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460132

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 NPDES 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

946460133

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 8 9 6	THRU	0 8 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
1 EPA Form 3320-1 For Reporting Period 07/96

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 9/24/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 9/24/96

946460134

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 071996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 07 01	96 07 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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< 1.8	**********	MG/KG		1/30	COMP.
00621 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	175,893	**********	MG/KG		1/30	COMP.
61568 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N)	SAMPLE MEASUREMENT	**********	**********	*******	**********	19,012	**********	MG/KG		1/30	COMP.
78470 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,064	**********	MG/KG		1/30	COMP.
78472 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	704	**********	MG/KG		1/30	COMP.
82294 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,205	**********	MG/KG		1/30	COMP.
00917 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,798	**********	MG/KG		1/30	COMP.
00924 + 0 SLUDGE	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 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 09 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460136

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 071996

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	07	01	96	07	31

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

CREATED: 07/02/96

MAJOR

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

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	**********	**********	*******	**********	150	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.13	**********	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	**********	**********	*******	**********	15.70	**********	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	**********	**********	*******	**********	283.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.27	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,227.50	**********	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 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 09 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460137

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 071996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 07 01	96 07 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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)	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.57	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	18.95	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,841.50	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	257.00	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	76.10	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.49	**********	MG/KG		1/30	COMP.
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	405.20	**********	MG/KG		1/30	COMP.
78473 + 0 SLUDGE	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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 09 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460138

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 071996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 07 01	96 07 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	12,400	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 16.700	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 16.700	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	98.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 16.700	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 16.700	**********	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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 09 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460139

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 071996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 07 01	96 07 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 16.700	**********	MG/KG		1/30	COMP.
39705 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
34299 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
34318 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
34426 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
34478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
34487 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
34495 + 0 SLUDGE	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 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 09 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.

946460140

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 071996

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	07	01	TO	96	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 07/02/96

MAJOR

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

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	**********	**********	*******	**********	6.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.020	**********	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< 0.020	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.040	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.020	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.020	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.564	**********	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 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 09 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460141

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: 07/02/96

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 07 01	96 07 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 071996

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< 0.020	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.020	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61665 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	86.16	**********	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 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 09 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460142

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 8	1 9 9 6	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	542	
Beryllium	01012	053	*
Cadmium	61527	2245	
Chromium	61512	50050	
Copper	61506	11825 0	
Iron	01045	11200	
Lead	61503	18815	
Mercury	01260	837	
Molybdenum	01062	3930	
Nickel	61515	6660	
Selenium	61518	201	*
Zinc	61509	1861	
Selected Chemical Parameters			
Total Nitrogen	00625	17019	
Ammonia	71845	709	
Nitrate Nitrogen	71850	210	
Oil and Grease	00550	24386 0	
Phenols	46000	8289	
Phosphorus	00665	43700	
Calcium	00916	15465	
Magnesium	00927	3555	
Potassium	00937	1201	
Cyanide	00720	504	
Fluoride	00951	249	
Chloride	00940	1780	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A. Martinelli	Chief Chemist		10/22/96

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460143

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 6	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	0.016	*
Chlordane	39350	0.016	*
Dieldrin	39380	0.016	*
DDT	39370	0.032	*
Heptachlor	39410	0.016	*
Lindane	39782	0.224	
PCB's	39516	0.457	*
Toxaphene	39400	0.016	*
Purgeables			
Benzene	34030	1.650	*
Carbon tetrachloride	32102	1.650	*
Chloroform	32106	1.650	*
Methylene Chloride	34423	1.650	*
Tetrachloroethylene	34475	1.650	*
Trichloroethylene	39180	1.650	*
Vinyl chloride	39175	1.650	*
Base/Neutrals and Acids			
Benzidine	39120	5.500	*
Benzo(a)pyrene	34247	5.500	*
Bis(2-ethylhexyl) phthalate	39100	83.500	
Hexachlorobenzene	39700	5.500	*
Hexachlorobutadiene	39702	5.500	*
N-nitrosodimethylamine	34438	5.500	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
9/20/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460144

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 9 9 6	THRU	0 9 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
1 EPA Form 3320-1 For Reporting Period 08/96

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 10/25/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 11/25/96

946460145

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

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

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	08	1996	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	33.0
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	12419.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	14.1
2. Average Daily Sludge Production	(Gallons/Day)	B2:	236522.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	12900

**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:	57.0
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:	226.5
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	129.11
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
~~9/20~~/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460148

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

946460149

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: 07/02/96

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 08 01	96 08 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 081996

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	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.10	**********	MG/KG		1/30	COMP.
00621 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	243,860	**********	MG/KG		1/30	COMP.
61568 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N)	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,019	**********	MG/KG		1/30	COMP.
78470 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,201	**********	MG/KG		1/30	COMP.
78472 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	709	**********	MG/KG		1/30	COMP.
82294 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,465	**********	MG/KG		1/30	COMP.
00917 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,555	**********	MG/KG		1/30	COMP.
00924 + 0 SLUDGE	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 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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460150

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
96 08 01	96 08 31

DMR NUMBER: NJ0021016 SQ 5E 081996 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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	SAMPLE MEASUREMENT	**********	**********	*******	**********	178.0	**********	MG/KG		1/30	COMP.
00942 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.49	**********	MG/KG		1/30	COMP.
00949 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO)	SAMPLE MEASUREMENT	**********	**********	*******	**********	39.30	**********	MG/KG		1/30	COMP.
78465 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P)	SAMPLE MEASUREMENT	**********	**********	*******	**********	437.00	**********	MG/KG		1/30	COMP.
78478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.42	**********	MG/KG		1/30	COMP.
01003 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.01	**********	MG/KG		1/30	COMP.
01148 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,182.50	**********	MG/KG		1/30	COMP.
46394 + 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 U.S.C. 1001 AND 33 U.S.C. 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800
AREA CODE / NUMBER

DATE: 96 10 25
YEAR MO DAY

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460151

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 081996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 08 01	96 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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)	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.53	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	22.45	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,861	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	188.15	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	66.60	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.37	**********	MG/KG		1/30	COMP.
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	500.50	**********	MG/KG		1/30	COMP.
78473 + 0 SLUDGE	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 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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460152

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 081996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 08 01	96 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 06-31-98

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)	SAMPLE MEASUREMENT	**********	**********	*******	**********	11,200	**********	MG/KG		1/30	COMP.
78474 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
BENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.650	**********	MG/KG		1/30	COMP.
34237 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
BENZO(A)PYRENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.500	**********	MG/KG		1/30	COMP.
34260 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
N-NITROSODIMETHYLAMINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.500	**********	MG/KG		1/30	COMP.
34441 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	83.500	**********	MG/KG		1/30	COMP.
39102 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
BENZIDINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.500	**********	MG/KG		1/30	COMP.
39121 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.
HEXACHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.500	**********	MG/KG		1/30	COMP.
39701 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800 (AREA CODE / NUMBER)

DATE: 96 10 25 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460153

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: 07/02/96

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 06-31-98

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 08 01	96 08 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 081996

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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.650	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.650	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.650	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.650	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.650	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.650	**********	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 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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460154

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 081996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 08 01	96 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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	**********	**********	*******	**********	5.04	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.016	**********	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< 0.016	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.032	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.016	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.016	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.457	**********	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 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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460155

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 081996

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

MONITORING PERIOD

FROM YEAR MO DAY (20-21)(22-23)(24-25)	TO YEAR MO DAY (26-27)(28-29)(30-31)
96 08 01	96 08 31

CREATED: 07/02/96

MAJOR

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

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	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.224	**********	MG/KG		1/30	COMP.
61491 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.016	**********	MG/KG		1/30	COMP.
76044 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	82.89	**********	MG/KG		1/30	COMP.
61565 + 0 SLUDGE	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 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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460156

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 8 9 6	THRU	0 8 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
1 EPA Form 3320-1 For Reporting Period 07/96

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

Date 9/24/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 9/24/96

946460157

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																

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 2 9 7	THRU	0 2 9 7

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
4 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
___ EPA Form 3320-1 For Reporting Periods 09/96, 10/96, 11/96, 12/96

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, #0004998

Signature [signature]

Date 3/24/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 3/24/97

946460159

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

FRANK ORECHIO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
KEVIN ROBERTSON
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

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

Revised DOMESTIC WASTEWATER SLUDGE REPORT (T-VWX-007)
for Sept. 1996, Oct. 1996, Nov. 1996, and Dec. 1996.

The revision is for the HAULER REGISTRY NUMBER in SECTION D,
ULTIMATE SLUDGE MANAGEMENT SITE.

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

R

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0021016	09	1996	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	33.00
2. Industrial Conribution	(% of influent)	A2:	18
3. Average Daily Septage Treated	(Gallons/Day)	A3:	188863

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	12.4
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2497555
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	129.04

**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:	57.1
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	
Total Solids of 2.b.i.	(% by weight)	C5:	
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	226.2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	129.14
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	19316	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/26/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460162

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

946460163

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	1 0 9 6	THRU	1 0 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
1 EPA Form 3320-1 For Reporting Period 09/96

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 11/22/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 11/22/96

946460164

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 091996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 09 01	96 09 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	186,515	**********	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	**********	**********	*******	**********	13,037	**********	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	**********	**********	*******	**********	752	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	711	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,710	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,216	**********	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 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 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.

946460166

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: 07/02/96

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 09 01	96 09 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 091996

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	**********	**********	*******	**********	201.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78466 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	23.8	**********	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	**********	**********	*******	**********	295.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.59	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.84	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	987.85	**********	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	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 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.

946460167

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: 07/02/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091996 (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)
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	**********	**********	*******	**********	17.35	**********	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	**********	**********	*******	**********	1,802.5	**********	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	**********	**********	*******	**********	195.2	**********	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	**********	**********	*******	**********	640.5	**********	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	**********	**********	*******	**********	3.06	**********	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	**********	**********	*******	**********	434.1	**********	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 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 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.

946460167 A

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: 07/02/96

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 09 01	96 09 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 091996

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	**********	**********	*******	**********	13,100.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.690	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.370	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.370	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	66.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.370	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.370	**********	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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 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.

946460168

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 091996

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 07/02/96

MAJOR

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

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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.370	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.690	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.690	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.690	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.690	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.690	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.690	**********	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 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 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.

946460169

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 07/02/96

MAJOR

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

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
96 09 01	96 09 30

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091996 (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)
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.35	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.008	**********	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< 0.008	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.017	**********	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< 0.008	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.237	**********	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 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 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.

946460170

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 091996

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 07/02/96

MAJOR

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

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< 0.008	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 76044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.008	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	104.06	**********	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 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 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.

946460171

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 9 9 6	THRU	0 9 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
1 EPA Form 3320-1 For Reporting Period 08/96

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 10/25/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 10/25/96

946460172

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

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

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

T-V
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	09	1996	5	1	Page 1 of 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:	188 63.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	12.4
2. Average Daily Sludge Production	(Gallons/Day)	B2:	249755.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	129.04

**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:	57.1
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	226.2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	129.14
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
10/21/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460175

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

946460176

DANIEL F. BECHT, ESQ.
CHAIRMAN

FRANK ORECHIO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
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ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

December 5, 1996

NJDEP
Division of Water Quality
Bureau of Permit Management
CN-029
Trenton, New Jersey 08625-0029

ATTN: Patty Long

Re: NJ 0021016

Dear Ms. Long:

Enclosed please find a revised copy of the September 1996 SQ5E Sludge Quality/Oxidation Sludge Report. If you have any questions please call me at (201) 817-5786.

Yours truly,

PASSAIC VALLEY SEWERAGE COMMISSIONERS

Phil Habrukowich
Ass't Plant Superintendent

PH/ja
Enclosure

R.R.R. - Z 754 174 197

946460177

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 091996 (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
96 09 01	96 09 30
(26-27)(28-29)(30-31)	

CREATED: 07/02/96

MAJOR

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

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) 61624 + 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 61627 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.35	**********	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	**********	**********	*******	**********	1,802.5	**********	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	**********	**********	*******	**********	195.2	**********	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	**********	**********	*******	**********	64.05	**********	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	**********	**********	*******	**********	3.06	**********	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	**********	**********	*******	**********	434.1	**********	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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 12 05 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

REVISED SLUDGE QUALITY / OXIDATION SLUDGE REPORT

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 091996

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 07/02/96

MAJOR

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

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< 0.58	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	17.35	**********	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	**********	**********	********	**********	1,802.5	**********	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	**********	**********	********	**********	195.2	**********	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	**********	**********	********	**********	640.5	**********	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	**********	**********	********	**********	3.06	**********	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	**********	**********	********	**********	434.1	**********	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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 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

946460179

ORIGINAL SLUDGE QUALITY/OXIDATION SLUDGE REPORT

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

REVISED

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	REPORTING PERIOD Yr.	REPORTING CATEGORY
0021016	09	1996	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	359	
Beryllium	01012	058	*
Cadmium	61527	1735	
Chromium	61512	4341	
Copper	61506	98785	
Iron	01045	13100	
Lead	61503	1952	
Mercury	01260	306	
Molybdenum	01062	238	
Nickel	61515	6405	
Selenium	61518	184	
Zinc	61509	18025	
Selected Chemical Parameters			
Total Nitrogen	00625	13037	
Ammonia	71845	711	
Nitrate Nitrogen	71850	17	*
Oil and Grease	00550	186515	
Phenols	46000	10406	
Phosphorus	00665	2950	
Calcium	00916	13710	
Magnesium	00927	3216	
Potassium	00937	752	
Cyanide	00720	635	
Fluoride	00951	193	
Chloride	00940	2010	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
11/25/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460180

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	1996	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	0.008	*
Chlordane	39350	0.008	*
Dieldrin	39380	0.008	*
DDT	39370	0.017	*
Heptachlor	39410	0.008	*
Lindane	39782	0.008	*
PCB's	39516	0.237	*
Toxaphene	39400	0.008	*
Purgeables			
Benzene	34030	1.690	*
Carbon tetrachloride	32102	1.690	*
Chloroform	32106	1.690	*
Methylene Chloride	34423	1.690	*
Tetrachloroethylene	34475	1.690	*
Trichloroethylene	39180	1.690	*
Vinyl chloride	39175	1.690	*
Base/Neutrals and Acids			
Benzidine	39120	7.370	*
Benzo(a)pyrene	34247	7.370	*
Bis(2-ethylhexyl) phthalate	39100	66.900	
Hexachlorobenzene	39700	7.370	*
Hexachlorobutadiene	39702	7.370	*
N-nitrosodimethylamine	34438	7.370	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
10/28/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460181

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	09	1996	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	359	
Beryllium	01012	058	*
Cadmium	61527	1735	
Chromium	61512	4341	
Copper	61506	98785	
Iron	01045	13100	
Lead	61503	1952	
Mercury	01260	306	
Molybdenum	01062	238	
Nickel	61515	6405	
Selenium	61518	184	
Zinc	61509	18025	
Selected Chemical Parameters			
Total Nitrogen	00625	13037	
Ammonia	71845	711	
Nitrate Nitrogen	71850	17	*
Oil and Grease	00550	186515	
Phenols	46000	10406	
Phosphorus	00665	2950	
Calcium	00916	13710	
Magnesium	00927	3216	
Potassium	00937	752	
Cyanide	00720	635	
Fluoride	00951	193	
Chloride	00940	2010	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist		11/22/96
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460182

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	1996	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	166	*
Beryllium	01012	052	*
Cadmium	61527	2045	
Chromium	61512	59985	
Copper	61506	12135	
Iron	01045	11100	
Lead	61503	22205	
Mercury	01260	175	*
Molybdenum	01062	185	
Nickel	61515	1006	
Selenium	61518	103	*
Zinc	61509	195250	
Selected Chemical Parameters			
Total Nitrogen	00625	17723	
Ammonia	71845	883	
Nitrate Nitrogen	71850	17	*
Oil and Grease	00550	183422	
Phenols	46000	15873	
Phosphorus	00665	1480	
Calcium	00916	16550	
Magnesium	00927	4020	
Potassium	00937	15111	
Cyanide	00720	375	
Fluoride	00951	175	*
Chloride	00940	1800	

CERTIFICATE OF AUTHENTICITY

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

Chief Chemist — Title

Signature — Date 12/18/96

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460183

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	1996	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	0.0083	*
Chlordane	39350	0.0083	*
Dieldrin	39380	0.0083	*
DDT	39370	0.1667	*
Heptachlor	39410	0.0083	*
Lindane	39782	0.0083	*
PCB's	39516	2.360	*
Toxaphene	39400	0.0083	*
Purgeables			
Benzene	34030	1.710	*
Carbon tetrachloride	32102	1.710	*
Chloroform	32106	1.710	*
Methylene Chloride	34423	1.710	*
Tetrachloroethylene	34475	1.710	*
Trichloroethylene	39180	1.710	*
Vinyl chloride	39175	1.710	*
Base/Neutrals and Acids			
Benzidine	39120	5.050	*
Benzo(a)pyrene	34247	70.800	
Bis(2-ethylhexyl) phthalate	39100	5.050	*
Hexachlorobenzene	39700	5.050	*
Hexachlorobutadiene	39702	5.050	*
N-nitrosodimethylamine	34438	5.050	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
12/9/96 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460184

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

R

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 6	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:	3 4 8 2 6 .

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

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

**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 . 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:	1 9 6 . 1
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 1 1 . 1 8
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 9 3 1 6	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
2/26/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460185

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

946460186

Alternative equations may be utilized if approved in writing by NJDEP

DANIEL F. BECHT, ESQ.
CHAIRMAN

FRANK ORECHIO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
KEVIN ROBERTSON
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

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

Revised DOMESTIC WASTEWATER SLUDGE REPORT (T-VWX-007)
for Sept. 1996, Oct. 1996, Nov. 1996, and Dec. 1996.

The revision is for the HAULER REGISTRY NUMBER in SECTION D,
ULTIMATE SLUDGE MANAGEMENT SITE.

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	1 1 9 6	THRU	1 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
1 EPA Form 3320-1 For Reporting Period 10/96

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

Date 12/20/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 12/20/96

946460188

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																

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 2 9 7	THRU	0 2 9 7

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

4 T-VWX-007 ____ T-VWX-008 ____ T-VWX-009

____ EPA Form 3320-1 For Reporting Periods 09/96, 10/96, 11/96, 12/96

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, #0004998

Signature

Date 3/24/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 3/24/97

946460190

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 101996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 10 01	96 10 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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 (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	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	183,422	**********	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	**********	**********	*******	**********	17,723	**********	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	**********	**********	*******	**********	1,511	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	883	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	16,550	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,020	**********	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 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 12 20
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.

946460192

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 101996

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	10	01	96	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

CREATED: 07/02/96

MAJOR

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

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	**********	**********	*******	**********	180.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.75	**********	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	**********	**********	*******	**********	18.5	**********	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	**********	**********	*******	**********	148.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.66	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.03	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,213.75	**********	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 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 12 20 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460193

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
96 10 01	96 10 31

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

CREATED: 07/02/96

MAJOR

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

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101996

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) 61624 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.52	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61627 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20.45	**********	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	**********	**********	*******	**********	1,952.50	**********	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	**********	**********	*******	**********	222.05	**********	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	**********	**********	*******	**********	100.6	**********	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< 1.75	**********	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	**********	**********	*******	**********	599.85	**********	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	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 12 20
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.

946460194

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 101996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 10 01	96 10 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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	**********	**********	*******	**********	11,100.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.710	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	70.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.050	**********	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 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 12 20 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460195

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: 07/02/96

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 10 01	96 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 101996

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 39706 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 5.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.710	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.710	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.710	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.710	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.710	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34496 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.710	**********	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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 12 20 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460196

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 101996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 10 01	96 10 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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	**********	**********	*******	**********	3.75	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.083	**********	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< 0.083	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.167	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.083	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.083	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.360	**********	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 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 12 20
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.

946460197

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 101996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 10 01	96 10 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/96

MAJOR

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

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< 0.083	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 76044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.083	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61666 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	158.73	**********	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 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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 12 20 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460198

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	1 0 9 6	THRU	1 0 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
1 EPA Form 3320-1 For Reporting Period 09/96

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 11/22/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature: [signature]

Date 11/22/96

946460199

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																

946460200

DANIEL F. BECHT, ESQ.
CHAIRMAN

FRANK ORECHIO
VICE CHAIRMAN

THOMAS J. CIFELLI
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

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

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
00210016	10	1996	5	1	Page 1 of 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:	34826.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	12.8
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2091222.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	111.10

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	56.7
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	196.1
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	111.18
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	00210016		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist		11/22/96
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460202

CHECK IF REVISED	DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.
☐			

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

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

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%
= 1.265 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 = $\frac{\text{VS before} - \text{VS after}}{\text{VS before} - (\text{VS before} \times \text{VS after})} \times 100$

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

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

NOV 1996
Received
Director of
Mgmt. Services

ACCREDITED LABORATORIES

Implementing Tomorrows Technology, Today . . .

FAX MESSAGE

TO: Ed Rizzo

DATE: 11/22/96

COMPANY: P.V.SA.

PAGES: 5

FAX #: (201) 344-2951

FROM: Anne
Client Services

SUBJECT: Bromide Detection Review Case 1045 JE-34

QUOTE #:

COMMENTS: Thanks for Your Patience!

Accredited Laboratories, Inc.
Foot of Pershing Avenue
Carteret, NJ 07008-0369
1-800-254-LABS

CLIENT SERVICES FAX #
(908) 541-8257

ACCREDITED LABORATORIES, INC.
Implementing Tomorrow's Technology, Today™...

Analytical Data Report

for

Passaic Valley Sewerage Commission
600 Wilson Ave.
Newark, NJ 07105

Project: Contract #967

Accredited Laboratories Case No.: 1045
Date Received: 10/02/96

Field ID	Laboratory Sample #
JE-34	9618153
JZFC-32	9618154

Accredited Laboratories, Inc. New Jersey Certification Number 12007. This data has been reviewed and accepted by:

Yun-shen Lee, Ph.D. 10/22/96
Technical Director

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

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ACCREDITED LABORATORIES, INC.
P.O. BOX 369, FOOT OF PERSHING AVENUE
CARTERET, NEW JERSEY 07008-0369
PHONE: (908) 541-2025 / (800) ALI-LABS
FAX: (908) 541-8257 / 1383

CHAIN OF CUSTODY FORM

PAGE 1 OF 1

CLIENT	Passaic Valley Sewerage Comm	PROJECT	Contract #967
ADDRESS	600 Wilson Ave.		Ed Rys / Art Martinelli
CITY	Newark		(201) 817-5759
STATE	NJ	ZIP 07105	(201) 344-2951

ALI SAMPLE #	FIELD ID	C	M	DATE/TIME SAMPLED	SAMPLE DESCRIPTION	ANALYSIS
9618153	JE-34	1	A	10-1-96 11AM-12AM	24 HR. EFFLUENT COMP	Copper (TR) Lead (TR) Mercury (TR) Nickel (TR) Zinc (TR)
9618154	JEFL-32	1	G	9-30-96 VARIOUS	SEPT. FILTER PRESS SLUDGE COMPOSITE	CHLORIDES, FLUORIDES NITRATE NITROGEN, TOTAL PHOSPHATE

M=MATRIX A=AQUEOUS S=SOLID G=SLUDGE P=POTABLE W=WATER L=LIQUID F=FILTER R=RESOLID X=OTHER

TURNAROUND: As Per Contract (If Blank, Std. 3 weeks)

STD | REDUCED | FULL | NY-ASP | CLP I | CLP II

RELINQUISHED BY: PRINT	SIGN	RECEIVED BY: PRINT	SIGN	ORGANIZATION	DATE	TIME	REASON
[illegible]	[illegible]	[illegible]	[illegible]	ALI	10/2/96	12:05	Transport
[illegible]	[illegible]	N. Martinelli	[illegible]	ALI	10/2/96	3:30	Analysis

PERSON(S) ASSUMING RESPONSIBILITY FOR SAMPLING: PRINT: SIGN:

(TR) - TOTAL RECOVERABLE METHOD - PLEASE FOLLOW THE NEW RECOMMENDED QUANTITATION LEVELS (ug/L) ONLY WHERE (TR) INDICATED

C-1045
168431

946460206

ACCREDITED LABORATORIES, INC.
INORGANIC ANALYSIS DATA SHEET

Case #: 1045
Sample #: 9618153
Field ID: JE-34
Client Name: PVSC

Matrix: Aqueous
Date Received: 10/02/96

CAS No.	Element	Result UG/L	MDL UG/L	Dilution Factor	Method	Date Analyzed
7440-50-8	Copper	18.4	10.0	1	P	11/19/96
7439-92-1	Lead	ND	10.0	1	P	11/19/96
7440-02-0	Nickel	21.8	10.0	1	P	11/19/96

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

ACCREDITED LABORATORIES, INC.
INORGANIC ANALYSIS DATA SHEET

Sample #: P8W663 Matrix: Aqueous
Field ID: PREPBLANK Date Prepared: 10/17/96

CAS No.	Element	Result UG/L	MDL UG/L	Dilution Factor	Method	Date Analyzed
7440-50-8	Copper	ND	10.0	1	P	11/19/96
7439-92-1	Lead	ND	10.0	1	P	11/19/96
7440-02-0	Nickel	ND	10.0	1	P	11/19/96

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

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	1996	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	4.58	
Beryllium	01012	0.57	*
Cadmium	61527	21.05	
Chromium	61512	576.90	
Copper	61506	1260.00	
Iron	01045	12300.00	
Lead	61503	184.45	
Mercury	01260	2.93	
Molybdenum	01062	17.2	
Nickel	61515	66.95	
Selenium	61518	3.98	
Zinc	61509	270.650	
Selected Chemical Parameters			
Total Nitrogen	00625	1786.4	
Ammonia	71845	10.10	
Nitrate Nitrogen	71850	1.8	*
Oil and Grease	00550	2553.76	
Phenols	46000	1266.61	
Phosphorus	00665	27.50	
Calcium	00916	1874.5	
Magnesium	00927	44.59	
Potassium	00937	11.35	
Cyanide	00720	4.48	
Fluoride	00951	5.6	
Chloride	00940	123.0	

CERTIFICATE OF AUTHENTICITY

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

Chief Chemist — Title

Signature

1/13/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460209

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	1996	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	0.018	*
Chlordane	39350	0.018	*
Dieldrin	39380	0.018	*
DDT	39370	0.035	*
Heptachlor	39410	0.018	*
Lindane	39782	0.018	*
PCB's	39516	0.495	*
Toxaphene	39400	0.018	*
Purgeables			
Benzene	34030	1.780	*
Carbon tetrachloride	32102	1.780	*
Chloroform	32106	1.780	*
Methylene Chloride	34423	1.780	*
Tetrachloroethylene	34475	1.780	*
Trichloroethylene	39180	1.780	*
Vinyl chloride	39175	1.780	*
Base/Neutrals and Acids			
Benzidine	39120	8.130	*
Benzo(a)pyrene	34247	8.130	*
Bis(2-ethylhexyl) phthalate	39100	68.600	
Hexachlorobenzene	39700	8.130	*
Hexachlorobutadiene	39702	8.130	*
N-nitrosodimethylamine	34438	8.130	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
1/7/97 — Date

Laboratory Name: Integrated Analytical Laboratories, Inc. Cert No. 14751

946460210

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 2 9 7	THRU	0 2 9 7

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

4 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009

___ EPA Form 3320-1 For Reporting Periods 09/96, 10/96, 11/96, 12/96

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 #0004998

Signature

Date 3/24/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 3/24/97

946460211

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

FRANK ORECHIO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
KEVIN ROBERTSON
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

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

Revised DOMESTIC WASTEWATER SLUDGE REPORT (T-VWX-007)
for Sept. 1996, Oct. 1996, Nov. 1996, and Dec. 1996.

The revision is for the HAULER REGISTRY NUMBER in SECTION D,
ULTIMATE SLUDGE MANAGEMENT SITE.

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

R

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 6	5	1	Page 1 of 1

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:	30100

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	11.7
2. Average Daily Sludge Production	(Gallons/Day)	B2:	195784
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	95.61

**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:	55.8
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:	171.5
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	95.68
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	19316	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Arthur A. Martinelli — Signature
2/26/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460214

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

946460215

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	1 2 9 6	THRU	1 2 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
1 EPA Form 3320-1 For Reporting Period 11/96
Revised T-VWX-007 for 3/96, 5/96, 11/96

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 1/24/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

1/24/97

946460216

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																

946460217

DANIEL F. BECHT, ESQ.
CHAIRMAN

FRANK ORECHIO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
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RAYMOND LUCHKO
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DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
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(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

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

Includes revised Domestic Wastewater Sludge Reports for March 1996, May 1996, and November 1996.

946460218

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0021016	11	1996	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:	30100

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	11.7
2. Average Daily Sludge Production	(Gallons/Day)	B2:	195784
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	956.1

**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:	55.8
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:	171.5
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	956.8
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
1/1/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460219

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%
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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

946460220

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 10/30/96

MAJOR

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

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: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

MONITORING PERIOD

	YEAR	MO	DAY
FROM	96	11	01
TO	96	11	30

(20-21)(22-23)(34-35) (26-27)(28-29)(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 111996

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	**********	**********	*******	**********	ND< 1.8	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	255,376	**********	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	**********	**********	*******	**********	17,864	**********	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	**********	**********	*******	**********	1,135	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,010	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18,745	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,459	**********	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 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	97 01 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460221

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 111996

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	11	01	96	11	30

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

CREATED: 10/30/96

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 06-31-98

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	**********	**********	*******	**********	123.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78485 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.2	**********	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	**********	**********	*******	**********	275.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.58	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.98	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,260.00	**********	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 U.S.C. 1001 AND 33 U.S.C. 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800 (AREA CODE / NUMBER)

DATE: 97 01 23 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460222

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 10/30/96

MAJOR

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

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

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

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 11 01	96 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 111996

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< 0.57	**********	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	**********	**********	*******	**********	2,706.50	**********	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	**********	**********	*******	**********	184.45	**********	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	**********	**********	*******	**********	66.95	**********	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	**********	**********	*******	**********	2.93	**********	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	**********	**********	*******	**********	576.90	**********	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 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	97 01 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460223

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 111996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 11 01	96 11 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/30/96

MAJOR

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

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	**********	**********	*******	**********	12,300.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.130	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.130	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	68.600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.130	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.130	**********	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 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	97 01 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460224

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 111996

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	11	01	TO	96	11	30
	(20-21)	(22-23)	(24-29)		(26-27)	(28-29)	(30-31)

CREATED: 10/30/96

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 06-31-98

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< 8.130	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.780	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 1.780	**********	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 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	97 01 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460225

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 111996

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	11	01	96	11	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

CREATED: 10/30/96

MAJOR

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

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	**********	**********	********	**********	4.48	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.018	**********	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< 0.018	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.035	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.018	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.018	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.495	**********	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 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	97 01 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460226

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 111996

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	11	01	96	11	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

CREATED: 10/30/96

MAJOR

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

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< 0.018	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 76044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.018	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	126.61	**********	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 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	97 01 23 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460227

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	1 1 9 6	THRU	1 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
1 EPA Form 3320-1 For Reporting Period 10/96

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

Date 12/20/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 12/20/96

946460228

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

FRANK ORECHIO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
KEVIN ROBERTSON
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

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

946460230

T-V'.VX-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	1996	5	1	Page 1 of

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:	30100

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	11.7
2. Average Daily Sludge Production	(Gallons/Day)	B2:	177293
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	8658

**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:	55.8
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:	1553
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	8665
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
12/19/96 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460231

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

946460232

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	1996	5	2

FACILITY NAME: Passaic Valley Sewerage

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	210	
Beryllium	01012	007	*
Cadmium	61527	2670	
Chromium	61512	5520	
Copper	61506	10690	
Iron	01045	16700	
Lead	61503	19455	
Mercury	01260	410	
Molybdenum	01062	248	
Nickel	61515	6695	
Selenium	61518	268	
Zinc	61509	23890	
Selected Chemical Parameters			
Total Nitrogen	00625	19612	
Ammonia	71845	834	
Nitrate Nitrogen	71850	978	
Oil and Grease	00550	18231 0	
Phenols	46000	9161	
Phosphorus	00665	16900	
Calcium	00916	17450	
Magnesium	00927	41530	
Potassium	00937	12790	
Cyanide	00720	496	
Fluoride	00951	119	
Chloride	00940	922	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/18/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460233

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	1996	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.03	*
Chlordane	39350	0.03	*
Dieldrin	39380	0.03	*
DDT	39370	0.03	*
Heptachlor	39410	0.03	*
Lindane	39782	0.03	*
PCB's	39516	0.03	*
Toxaphene	39400	0.03	*
Purgeables			
Benzene	34030	0.20	
Carbon tetrachloride	32102	0.10	*
Chloroform	32106	0.10	*
Methylene Chloride	34423	0.10	*
Tetrachloroethylene	34475	0.10	*
Trichloroethylene	39180	0.10	*
Vinyl chloride	39175	0.10	*
Base/Neutrals and Acids			
Benzidine	39120	200.50	*
Benzo(a)pyrene	34247	40.10	*
Bis(2-ethylhexyl) phthalate	39100	184.00	
Hexachlorobenzene	39700	40.10	*
Hexachlorobutadiene	39702	40.10	*
N-nitrosodimethylamine	34438	40.10	*

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
2/18/97 — Date

Laboratory Name: Garden State Laboratories, Inc
Cert No. 20044

946460234

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 2 9 7	THRU	0 2 9 7

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

4 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009

___ EPA Form 3320-1 For Reporting Periods 09/96, 10/96, 11/96, 12/96

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 #0004998

Signature

Date 3/24/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 3/24/97

946460235

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

FRANK ORECHIO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
KEVIN ROBERTSON
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

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

Revised DOMESTIC WASTEWATER SLUDGE REPORT (T-VWX-007)
for Sept. 1996, Oct. 1996, Nov. 1996, and Dec. 1996.

The revision is for the HAULER REGISTRY NUMBER in SECTION D,
ULTIMATE SLUDGE MANAGEMENT SITE.

946460237

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

R

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 6	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:	2998 4

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	115
2. Average Daily Sludge Production	(Gallons/Day)	B2:	237727
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	11391

**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:	554
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:	2058
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	11400
4. pH of Sludge Removed	(Standard Units)	C9:	56

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

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

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

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
E	PASSAIC VALLEY	00210 16		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/26/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460238

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

946460239

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 7	THRU	0 1 9 7

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
1 EPA Form 3320-1 For Reporting Period 1/96-12/96

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 2/25/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 2/25/97

946460240

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 5D 121996

(2-16)	(17-19)
NJ0021016	SQ5D
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 01 01	96 12 31
(20-21)(22-23)(24-26)	(28-27)(28-29)(30-31)

CREATED: 01/23/96

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 06-31-98

SLUDGE QUALITY
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)
ANNUAL AMT. SLUDGE DISPOSED BY OTHER METH.	SAMPLE MEASUREMENT	CODE=NODI	**********	METRIC	**********	**********	**********	*******			
49017 + 0 SLUDGE	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********	TON / YR	**********	**********	**********			ANNUAL	CALCTD
ANNUAL AMT. OF SLUDGE INCINERATED	SAMPLE MEASUREMENT	CODE=NODI	**********	METRIC	**********	**********	**********	*******			
49018 + 0 SLUDGE	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********	TON / YR	**********	**********	**********			ANNUAL	CALCTD
ANNUAL SLUDGE PRODUCTION, TOTAL	SAMPLE MEASUREMENT	39,978.67	**********	METRIC	**********	**********	**********	*******		ANNUAL	CALC
49019 + 0 SLUDGE	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********	TON / YR	**********	**********	**********			ANNUAL	CALCTD
ANNUAL AMOUNT OF SLUDGE LAND APPLIED	SAMPLE MEASUREMENT	11,842.23	**********	METRIC	**********	**********	**********	*******		ANNUAL	CALC
49020 + 0 SLUDGE	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********	TON / YR	**********	**********	**********			ANNUAL	CALCTD
ANNUAL AMT. OF SLUDGE DISPOSED SURFACE UNT	SAMPLE MEASUREMENT	CODE=NODI	**********	METRIC	**********	**********	**********	*******			
49021 + 0 SLUDGE	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********	TON / YR	**********	**********	**********			ANNUAL	CALCTD
ANNUAL AMT. OF SLUDGE DISPOSED IN LANDFILL	SAMPLE MEASUREMENT	28,136.44	**********	METRIC	**********	**********	**********	*******		ANNUAL	CALC
49022 + 0 SLUDGE	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********	TON / YR	**********	**********	**********			ANNUAL	CALCTD
ANNUAL AMT. OF SLUDGE TRANSPORTED INTERSTATE	SAMPLE MEASUREMENT	38,312.62	**********	METRIC	**********	**********	**********	*******		ANNUAL	CALC
49023 + 0 SLUDGE	PERMIT REQUIREMENT	REPORT ANNL TOTAL	**********	TON / YR	**********	**********	**********			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	97 02 24 YEAR MO DAY
TYPED OR PRINTED				

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

946460242

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 7	THRU	0 1 9 7

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
1 EPA Form 3320-1 For Reporting Period 12/96

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 2/25/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 2/25/97

946460243

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: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

DMR NUMBER: NJ0021016 SQ 5E 121996

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	12	01	96	12	31

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

CREATED: 10/30/96

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 06-31-98

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 (69-78)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.78	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	182,310	**********	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	**********	**********	*******	**********	19,612	**********	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	**********	**********	*******	**********	1,279.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	834	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,450	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,153.0	**********	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 U.S.C. 1001 AND 33 U.S.C. 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800 (AREA CODE / NUMBER)

DATE: 97 02 24 (YEAR MO DAY)

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460245

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 121996

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	12	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 10/30/96

MAJOR

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

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	**********	**********	*******	**********	92.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11.9	**********	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	**********	**********	*******	**********	24.8	**********	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	**********	**********	*******	**********	16,900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.68	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,006.90	**********	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 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	97 02 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460246

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 121996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 12 01	96 12 31
(20-21)(22-23)(34-35)	(26-27)(28-29)(30-31)

CREATED: 10/30/96

MAJOR

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

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 (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)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 81524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.07	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 81527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	26.70	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,389.0	**********	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	**********	**********	*******	**********	194.55	**********	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	**********	**********	*******	**********	66.95	**********	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	**********	**********	*******	**********	4.10	**********	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	**********	**********	*******	**********	550.20	**********	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 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	97 02 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460247

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 121996 (20-21)(22-23)(24-28)

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 12 01	96 12 31

CREATED: 10/30/96

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 06-31-98

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 (69-79)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	16,700.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	0.20	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 40.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 40.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	184.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 200.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 40.10	**********	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 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	97 02 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460248

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 121996

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 12 01	96 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/30/96

MAJOR

Form Approved.
OMB No.2040-0004
Approval expires 06-31-98

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< 40.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	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 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	97 02 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460249

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 121996

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	12	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 10/30/96

MAJOR

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

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 (69-79)
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	4.96	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.03	**********	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< 0.03	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.03	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.03	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.03	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 0.03	**********	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 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	97 02 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460250

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 10/30/96

MAJOR

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

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: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	12	01	TO	96	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 5E 121996

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< 0.03	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.03	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	91.61	**********	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 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	97 02 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460251

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	1 2 9 6	THRU	1 2 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
1 EPA Form 3320-1 For Reporting Period 11/96
Revised T-VWX-007 for 3/96, 5/96, 11/96

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 1/24/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 1/24/97

946460252

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

FRANK ORECHIO
VICE CHAIRMAN

DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
JAMES KRONE
RAYMOND LUCHKO
KEVIN ROBERTSON
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

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

Includes revised Domestic Wastewater Sludge Reports for March 1996, May 1996, and November 1996.

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	12	1996	5	1	Page 1 of

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:	29984

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	11.5
2. Average Daily Sludge Production	(Gallons/Day)	B2:	237727
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	113.91

**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:	55.4
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:	205.8
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	114.00
4. pH of Sludge Removed	(Standard Units)	C9:	5.6

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
1/23/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946460255

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

946460256

ACCREDITED LABORATORIES, INC.
Implementing Tomorrow's Technology, Today™...

Analytical Data Report

for

Passaic Valley Sewerage Commission
600 Wilson Ave.
Newark, NJ 07105

Project: Contract #967

Accredited Laboratories Case No.: 9141
Date Received: 08/07/96

Field ID	Laboratory Sample #
HFPC-130	9613862

Accredited Laboratories, Inc. New Jersey Certification Number 12007. This data has been reviewed and accepted by:

Yun-shen Lee, Ph.D. 8/29/96
Technical Director

Add 1,2-Diphenylhydrazine

Revised 9/30/96

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

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ACCREDITED LABORATORIES, INC.
P.O. BOX 369, FOOT OF PERSHING AVENUE
CARTERET, NEW JERSEY 07008-0369
PHONE: (908) 541-2025 / (800) ALI-LABS
FAX: (908) 541-8257 / 1383

CHAIN OF CUSTODY FORM

CLIENT	Passaic Valley Sewerage Comm.	PROJECT	Contract #967
ADDRESS	600 Wilson Ave.	CONTACT	Ed. Rys / Art Martinelli
CITY	Newark	PHONE	(201) 817-5759
STATE	NJ	ZIP 07105	FAX (201) 344-2951

ALI SAMPLE #	FIELD ID	*C	**M	DATE / TIME SAMPLED	SAMPLE DESCRIPTION	ANALYSIS
9613862	HFPC-130	2	G	8-6-96 Time N/A	Filter Press Sludge GRAB	Acid Compounds + 10 Highest Peaks
						Base/Neut. Comp. + 15 Highest Peaks
						Purgeables + 15 Highest Peaks
						Pesticides/PCB's
						2,3,7,8-Tetrachlorodibenzo-p-Dioxin
						Priority Pollutant Metals Scan
						Total Cyanide
						Phenolics

**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	D. Murdock	D. Murdock	A.L.I	8/6/96	1:15 pm	Pick up
D. Murdock	D. Murdock	A. Martinelli	A. Martinelli	A.L.I	8/6/96	3:20 pm	Analytical

PERSON(S) ASSUMING RESPONSIBILITY FOR SAMPLING: PRINT: _____ SIGN: _____

COMMENTS	

ALI QUOTE #	
ALI CASE #	9141
P.O. #	167393

946460253

CUSTOMER CHANGE ORDER

INITIATOR Helder

DATE 9/27

CLIENT PVSC

PHONE

CONTACT Art Martinelli

FAX

CASE # 9141

DEMAND DATE ASAP

HOLDING TIME IS UP ON

CHANGE ORDER REQUEST:

Report 1,2 Diphenylhydrazine

Laboratory Manager Approval Date

Sales Manager Approval Date

Dist.: Gaydos,Miller,Geib,Skelton,Lawlor,Lee,Heilweil

Individual(s) responsible for implementation:

Date Required

946460259

ACCREDITED LABORATORIES, INC.
Implementing Tomorrow's Technology, Today.™

MEMORANDUM

To: Our Clients
From: Yun-Shen Lee, Ph.D.
Technical Director
Subject: Organic Data Reporting
Date: July 25, 1995

****

Accredited Laboratories, Inc. is streamlining its computer processing for organic data reporting formats in order to decrease data processing time while ensuring the highest data quality, and eliminating the possibility of human error.

You will now receive a data sheet for each analysis when the detected analyte(s) in the initial analysis is (are) exceeding the instrument linear range. In this instance, the detected analyte which exceeds the highest calibration standard is flagged with a "E" qualifier marked next to the detected concentration. Subsequently a diluted analysis, which is indicated with a suffix "DL" to the lab sample #, is performed. All detected analytes in the diluted analysis are flagged with a "D" qualifier marked next to the detected concentration. When you receive more than one result sheet for one analysis, you should use all reported values, including the not detected results, presented in the original analysis except for the analyte(s) with an "E" qualifier. The proper concentration of the analyte with "E" qualifier in the original analysis is reported in the diluted analysis and flagged with a "D" qualifier.

It is our intention to continue providing quality data with speedy turn-around. If you have any questions regarding the change on the data reporting formats, or any other questions please feel free to call our client service department at 1-800 ALI-LABS, ext. 315.

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ACCREDITED LABORATORIES, INC.
BNA ORGANIC ANALYSIS DATA

CASE NUMBER	9141	MATRIX	Sludge
SAMPLE NUMBER	9613862	DILUTION FACTOR	5
DATA FILE	>F7750	DATE EXTRACTED	08/09/96
CLIENT NAME	PVSC	DATE ANALYZED	08/15/96
FIELD ID	HFPC-130	ANALYZED BY	LARRY

CAS #	COMPOUND	UG/KG	MDL	CAS #	COMPOUND	UG/KG	MDL
83329	Acenaphthene	U	2900	51285	2,4-Dinitrophenol	U	2900
208968	Acenaphthylene	U	2900	121142	2,4-Dinitrotoluene	U	2900
120127	Anthracene	U	2900	606202	2,6-Dinitrotoluene	U	2900
56553	Benzo(a)Anthracene	U	2900	117840	Di-n-octyl phthalate	2600 J	2900
50328	Benzo(a)Pyrene	U	2900	206440	Fluoranthene	U	2900
205992	Benzo(b)fluoranthene	U	2900	86737	Fluorene	U	2900
191242	Benzo(g,h,i)Perylene	U	2900	118741	Hexachlorobenzene	U	2900
207089	Benzo(k)Fluoranthene	U	2900	87683	Hexachlorobutadiene	U	2900
65850	Benzoic Acid	U	14000	77474	Hexachlorocyclopentadiene	U	2900
100516	Benzyl Alcohol	U	2900	67721	Hexachloroethane	U	2900
111444	bis(-2-Chloroethyl)Ether	U	2900	193395	Indeno(1,2,3-cd)Pyrene	U	2900
108601	bis(2-Chloroisopropyl)ether	U	2900	78591	Isophorone	U	2900
117817	Bis(2-Ethylhexyl)Phthalate	50000 E	2900	91576	2-Methylnaphthalene	U	2900
111911	bis(-2-Chloroethoxy)Methane	U	2900	95487	2-Methylphenol	U	2900
101553	4-Bromophenyl-phenylether	U	2900	108394	3&4-Methylphenol	U	2900
85687	Butylbenzylphthalate	U	2900	91203	Naphthalene	940 J	2900
106478	4-Chloroaniline	U	2900	88744	2-Nitroaniline	U	2900
91587	2-Chloronaphthalene	U	2900	99092	3-Nitroaniline	U	2900
59507	4-Chloro-3-methylphenol	U	2900	100016	4-Nitroaniline	U	2900
95578	2-Chlorophenol	U	2900	98953	Nitrobenzene	U	2900
7005723	4-Chlorophenyl-phenylether	U	2900	88755	2-Nitrophenol	U	2900
218019	Chrysene	U	2900	100027	4-Nitrophenol	U	2900
53703	Dibenzo(a,h)Anthracene	U	2900	62759	N-Nitrosodimethylamine	U	2900
132649	Dibenzofuran	U	2900	86306	N-Nitrosodiphenylamine	U	2900
95501	1,2-Dichlorobenzene	U	2900	621647	N-Nitroso-Di-n-propylamine	U	2900
541731	1,3-Dichlorobenzene	U	2900	87865	Pentachlorophenol	U	2900
106467	1,4-Dichlorobenzene	U	2900	85018	Phenanthrene	U	2900
91941	3,3'-Dichlorobenzidine	U	2900	108952	Phenol	U	2900
120832	2,4-Dichlorophenol	U	2900	129000	Pyrene	U	2900
84662	Diethylphthalate	U	2900	120821	1,2,4-Trichlorobenzene	3000	2900
105679	2,4-Dimethylphenol	U	2900	95954	2,4,5-Trichlorophenol	U	2900
131113	Dimethyl Phthalate	U	2900	88062	2,4,6-Trichlorophenol	U	2900
84742	Di-n-Butylphthalate	2700 J	2900	92875	Benzidine	U	2900
534521	4,6-Dinitro-2-methylphenol	U	2900	122667	1,2-Diphenylhydrazine	U	2900

SURROGATE COMPOUNDS	RECOVERY	LIMITS	STATUS
Nitrobenzene-d5	83 %	23-120	OK
2-Fluorobiphenyl	72 %	30-115	OK
Terphenyl-d14	55 %	18-137	OK
Phenol-d5	64 %	24-113	OK
2-Fluorophenol	54 %	25-121	OK
2,4,6-Tribromophenol	42 %	19-122	OK

Percent solid of 57.8 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 can not be separated by the method applied

946460261

ACCREDITED LABORATORIES, INC.
BNA ORGANIC ANALYSIS DATA

CASE NUMBER	9141	MATRIX	Sludge
SAMPLE NUMBER	9613862DL	DILUTION FACTOR	25
DATA FILE	>B6282	DATE EXTRACTED	08/09/96
CLIENT NAME	PVSC	DATE ANALYZED	08/20/96
FIELD ID	HFPC-130	ANALYZED BY	JENNIFER

CAS #	COMPOUND	UG/KG	MDL	CAS #	COMPOUND	UG/KG	MDL
83329	Acenaphthene	U	14000	51285	2,4-Dinitrophenol	U	14000
208968	Acenaphthylene	U	14000	121142	2,4-Dinitrotoluene	U	14000
120127	Anthracene	U	14000	606202	2,6-Dinitrotoluene	U	14000
56553	Benzo(a)Anthracene	U	14000	117840	Di-n-octyl phthalate	1700 J D	14000
50328	Benzo(a)Pyrene	U	14000	206440	Fluoranthene	U	14000
205992	Benzo(b)fluoranthene	U	14000	86737	Fluorene	U	14000
191242	Benzo(g,h,i)Perylene	U	14000	118741	Hexachlorobenzene	U	14000
207089	Benzo(k)Fluoranthene	U	14000	87683	Hexachlorobutadiene	U	14000
65850	Benzoic Acid	U	72000	77474	Hexachlorocyclopentadiene	U	14000
100516	Benzyl Alcohol	U	14000	67721	Hexachloroethane	U	14000
111444	bis(-2-Chloroethyl)Ether	U	14000	193395	Indeno(1,2,3-cd)Pyrene	U	14000
108601	bis(2-Chloroisopropyl)ether	U	14000	78591	Isophorone	U	14000
117817	Bis(2-Ethylhexyl)Phthalate	61000 D	14000	91576	2-Methylnaphthalene	U	14000
111911	bis(-2-Chloroethoxy)Methane	U	14000	95487	2-Methylphenol	U	14000
101553	4-Bromophenyl-phenylether	U	14000	108394	3&4-Methylphenol	U	14000
85687	Butylbenzylphthalate	U	14000	91203	Naphthalene	1600 J D	14000
106478	4-Chloroaniline	U	14000	88744	2-Nitroaniline	U	14000
91587	2-Chloronaphthalene	U	14000	99092	3-Nitroaniline	U	14000
59507	4-Chloro-3-methylphenol	U	14000	100016	4-Nitroaniline	U	14000
95578	2-Chlorophenol	U	14000	98953	Nitrobenzene	U	14000
7005723	4-Chlorophenyl-phenylether	U	14000	88755	2-Nitrophenol	U	14000
218019	Chrysene	U	14000	100027	4-Nitrophenol	U	14000
53703	Dibenzo(a,h)Anthracene	U	14000	62759	N-Nitrosodimethylamine	U	14000
132649	Dibenzofuran	U	14000	86306	N-Nitrosodiphenylamine	U	14000
95501	1,2-Dichlorobenzene	U	14000	621647	N-Nitroso-Di-n-propylamine	U	14000
541731	1,3-Dichlorobenzene	U	14000	87865	Pentachlorophenol	U	14000
106467	1,4-Dichlorobenzene	U	14000	85018	Phenanthrene	U	14000
91941	3,3'-Dichlorobenzidine	U	14000	108952	Phenol	U	14000
120832	2,4-Dichlorophenol	U	14000	129000	Pyrene	U	14000
84662	Diethylphthalate	U	14000	120821	1,2,4-Trichlorobenzene	4700 J D	14000
105679	2,4-Dimethylphenol	U	14000	95954	2,4,5-Trichlorophenol	U	14000
131113	Dimethyl Phthalate	U	14000	88062	2,4,6-Trichlorophenol	U	14000
84742	Di-n-Butylphthalate	4100 J D	14000	92875	Benzidine	U	14000
534521	4,6-Dinitro-2-methylphenol	U	14000	122667	1,2-Diphenylhydrazine	U	14000

SURROGATE COMPOUNDS	RECOVERY	LIMITS	STATUS
Nitrobenzene-d5	277 %	23-120	OUT
2-Fluorobiphenyl	102 %	30-115	OK
Terphenyl-d14	89 %	18-137	OK
Phenol-d5	135 %	24-113	OUT
2-Fluorophenol	79 %	25-121	OK
2,4,6-Tribromophenol	69 %	19-122	OK

Percent solid of 57.8 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 can not be separated by the method applied

946460262

ACCREDITED LABORATORIES, INC.
BNA ORGANIC ANALYSIS DATA

CASE NUMBER		MATRIX	Soil
SAMPLE NUMBER	SBLK43	DILUTION FACTOR	1
DATA FILE	>F7681	DATE EXTRACTED	08/09/96
CLIENT NAME		DATE ANALYZED	08/13/96
FIELD ID		ANALYZED BY	PAUL

CAS #	COMPOUND	UG/KG	MDL	CAS #	COMPOUND	UG/KG	MDL
83329	Acenaphthene	U	330	51285	2,4-Dinitrophenol	U	330
208968	Acenaphthylene	U	330	121142	2,4-Dinitrotoluene	U	330
120127	Anthracene	U	330	606202	2,6-Dinitrotoluene	U	330
56553	Benzo(a)Anthracene	U	330	117840	Di-n-octyl phthalate	U	330
50328	Benzo(a)Pyrene	U	330	206440	Fluoranthene	U	330
205992	Benzo(b)fluoranthene	U	330	86737	Fluorene	U	330
191242	Benzo(g,h,i)Perylene	U	330	118741	Hexachlorobenzene	U	330
207089	Benzo(k)Fluoranthene	U	330	87683	Hexachlorobutadiene	U	330
65850	Benzoic Acid	U	1700	77474	Hexachlorocyclopentadiene	U	330
100516	Benzyl Alcohol	U	330	67721	Hexachloroethane	U	330
111444	bis(-2-Chloroethyl)Ether	U	330	193395	Indeno(1,2,3-cd)Pyrene	U	330
108601	bis(2-Chloroisopropyl)ether	U	330	78591	Isophorone	U	330
117817	Bis(2-Ethylhexyl)Phthalate	U	330	91576	2-Methylnaphthalene	U	330
111911	bis(-2-Chloroethoxy)Methane	U	330	95487	2-Methylphenol	U	330
101553	4-Bromophenyl-phenylether	U	330	108394	3&4-Methylphenol	U	330
85687	Butylbenzylphthalate	U	330	91203	Naphthalene	U	330
106478	4-Chloroaniline	U	330	88744	2-Nitroaniline	U	330
91587	2-Chloronaphthalene	U	330	99092	3-Nitroaniline	U	330
59507	4-Chloro-3-methylphenol	U	330	100016	4-Nitroaniline	U	330
95578	2-Chlorophenol	U	330	98953	Nitrobenzene	U	330
7005723	4-Chlorophenyl-phenylether	U	330	88755	2-Nitrophenol	U	330
218019	Chrysene	U	330	100027	4-Nitrophenol	U	330
53703	Dibenzo(a,h)Anthracene	U	330	62759	N-Nitrosodimethylamine	U	330
132649	Dibenzofuran	U	330	86306	N-Nitrosodiphenylamine	U	330
95501	1,2-Dichlorobenzene	U	330	621647	N-Nitroso-Di-n-propylamine	U	330
541731	1,3-Dichlorobenzene	U	330	87865	Pentachlorophenol	U	330
106467	1,4-Dichlorobenzene	U	330	85018	Phenanthrene	U	330
91941	3,3'-Dichlorobenzidine	U	330	108952	Phenol	U	330
120832	2,4-Dichlorophenol	U	330	129000	Pyrene	U	330
84662	Diethylphthalate	U	330	120821	1,2,4-Trichlorobenzene	U	330
105679	2,4-Dimethylphenol	U	330	95954	2,4,5-Trichlorophenol	U	330
131113	Dimethyl Phthalate	U	330	88062	2,4,6-Trichlorophenol	U	330
84742	Di-n-Butylphthalate	U	330	92875	Benzidine	U	330
534521	4,6-Dinitro-2-methylphenol	U	330	122667	1,2-Diphenylhydrazine	U	330

SURROGATE COMPOUNDS	RECOVERY	LIMITS	STATUS
Nitrobenzene-d5	68 %	23-120	OK
2-Fluorobiphenyl	75 %	30-115	OK
Terphenyl-d14	75 %	18-137	OK
Phenol-d5	81 %	24-113	OK
2-Fluorophenol	67 %	25-121	OK
2,4,6-Tribromophenol	88 %	19-122	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 - 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

946460263

Signed off
9-3-96
ER

ACCREDITED LABORATORIES, INC.

Implementing Tomorrow's Technology, Today™...

Analytical Data Report

for

Passaic Valley Sewerage Commission
600 Wilson Ave.
Newark, NJ 07105

Project: Contract #967

Accredited Laboratories Case No.: 9141
Date Received: 08/07/96

Field ID	Laboratory Sample #
HFPC-130	9613862

RECEIVED
AUG - 3 1996

Accredited Laboratories, Inc. New Jersey Certification Number 12007. This data has been reviewed and accepted by:

Yun-shen Lee, Ph.D. 8/29/96
Technical Director

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

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From: Yun-Shen Lee, Ph.D.
Technical Director
Subject: Organic Data Reporting
Date: July 25, 1995

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CARTERET, NEW JERSEY 07008-0369
PHONE: (908) 541-2025 / (800) ALI-LABS
FAX: (908) 541-8257 / 1383

CHAIN OF CUSTODY FORM

CLIENT	Passaic Valley Sewerage Comm.		
ADDRESS	600 Wilson Ave.		
CITY	Newark		
STATE	NJ	ZIP	07105

PROJECT	Contract #967
CONTACT	Ed. Rys / Art Martinelli
PHONE	(201) 817-5759
FAX	(201) 344-2951

ALI SAMPLE #	FIELD ID	*C	**M	DATE / TIME SAMPLED	SAMPLE DESCRIPTION	ANALYSIS
9613862	HFPC-130	2	G	8-6-96 Time N/A	Filter Press Sludge GRAB	Acid Compounds + 10 Highest Peaks
						Base/Neut. Comp + 15 Highest Peaks
						Purgeables + 15 Highest Peaks
						Pesticides/PCB's
						2,3,7,8-Tetrachlorodibenzo-p-Dioxin
						Priority Pollutant Metals Slaw
						Total Cyanide
						Phenolics

**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	D. Murdock	D. Murdock	A.L.I	8/6/96	1:15 pm	Pick up
D. Murdock	D. Murdock	A. Martinelli	A. Martinelli	A.L.I	8/6/96	3:20 pm	Analytical

PERSON(S) ASSUMING RESPONSIBILITY FOR SAMPLING: PRINT: _____ SIGN: _____

COMMENTS	

ALI QUOTE #	
ALI CASE #	9141
P.O. #	167393

946460266

METHODOLOGY SUMMARY

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.

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.

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.

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.

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.

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.

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AUG - 3 1996

1F

VOLATILE ORGANICS ANALYSIS DATA SHEET
TENTATIVELY IDENTIFIED COMPOUNDS

Lab Name: Accredited Labs, Inc. Lab Sample ID: [illegible]

Client Name: EVAC Field ID: HFPC-13[illegible]

Case No.: 9141 Date Extracted:

Lab File ID: [illegible] Date Analyzed: 08/1[illegible]/96

CONCENTRATION UNITS: (ug/L or ug/Kg): ug/Kg

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
1.	Unknown hydrocarbon	9.50	1800	
2.	Unknown aromatic	21.83	720	
3.	Unknown hydrocarbon	23.61	720	
4.	Unknown	25.48	830	
5.	Unknown hydrocarbon	26.76	1200	
6.	Unknown aromatic	28.08	1200	

Compounds are defined as: Compounds that are less than 90% probability or have no database entries from the library.

FORM I SV-TIC

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946460272

1E

VOLATILE ORGANICS ANALYSIS DATA SHEET
TENTATIVELY IDENTIFIED COMPOUNDS

Lab Name: Accredited Labs, Inc. Lab Sample ID: VBLK048

Client Name: Field ID:

Case No.: Date Extracted:

Lab File ID: 107813 Date Analyzed: 08/09/96

CONCENTRATION UNITS: (ug/L or ug/Kg): ug/Kg

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q

Unknowns are defined as: Compounds that are less than 80% probability of match to database entries from the library.

FORM I SV-TIC

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946460274

1B
VOLATILE ORGANICS ANALYSIS DATA SHEET
TENTATIVELY IDENTIFIED COMPOUNDS

Lab Name: Accredited Labs, Inc. Lab Sample ID: VFLM074

Client Name: Field ID:

Case No.: Date Extracted:

Lab File ID: VT7914 Date Analyzed: 08/16/96

CONCENTRATION UNITS: (ug/L or ug/kg): ug/L

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
1.	Unknown	9.77	9	

Unknown are defined as compounds that are less than 90% probability to have an database entries from the library.

FORM I SV-TIC

RECEIVED
AUG - 3 1996

ACCREDITED LABORATORIES, INC.
BNA ORGANIC ANALYSIS DATA

CASE NUMBER	9141	MATRIX	Sludge
SAMPLE NUMBER	9613862	DILUTION FACTOR	5
DATA FILE	>F7750	DATE EXTRACTED	08/09/96
CLIENT NAME	PVSC	DATE ANALYZED	08/15/96
FIELD ID	HFPC-130	ANALYZED BY	LARRY

CAS #	COMPOUND	UG/KG	MDL	CAS #	COMPOUND	UG/KG	MDL
83329	Acenaphthene	U	2900	84742	Di-n-Butylphthalate	2700 J	2900
208968	Acenaphthylene	U	2900	534521	4,6-Dinitro-2-methylphenol	U	2900
120127	Anthracene	U	2900	51285	2,4-Dinitrophenol	U	2900
56553	Benzo(a)Anthracene	U	2900	121142	2,4-Dinitrotoluene	U	2900
50328	Benzo(a)Pyrene	U	2900	606202	2,6-Dinitrotoluene	U	2900
205992	Benzo(b)fluoranthene	U	2900	117840	Di-n-octyl phthalate	2600 J	2900
191242	Benzo(g,h,i)Perylene	U	2900	206440	Fluoranthene	U	2900
207089	Benzo(k)Fluoranthene	U	2900	86737	Fluorene	U	2900
111444	bis(-2-Chloroethyl)Ether	U	2900	118741	Hexachlorobenzene	U	2900
108601	bis(2-Chloroisopropyl)ether	U	2900	87683	Hexachlorobutadiene	U	2900
117817	Bis(2-Ethylhexyl)Phthalate	50000 E	2900	77474	Hexachlorocyclopentadiene	U	2900
111911	bis(-2-Chloroethoxy)Methane	U	2900	67721	Hexachloroethane	U	2900
101553	4-Bromophenyl-phenylether	U	2900	193395	Indeno(1,2,3-cd)Pyrene	U	2900
85687	Butylbenzylphthalate	U	2900	78591	Isophorone	U	2900
91587	2-Chloronaphthalene	U	2900	91203	Naphthalene	940 J	2900
59507	4-Chloro-3-methylphenol	U	2900	98953	Nitrobenzene	U	2900
95578	2-Chlorophenol	U	2900	88755	2-Nitrophenol	U	2900
7005723	4-Chlorophenyl-phenylether	U	2900	100027	4-Nitrophenol	U	2900
218019	Chrysene	U	2900	62759	N-Nitrosodimethylamine	U	2900
53703	Dibenzo(a,h)Anthracene	U	2900	86306	N-Nitrosodiphenylamine	U	2900
95501	1,2-Dichlorobenzene	U	2900	621647	N-Nitroso-Di-n-propylamine	U	2900
541731	1,3-Dichlorobenzene	U	2900	87865	Pentachlorophenol	U	2900
106467	1,4-Dichlorobenzene	U	2900	85018	Phenanthrene	U	2900
91941	3,3'-Dichlorobenzidine	U	2900	108952	Phenol	U	2900
120832	2,4-Dichlorophenol	U	2900	129000	Pyrene	U	2900
84662	Diethylphthalate	U	2900	120821	1,2,4-Trichlorobenzene	3000	2900
105679	2,4-Dimethylphenol	U	2900	88062	2,4,6-Trichlorophenol	U	2900
131113	Dimethyl Phthalate	U	2900	92875	Benzidine	U	2900

SURROGATE COMPOUNDS	RECOVERY	LIMITS	STATUS
Nitrobenzene-d5	83 %	23-120	OK
2-Fluorobiphenyl	72 %	30-115	OK
Terphenyl-d14	55 %	18-137	OK
Phenol-d5	64 %	24-113	OK
2-Fluorophenol	54 %	25-121	OK
2,4,6-Tribromophenol	42 %	19-122	OK

Percent solid of 57.8 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 can not be separated by the method applied

1F
SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET
TENTATIVELY IDENTIFIED COMPOUNDS

Lab Name: Accredited Labs, Inc. Lab Sample ID: 9613862

Client Name: PVSC Field ID: HFPC-130

Case No.: 9141 Date Extracted: 08/09/96

Lab File ID: >F7750 Date Analyzed: 08/15/96

CONCENTRATION UNITS: (ug/L or ug/Kg): ug/Kg

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
1.	Unknown aromatic	8.38	160000	
2.	Unknown hydrocarbon	9.27	140000	
3.	Unknown aromatic	10.05	110000	
4.	Unknown aromatic	10.91	110000	
5.	Unknown hydrocarbon	11.27	120000	
6.	Unknown hydrocarbon	12.93	39000	
7.	Unknown hydrocarbon	12.97	34000	
8.	Unknown hydrocarbon	14.26	38000	
9. 629505	Tridecane	14.34	53000	
10.	Unknown aromatic	14.50	110000	
11.	Unknown hydrocarbon	15.81	18000	
12.	Unknown hydrocarbon	15.98	29000	
13.	Unknown hydrocarbon	18.03	15000	
14.	Unknown hydrocarbon	18.23	16000	
15.	Unknown hydrocarbon	18.48	28000	
16.	Unknown aromatic	18.64	19000	
17.	Unknown hydrocarbon	19.52	4700	
18.	Unknown aromatic	19.77	12000	
19.	Unknown aromatic	19.93	3300	
20.	Unknown hydrocarbon	20.47	2700	
21.	Unknown aromatic	20.67	2000	
22.	Unknown	21.55	2000	
23. 57103	Hexadecanoic acid	23.50	67000	
24.	Unknown aromatic	24.88	35000	
25.	Unknown hydrocarbon	25.21	190000	

* Unknowns are defined as: Compounds that are less than 80% probability or have no database entries from the library.

FORM I SV-TIC

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ACCREDITED LABORATORIES, INC.
BNA ORGANIC ANALYSIS DATA

CASE NUMBER	9141	MATRIX	Sludge
SAMPLE NUMBER	9613862DL	DILUTION FACTOR	25
DATA FILE	>B6282	DATE EXTRACTED	08/09/96
CLIENT NAME	PVSC	DATE ANALYZED	08/20/96
FIELD ID	HFPC-130	ANALYZED BY	JENNIFER

CAS #	COMPOUND	UG/KG	MDL	CAS #	COMPOUND	UG/KG	MDL
83329	Acenaphthene	U	14000	84742	Di-n-Butylphthalate	4100 J D	14000
208968	Acenaphthylene	U	14000	534521	4,6-Dinitro-2-methylphenol	U	14000
120127	Anthracene	U	14000	51285	2,4-Dinitrophenol	U	14000
56553	Benzo(a)Anthracene	U	14000	121142	2,4-Dinitrotoluene	U	14000
50328	Benzo(a)Pyrene	U	14000	606202	2,6-Dinitrotoluene	U	14000
205992	Benzo(b)fluoranthene	U	14000	117840	Di-n-octyl phthalate	1700 J D	14000
191242	Benzo(g,h,i)Perylene	U	14000	206440	Fluoranthene	U	14000
207089	Benzo(k)Fluoranthene	U	14000	86737	Fluorene	U	14000
111444	bis(-2-Chloroethyl)Ether	U	14000	118741	Hexachlorobenzene	U	14000
108601	bis(2-Chloroisopropyl)ether	U	14000	87683	Hexachlorobutadiene	U	14000
117817	Bis(2-Ethylhexyl)Phthalate	61000 D	14000	77474	Hexachlorocyclopentadiene	U	14000
111911	bis(-2-Chloroethoxy)Methane	U	14000	67721	Hexachloroethane	U	14000
101553	4-Bromophenyl-phenylether	U	14000	193395	Indeno(1,2,3-cd)Pyrene	U	14000
85687	Butylbenzylphthalate	U	14000	78591	Isophorone	U	14000
91587	2-Chloronaphthalene	U	14000	91203	Naphthalene	1600 J D	14000
59507	4-Chloro-3-methylphenol	U	14000	98953	Nitrobenzene	U	14000
95578	2-Chlorophenol	U	14000	88755	2-Nitrophenol	U	14000
7005723	4-Chlorophenyl-phenylether	U	14000	100027	4-Nitrophenol	U	14000
218019	Chrysene	U	14000	62759	N-Nitrosodimethylamine	U	14000
53703	Dibenzo(a,h)Anthracene	U	14000	86306	N-Nitrosodiphenylamine	U	14000
95501	1,2-Dichlorobenzene	U	14000	621647	N-Nitroso-Di-n-propylamine	U	14000
541731	1,3-Dichlorobenzene	U	14000	87865	Pentachlorophenol	U	14000
106467	1,4-Dichlorobenzene	U	14000	85018	Phenanthrene	U	14000
91941	3,3'-Dichlorobenzidine	U	14000	108952	Phenol	U	14000
120832	2,4-Dichlorophenol	U	14000	129000	Pyrene	U	14000
84662	Diethylphthalate	U	14000	120821	1,2,4-Trichlorobenzene	4700 J D	14000
105679	2,4-Dimethylphenol	U	14000	88062	2,4,6-Trichlorophenol	U	14000
131113	Dimethyl Phthalate	U	14000	92875	Benzidine	U	14000

SURROGATE COMPOUNDS	RECOVERY	LIMITS	STATUS
Nitrobenzene-d5	277 %	23-120	OUT
2-Fluorobiphenyl	102 %	30-115	OK
Terphenyl-d14	89 %	18-137	OK
Phenol-d5	135 %	24-113	OUT
2-Fluorophenol	79 %	25-121	OK
2,4,6-Tribromophenol	69 %	19-122	OK

Percent solid of 57.8 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 can not be separated by the method applied

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ACCREDITED LABORATORIES, INC.
BNA ORGANIC ANALYSIS DATA

CASE NUMBER		MATRIX	Soil
SAMPLE NUMBER	SBLK43	DILUTION FACTOR	1
DATA FILE	>F7681	DATE EXTRACTED	08/09/96
CLIENT NAME		DATE ANALYZED	08/13/96
FIELD ID		ANALYZED BY	PAUL

CAS #	COMPOUND	UG/KG	MDL	CAS #	COMPOUND	UG/KG	MDL
83329	Acenaphthene	U	330	84742	Di-n-Butylphthalate	U	330
208968	Acenaphthylene	U	330	534521	4,6-Dinitro-2-methylphenol	U	330
120127	Anthracene	U	330	51285	2,4-Dinitrophenol	U	330
56553	Benzo(a)Anthracene	U	330	121142	2,4-Dinitrotoluene	U	330
50328	Benzo(a)Pyrene	U	330	606202	2,6-Dinitrotoluene	U	330
205992	Benzo(b)fluoranthene	U	330	117840	Di-n-octyl phthalate	U	330
191242	Benzo(g,h,i)Perylene	U	330	206440	Fluoranthene	U	330
207089	Benzo(k)Fluoranthene	U	330	86737	Fluorene	U	330
111444	bis(-2-Chloroethyl)Ether	U	330	118741	Hexachlorobenzene	U	330
108601	bis(2-Chloroisopropyl)ether	U	330	87683	Hexachlorobutadiene	U	330
117817	Bis(2-Ethylhexyl)Phthalate	U	330	77474	Hexachlorocyclopentadiene	U	330
111911	bis(-2-Chloroethoxy)Methane	U	330	67721	Hexachloroethane	U	330
101553	4-Bromophenyl-phenylether	U	330	193395	Indeno(1,2,3-cd)Pyrene	U	330
85687	Butylbenzylphthalate	U	330	78591	Isophorone	U	330
91587	2-Chloronaphthalene	U	330	91203	Naphthalene	U	330
59507	4-Chloro-3-methylphenol	U	330	98953	Nitrobenzene	U	330
95578	2-Chlorophenol	U	330	88755	2-Nitrophenol	U	330
7005723	4-Chlorophenyl-phenylether	U	330	100027	4-Nitrophenol	U	330
218019	Chrysene	U	330	62759	N-Nitrosodimethylamine	U	330
53703	Dibenzo(a,h)Anthracene	U	330	86306	N-Nitrosodiphenylamine	U	330
95501	1,2-Dichlorobenzene	U	330	621647	N-Nitroso-Di-n-propylamine	U	330
541731	1,3-Dichlorobenzene	U	330	87865	Pentachlorophenol	U	330
106467	1,4-Dichlorobenzene	U	330	85018	Phenanthrene	U	330
91941	3,3'-Dichlorobenzidine	U	330	108952	Phenol	U	330
120832	2,4-Dichlorophenol	U	330	129000	Pyrene	U	330
84662	Diethylphthalate	U	330	120821	1,2,4-Trichlorobenzene	U	330
105679	2,4-Dimethylphenol	U	330	88062	2,4,6-Trichlorophenol	U	330
131113	Dimethyl Phthalate	U	330	92875	Benzidine	U	330

SURROGATE COMPOUNDS	RECOVERY	LIMITS	STATUS
Nitrobenzene-d5	68 %	23-120	OK
2-Fluorobiphenyl	75 %	30-115	OK
Terphenyl-d14	75 %	18-137	OK
Phenol-d5	81 %	24-113	OK
2-Fluorophenol	67 %	25-121	OK
2,4,6-Tribromophenol	88 %	19-122	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 - 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

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1F
SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET
TENTATIVELY IDENTIFIED COMPOUNDS

Lab Name: Accredited Labs, Inc. Lab Sample ID: SBLK43

Client Name: Field ID:

Case No.: Date Extracted: 08/09/96

Lab File ID: `F7681 Date Analyzed: 08/13/96

CONCENTRATION UNITS: (ug/L or ug/Kg): ug/Kg

CAS NUMBER	COMPOUND NAME	RT	EST. CONC.	Q
1.	Aldol condensate	5.47	3200	

* Unknowns are defined as: Compounds that are less than 80% probability or have no database entries from the library.

FORM I SV-TIC

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ACCREDITED LABORATORIES, INC.
BNA ORGANIC ANALYSIS DATA

CASE NUMBER	9141	MATRIX	Sludge
SAMPLE NUMBER	9613862	DILUTION FACTOR	6
DATA FILE	DF2821	DATE EXTRACTED	08/09/96
CLIENT NAME	PVSC	DATE ANALYZED	08/21/96
FIELD ID	HFPC-130	ANALYZED BY	PAUL

CAS #	COMPOUND	UG/KG	MDL
174601	2,3,7,8-Tetrachlorodibenzo-p-dioxin	U	290

Percent solid of 57.8 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.

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946460281

ACCREDITED LABORATORIES, INC
PESTICIDE/PCB ORGANIC ANALYSIS DATA

CASE NUMBER	9141	MATRIX	Sludge
SAMPLE NUMBER	9613862	DILUTION FACTOR	1
DATA FILE	>G5264	DATE EXTRACTED	08/14/96
CLIENT NAME	PVSC	DATE ANALYZED	08/17/96
FIELD ID	HFPC-130	ANALYZED BY	MARK

CAS#	COMPOUND	MG/KG	MDL
319846	A-BHC	U	.001
319857	B-BHC	U	.001
58899	G-BHC (Lindane)	.158	.001
319868	D-BHC	U	.001
76448	Heptachlor	.045	.001
309002	Aldrin	U	.001
1024573	Heptachlor Epoxide	U	.001
959988	Endosulfan I	U	.001
5103719	A-Chlordane	U	.001
5103742	G-Chlordane	.029	.001
60571	Dieldrin	U	.001
72559	4,4'-DDE	U	.001
72208	Endrin	U	.001
33213659	Endosulfan II	U	.002
72548	4,4'-DDD	.132	.002
7421934	Endrin Aldehyde	U	.002
1031078	Endosulfan Sulfate	U	.002
50293	4,4'-DDT	U	.002
8001352	Toxaphene	U	.058
12674112	Aroclor-1016	U	.029
11104282	Aroclor-1221	U	.029
11141165	Aroclor-1232	U	.029
53469219	Aroclor-1242	U	.029
12672296	Aroclor-1248	U	.029
11097691	Aroclor-1254	U	.029
11096825	Aroclor-1260	U	.029

Percent Solid of 57.8 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.

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ACCREDITED LABORATORIES, INC
PESTICIDE/PCB ORGANIC ANALYSIS DATA

CASE NUMBER		MATRIX	Soil
SAMPLE NUMBER	PBLK97-F,S	DILUTION FACTOR	1
DATA FILE	>G5229	DATE EXTRACTED	08/14/96
CLIENT NAME		DATE ANALYZED	08/17/96
FIELD ID		ANALYZED BY	MARK

CAS#	COMPOUND	MG/KG	MDL
319846	A-BHC	U	.001
319857	B-BHC	U	.001
58899	G-BHC (Lindane)	U	.001
319868	D-BHC	U	.001
76448	Heptachlor	U	.001
309002	Aldrin	U	.001
1024573	Heptachlor Epoxide	U	.001
959988	Endosulfan I	U	.001
5103719	A-Chlordane	U	.001
5103742	G-Chlordane	U	.001
60571	Dieldrin	U	.001
72559	4,4'-DDE	U	.001
72208	Endrin	U	.001
33213659	Endosulfan II	U	.001
72548	4,4'-DDD	U	.001
7421934	Endrin Aldehyde	U	.001
1031078	Endosulfan Sulfate	U	.001
50293	4,4'-DDT	U	.001
8001352	Toxaphene	U	.033
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.

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ACCREDITED LABORATORIES, INC.
INORGANIC ANALYSIS DATA SHEET

Case #:	9141	Matrix:	Sludge
Sample #:	9613862	Date Received:	08/07/96
Field ID:	HFPC-130		
Client Name:	PVSC		

CAS No.	Element	Result MG/KG	MDL MG/KG	Dilution Factor	Method	Date Analyzed
7440-36-0	Antimony	ND	10.2	1	P	08/21/96
7440-38-2	Arsenic	7.74	4.55	5	F	08/23/96
7440-41-7	Beryllium	ND	.512	1	P	08/21/96
7440-43-9	Cadmium	16.9	1.02	1	P	08/21/96
7440-47-3	Chromium	455	3.07	1	P	08/21/96
7440-50-8	Copper	1170	3.07	1	P	08/21/96
7439-92-1	Lead	200	30.7	1	P	08/21/96
7439-97-6	Mercury	5.78	.865	1	Cv	08/23/96
7440-02-0	Nickel	54.6	4.09	1	P	08/21/96
7782-49-2	Selenium	ND	.564	1	F	08/21/96
7440-22-4	Silver	45.5	1.02	1	P	08/21/96
7440-28-0	Thallium	ND	30.7	1	P	08/21/96
7440-66-6	Zinc	1850	10.2	1	P	08/21/96

Percent Solid of 57.8 (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

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946460284

ACCREDITED LABORATORIES, INC.
INORGANIC ANALYSIS DATA SHEET

Sample #: PBS545 Matrix: Soil
Field ID: PREPBLANK Date Prepared: 08/20/96

CAS No.	Element	Result MG/KG	MDL MG/KG	Dilution Factor	Method	Date Analyzed
7440-36-0	Antimony	ND	10.0	1	P	08/21/96
7440-38-2	Arsenic	ND	.800	1	F	08/22/96
7440-41-7	Beryllium	ND	.500	1	P	08/21/96
7440-43-9	Cadmium	ND	1.00	1	P	08/21/96
7440-47-3	Chromium	ND	3.00	1	P	08/21/96
7440-50-8	Copper	ND	3.00	1	P	08/21/96
7439-92-1	Lead	ND	30.0	1	P	08/21/96
7439-97-6	Mercury	ND	.500	1	CV	08/21/96
7440-02-0	Nickel	ND	4.00	1	P	08/21/96
7782-49-2	Selenium	ND	.500	1	F	08/21/96
7440-22-4	Silver	ND	1.00	1	F	08/21/96
7440-28-0	Thallium	ND	30.0	1	F	08/21/96
7440-66-6	Zinc	ND	10.0	1	F	08/21/96

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

AUG - 3 1996

946460285

ACCREDITED LABORATORIES, INC.
GENERAL CHEMISTRY ANALYSIS DATA

Case #:	9141	Matrix:	Sludge
Sample #:	9613862	Date Received:	08/07/96
Client Name:	PVSC	% Moisture:	42.2
Field Number:	HFPC-130		

ANALYTES	RESULTS	MDL	UNITS	DILUTION FACTOR	METHOD BLANK RESULTS	METHOD BLANK MDL	ANALYSIS DATE
Solids, Percent	57.8	0.10	%	1.			08/08/96
Cyanide, Total	ND	0.43	mg/Kg	1.	ND	0.01	08/20/96
Phenols, Total	56.5	0.7	mg/Kg	1.	ND	.4	08/19/96

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PS Form **3800**, March 1993

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- 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):

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Consult postmaster for fee.

3. Article Addressed to:

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Division of Water Quality
The Bureau of Permit Management
CN - 029
Trenton, New Jersey 08625-0029
ATTN: Patty Long

STATE OF NEW JERSEY
CAPITOL POST OFFICE

4a. Article Number: Z 754 174 142

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

5. Received By: *(Print Name)*

7. Date of Delivery

6. Signature: *(Addressee or Agent)*
X

OCT 28 '96

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form **3811**, December 1994

DMR

Domestic Return Receipt

Thank you for using Return Receipt Service.

946460287

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 9 9 6	THRU	0 9 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
____ T-VWX-007 ____ T-VWX-008 ____ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 08/96 YEARLY

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 10/25/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 10/25/96

946460288

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 081996

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 01 01	96 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/23/96

MAJOR

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

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 (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)
SILVER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	45.5	**********	MG/KG		1/360	24HC
01078 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ANTIMONY, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 10.2	**********	MG/KG		1/360	24HC
01098 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
THALLIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 30.7	**********	MG/KG		1/360	24HC
34480 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACENAPHTHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34203 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACENAPHTHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34208 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ANTHRACENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34223 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BENZO(K)FLUORANTHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34245 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800
AREA CODE / NUMBER

DATE: 96 10 25
YEAR MO DAY

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460289

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 081996

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 01/23/96

MAJOR

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

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-CHLOROETHYL) ETHER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34276 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BIS(2-CHLOROETHOXY) METHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34281 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BIS(2-CHLOROISOPROPYL) ETHER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34286 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BUTYL BENZYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34295 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
CHRYSENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34323 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DIETHYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34339 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DIMETHYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34344 + 0 SLUDGE	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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460290

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 081996

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 01 01	96 12 31
(20-21)(22-23)(24-25)	(28-27)(28-29)(30-31)

CREATED: 01/23/96

MAJOR

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

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)
1,2-DIPHENYLHYDRAZINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34349 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
FLUORANTHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34379 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
FLUORENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34384 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
HEXACHLOROCYCLO-PENTADIENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34389 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
HEXACHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34399 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
INDENO (1,2,3-CD) PYRENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34406 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
N-NITROSODI-N-PROPYLAMINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34431 + 0 SLUDGE	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 10 25 YEAR MO DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments h

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460291

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: 01/23/96

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 01 01	96 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 081996

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)
N-NITROSODIPHENYL-AMINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34436 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
NAPHTHALENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	< 2.9	**********	MG/KG		1/360	24HC
34445 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
NITROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34450 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PHENANTHRENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34464 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PYRENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34472 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BENZO(GHI)PERYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BENZO(A)ANTHRACENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34529 + 0 SLUDGE	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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	96 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

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946460292

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

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	01	01	96	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

CREATED: 01/23/96

MAJOR

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

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081996

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-DICHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34539 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,2,4-TRICHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	3	**********	MG/KG		1/ 360	24HC
34554 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DIBENZO (A,H) ANTHRACENE DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34559 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,3-DICHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34569 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,4-DICHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34574 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-CHLORONAPHTHALENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
34584 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DI-N-OCTYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	< 2.9	**********	MG/KG		1/ 360	24HC
34599 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800 (AREA CODE / NUMBER)

DATE: 96 10 25 (YEAR MO DAY)

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

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946460293

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Address: 600 WILSON AVENUE
NEWARK, NJ 07105

Facility:
Location:

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 01/23/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	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 081996

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)
2,4-DINITROTOLUENE, DRY WEIGHT 34614 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,6-DINITROTOLUENE, DRY WEIGHT 34629 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
3,3'-DICHLOROBENZIDINE, DRY WEIGHT 34634 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4-BROMOPHENYL PHENYL ETHER, DRY WEIGHT 34639 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4-CHLOROPHENYL PHENYL ETHER, DRY WEIGHT 34644 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DI-N-BUTYL PHTHALATE, DRY WEIGHT 39112 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	< 2.9	**********	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< 0.87	**********	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 10 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.

946460294

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: 01/23/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	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 081996

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)
3,4 BENZOFLUORANTHENE, DRY WEIGHT 79631 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACROLEIN, DRY WEIGHT 34213 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.7	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACRYLONITRILE, DRY WEIGHT 34218 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.7	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BROMOFORM, DRY WEIGHT 34290 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
CHLOROBENZENE, DRY WEIGHT 34304 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
CHLORODIBROMOMETHANE, DRY WEIGHT 34309 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
CHLOROETHANE, DRY WEIGHT 34314 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800
AREA CODE / NUMBER

DATE: 96 10 25
YEAR MO DAY

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460295

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: 01/23/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	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 081996

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)
DICHLOROBROMOMETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34330 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ETHYLBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	< 0.87	**********	MG/KG		1/360	24HC
34374 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
METHYL BROMIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34416 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
METHYL CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34421 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
TOLUENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	< 0.87	**********	MG/KG		1/360	24HC
34483 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1-DICHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34499 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1-DICHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34504 + 0 SLUDGE	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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460296

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 081996

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 01/23/96

MAJOR

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

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)
1,1,1-TRICHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34509 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1,2-TRICHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34514 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1,2,2-TETRACHLORO-ETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34519 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,2-DICHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34534 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,2-DICHLOROPROPANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34544 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,2-TRANS-DICHLORO-ETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34549 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-CHLOROETHYL VINYL ETHER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.87	**********	MG/KG		1/360	24HC
34579 + 0 SLUDGE	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 10 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.

946460297

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: 01/23/96

MAJOR

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
96	01	01	96	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 081996

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)
ISOPHORONE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34411 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PHENOL, SINGLE COMPOUND, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	56.5	**********	MG/KG		1/360	24HC
34695 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DELTA-BHC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/360	24HC
34262 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ENDOSULFAN SULFATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.002	**********	MG/KG		1/360	24HC
34354 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
B-ENDOSULFAN-BETA	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.002	**********	MG/KG		1/360	24HC
34356 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
A-ENDOSULFAN-ALPHA	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/360	24HC
34361 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ENDRIN ALDEHYDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.002	**********	MG/KG		1/360	24HC
34369 + 0 SLUDGE	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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460298

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	SQ6B
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 01/23/96

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 01 01	96 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 081996

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)
2,3,7,8 TETRACHLORODI-BENZO-P-DIOXIN, DRY WGT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.29	**********	MG/KG		1/360	24HC
34763 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4,4'-DDT, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.002	**********	MG/KG		1/360	24HC
39301 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4,4'-DDD, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.132	**********	MG/KG		1/360	24HC
39311 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4,4'-DDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/360	24HC
39321 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
HEPTACHLOR EPOXIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/360	24HC
39423 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1232, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.029	**********	MG/KG		1/360	24HC
39495 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1242, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.029	**********	MG/KG		1/360	24HC
39499 + 0 SLUDGE	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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460299

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 081996

(2-16)	(17-19)
NJ0021016	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 01 01	96 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/23/96

MAJOR

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

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)
PCB-1248, DRY WEIGHT 39503 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.029	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1254, DRY WEIGHT 39507 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.029	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1260, DRY WEIGHT 39511 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.029	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1016, DRY WEIGHT 39514 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.029	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1221, DRY WEIGHT 73166 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.029	**********	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 73366 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460300

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	96	01	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 01/23/96

MAJOR

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

SLUDGE QUALITY/OXIDATION SLUDGE
METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081996

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)
ENDRIN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.001	**********	MG/KG		1/360	24HC
75048 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
P-CHLORO-M-CRESOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34456 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-CHLOROPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34589 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-NITROPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34594 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,4-DICHLOROPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34604 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,4-DIMETHYLPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34609 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,4 DINITROPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/360	24HC
34619 + 0 SLUDGE	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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

* ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946460301

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: 01/23/96

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	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 081996

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)
2,4,6 TRICHLOROPHENOL, DRY WEIGHT 34624 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4 NITROPHENOL, DRY WEIGHT 34649 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PENTACHLOROPHENOL, DRY WEIGHT 39061 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.9	**********	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< 2.9	**********	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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

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946460302

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: 01/23/96

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
96 01 01	96 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 081996

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PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
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 10 25 YEAR MO DAY
TYPED OR PRINTED				

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

946460303