SDMS Document
94647

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/1997

Document order #32

946470001

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

946470002

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 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	1997	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	709	*
Beryllium	01012	355	*
Cadmium	61527	313	
Chromium	61512	5407 5	
Copper	61506	7939 5	
Iron	01045	13800	
Lead	61503	1780 5	
Mercury	01260	150	
Molybdenum	01062	175	
Nickel	61515	732	
Selenium	61518	885	
Zinc	61509	19255	
Selected Chemical Parameters			
Total Nitrogen	00625	27379	
Ammonia	71845	1245	
Nitrate Nitrogen	71850	113	
Oil and Grease	00550	16667	
Phenols	46000	1067 0	
Phosphorus	00665	15400	
Calcium	00916	15215	
Magnesium	00927	4143	
Potassium	00937	7662	
Cyanide	00720	933	
Fluoride	00951	150	
Chloride	00940	943	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
3/13/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470004

T-VWX-009
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	01	1997	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	0.02	*
Chlordane	39350	0.02	*
Dieldrin	39380	0.02	*
DDT	39370	0.02	*
Heptachlor	39410	0.02	*
Lindane	39782	0.02	*
PCB's	39516	0.02	*
Toxaphene	39400	0.02	*
Purgeables			
Benzene	34030	0.20	
Carbon tetrachloride	32102	0.10	*
Chloroform	32106	0.10	*
Methylene Chloride	34423	0.10	*
Tetrachloroethylene	34475	0.40	
Trichloroethylene	39180	0.10	*
Vinyl chloride	39175	0.10	*
Base/Neutrals and Acids			
Benzidine	39120	328.00	*
Benzo(a)pyrene	34247	65.60	*
Bis(2-ethylhexyl) phthalate	39100	212.00	
Hexachlorobenzene	39700	65.60	*
Hexachlorobutadiene	39702	65.60	*
N-nitrosodimethylamine	34438	65.60	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
3/14/97 — Date

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

946470005

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.

946470006

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	1997	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:	30274.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	124
2. Average Daily Sludge Production	(Gallons/Day)	B2:	207194.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1068.8

**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:	54.9
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:	1948
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1069.6
4. pH of Sludge Removed	(Standard Units)	C9:	5.5

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

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

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
2/21/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470007

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

B. Dry Tons = $\frac{\text{Cubic Yards (wet) X Solid Content (of the cubic yards)}}{(Y)}$ y = 1.185 where solid content is less than 15%
= 1.265 where solid content is 16% to 23%
= 1.58 where solid content is 24% to 29%
= 1.9 where solid content is greater than 30%

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

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

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example: 1% Total Solids = .01
20% Total Solids = .20

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

946470008

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 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)*

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1 EPA Form 3320-1 For Reporting Period 01/97

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

946470009

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 011997

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
97	01	01	97	01	31

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

CREATED: 01/06/97

MAJOR

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

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	**********	**********	*******	**********	11.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 81568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	166,667	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	27,379	**********	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	**********	**********	*******	**********	766.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,245	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,215	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,143	**********	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 03 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946470011

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 01/06/97

MAJOR

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

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

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
97	01	01	97	01	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011997

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	**********	**********	********	**********	94.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	15.0	**********	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	**********	**********	********	**********	17.5	**********	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	**********	**********	********	**********	15,400	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 7.09	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	8.85	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	793.95	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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 03 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946470012

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 011997

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

CREATED: 01/06/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 01 01	97 01 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

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) 01524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	ND< 3.55	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 01027 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	31.3	**********	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	**********	**********	********	**********	1,925.5	**********	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	**********	**********	********	**********	178.05	**********	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	**********	**********	********	**********	73.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	********	**********	1.50	**********	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	**********	**********	********	**********	540.75	**********	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	97 03 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946470013

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 011997

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
97	01	01	97	01	31

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

CREATED: 01/06/97

MAJOR

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

METRO REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (48-53) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) (54-61) Minimum	Average	Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,800	**********	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< 65.60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 65.60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	212.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 328.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 65.60	**********	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 03 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946470014

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 011997 (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
97 01 01	97 01 31

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

CREATED: 01/06/97

MAJOR

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

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< 65.60	**********	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	**********	**********	*******	**********	0.40	**********	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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	97 03 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946470015

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 01/06/97

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

FROM YEAR MO DAY	TO YEAR MO DAY
97 01 01	97 01 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011997

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	(54-61) Average	Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	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< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	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 03 24 YEAR MO DAY
TYPED OR PRINTED				

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

ALL PARAMETERS ARE REPORTED AS DRY WEIGHT.

946470016

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 011997

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

CREATED: 01/06/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 01 01	97 01 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

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< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	106.70	**********	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	97 03 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.

946470017

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
____ EPA Form 3320-1

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
1 EPA FORM 3320-1

OPERATING EXCEPTIONS

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

(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 2/25/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 2/25/97

946470018

OPERATING EXCEPTIONS DETAILED

UNITS OUT OF OPERATION

Wet Weather Pumps-Pump #3 1/1-1/12/97 For Maintenance.

Final Clarifiers-Tank #1 1/1-1/31/97 For Maintenance.

Tank #9 1/6-1/10/97 For Maintenance.

FREQUENCY OF COMPLIANCE MONITORING

ACUTE BIOMONITORING (96 HOUR LC50) EFFLUENT-Sampling and testing will be conducted monthly from January, 1997 thru June, 1997 due to back-to-back violations in the first and second quarters of 1997, permit cycle.

TOTAL AMMONIA NITROGEN - Increased frequency of sampling in week 4. Sampling and testing was conducted for seven days (1/19 - 1/25/97) to correspond with the sampling of second quarter 1997, permit cycle biomonitoring. All additional test results are included in the monthly calculations.

HOURS ATTENDED AT PLANT

Month 0 1 Year 9 7

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

* Designate Present

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 00 1A 011997

(2-16)	(17-19)
NJ0021016	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	97	01	01	TO	97	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 01/06/97 MAJOR

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

METRO REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	(54-61) Average	Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BOD, 5-DAY (20 DEG. C) 00310 G 0 RAW SEWAGE/INFLUENT	SAMPLE MEASUREMENT	207,615	239,983	KG/DAY	**********	190	218	MG/L		DAILY	24HC
	PERMIT REQUIREMENT	REPORT MONTH AVG.	REPORT WKLY AVG.		**********	REPORT MONTH AVG.	REPORT WKLY AVG.			DAILY	COMP24
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	23,736	33,192	KG/DAY	**********	21	29	MG/L	0	DAILY	24HC
	PERMIT REQUIREMENT	37462.000 MONTH AVG.	56192.000 WKLY AVG.		**********	30.00000 MONTH AVG.	45.00000 WKLY AVG.			DAILY	COMP24
PH 00400 G 0 RAW SEWAGE/INFLUENT	SAMPLE MEASUREMENT	**********	**********	*******	6.8	**********	7.7	SU		6/DAY	GRAB
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	**********	REPORT MAXIMUM			SIX/DAY	GRAB
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**********	**********	*******	6.2	**********	6.6	SU	0	6/DAY	GRAB
	PERMIT REQUIREMENT	**********	**********		6.00000 MINIMUM	**********	9.00000 MAXIMUM			SIX/DAY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 RAW SEWAGE/INFLUENT	SAMPLE MEASUREMENT	215,737	245,069	KG/DAY	**********	197	227	MG/L		DAILY	24HC
	PERMIT REQUIREMENT	REPORT MONTH AVG.	REPORT WKLY AVG.		**********	REPORT MONTH AVG.	REPORT WKLY AVG.			DAILY	COMP24
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	28,798	43,328	KG/DAY	**********	26	36	MG/L	0	DAILY	24HC
	PERMIT REQUIREMENT	37462.000 MONTH AVG.	56192.000 WKLY AVG.		**********	30.00000 MONTH AVG.	45.00000 WKLY AVG.			DAILY	COMP24
OIL AND GREASE FREON EXTR-GRAV METH. 00556 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.51	0.81	MG/L	0	1/14	GRAB
	PERMIT REQUIREMENT	**********	**********		**********	10.00000 MONTH AVG.	15.00000 INST. MAX.			ONCE/ 2 WEEKS	GRAB

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	97 02 24
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

946470020

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 00 1A 011997

(2-16)	(17-19)
NJ0021016	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	97	01	01	TO	97	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 01/06/97 MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 05-31-98

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)
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	15,338	19,903	KG/DAY	**********	14.10	17.84	MG/L		1/7*	24HC
	PERMIT REQUIREMENT	REPORT MONTH AVG.	REPORT DAILY MAX.		**********	REPORT MONTH AVG.	REPORT DAILY MAX.			ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	290	350	MGD	**********	**********	**********	*******		CONT.	N/A
	PERMIT REQUIREMENT	REPORT MONTH AVG.	REPORT DAILY MAX.		**********	**********	**********			CONT. INUOUS	CONT. INUOUS
COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2	3	#/100 ML	0	DAILY	GRAB
	PERMIT REQUIREMENT	**********	**********		**********	200.00000 MONTH GEO.	400.00000 WKLY GEO.			DAILY	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**********	**********	*******	89	**********	**********	PERCEN	0	DAILY	CALC
	PERMIT REQUIREMENT	**********	**********		65.00000 MNTH.AVG.MIN.	**********	**********			DAILY	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**********	**********	*******	87	**********	**********	PERCEN	0	DAILY	CALC
	PERMIT REQUIREMENT	**********	**********		65.00000 MNTH.AVG.MIN.	**********	**********			DAILY	CALCTD
LC50 STATRE 96HR ACU MYSID. BAHIA TAN3E 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**********	**********	*******	57.30	**********	**********	PERCEN	0	4/90	24HC
	PERMIT REQUIREMENT	**********	**********		50.00000 MINIMUM	**********	**********			QTRLY	
CHLORINE PRODUCED OXIDANTS *CPOX 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.2	**********	MG/L	0	24/DAY	GRAB
	PERMIT REQUIREMENT	**********	**********		**********	2.00000 MONTH AVG.	**********			SIX/DAY	GRAB

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)

*INCREASED FREQUENCY OF SAMPLING IN WEEK 4.

946470021

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	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 01 01	97 01 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/06/97 MAJOR

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

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 00 1A 011997

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)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 RAW SEWAGE/INFLUENT	SAMPLE MEASUREMENT	**********	**********	*******	12.4	15.3	16.5	DEG. C		6/DAY	GRAB
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	REPORT MONTH AVG.	REPORT MAXIMUM			SIX/DAY	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**********	**********	*******	12.0	15.5	17.2	DEG. C		6/DAY	GRAB
	PERMIT REQUIREMENT	**********	**********		REPORT MINIMUM	REPORT MONTH AVG.	REPORT MAXIMUM			SIX/DAY	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**********	**********	*******	5.6	3.7	**********	MG/L	0	DAILY	GRAB
	PERMIT REQUIREMENT	**********	**********		3.00000 MIN.WKLY.AVG.	REPORT MIN.DAILY AVG	**********			DAILY	GRAB
MERCURY TOTAL RECOVERABLE 71901 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.54	0.54	KG/DAY	**********	0.50	0.50	UG/L	0	1/30	24HC
	PERMIT REQUIREMENT	2.50000 MONTH AVG.	REPORT DAILY MAX.		**********	REPORT MONTH AVG.	REPORT DAILY MAX.			ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN) 00720 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	56	56	KG/DAY	**********	52	52	UG/L		1/30	GRAB
	PERMIT REQUIREMENT	REPORT MONTH AVG.	REPORT DAILY MAX.		**********	REPORT MONTH AVG.	REPORT DAILY MAX.			ONCE/ MONTH	GRAB
NICKEL TOTAL RECOVERABLE 01074 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	34.6	34.6	KG/DAY	**********	32.3	32.3	UG/L		1/30	24HC
	PERMIT REQUIREMENT	REPORT MONTH AVG.	REPORT DAILY MAX.		**********	REPORT MONTH AVG.	REPORT DAILY MAX.			ONCE/ MONTH	COMP24
ZINC TOTAL RECOVERABLE 01094 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	148	148	KG/DAY	**********	138	138	UG/L		1/30	24HC
	PERMIT REQUIREMENT	REPORT MONTH AVG.	REPORT DAILY MAX.		**********	REPORT MONTH AVG.	REPORT DAILY MAX.			ONCE/ MONTH	COMP24

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)

946470022

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	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 01 01	97 01 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/06/97 MAJOR
Form Approved.
OMB No.2040-0004
Approval expires 05-31-98

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 00 1A 011997

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)
LEAD TOTAL RECOVERABLE 01114 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	ND< 10.7	ND< 10.7	KG/DAY	**********	ND< 10.0	ND< 10.0	UG/L		1/30	24HC
	PERMIT REQUIREMENT	REPORT MONTH AVG.	REPORT DAILY MAX.		**********	REPORT MONTH AVG.	REPORT DAILY MAX.			ONCE/ MONTH	COMP24
COPPER TOTAL RECOVERABLE 01119 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20.2	20.2	KG/DAY	**********	18.9	18.9	UG/L		1/30	24HC
	PERMIT REQUIREMENT	REPORT MONTH AVG.	REPORT DAILY MAX.		**********	REPORT MONTH AVG.	REPORT DAILY MAX.			ONCE/ MONTH	COMP24

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)*

946470023

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	REPORTING PERIOD Yr.	REPORTING CATEGORY
0021016	02	1997	52

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	462	*
Beryllium	01012	231	
Cadmium	61527	2685	
Chromium	61512	52705	
Copper	61506	94985	
Iron	01045	13200	
Lead	61503	1726	
Mercury	01260	164	
Molybdenum	01062	177	
Nickel	61515	854	
Selenium	61518	578	*
Zinc	61509	1970	
Selected Chemical Parameters			
Total Nitrogen	00625	21967	
Ammonia	71845	1426	
Nitrate Nitrogen	71850	147	
Oil and Grease	00550	14259 2	
Phenols	46000	12518	
Phosphorus	00665	16100	
Calcium	00916	14825	
Magnesium	00927	3800	
Potassium	00937	1252	
Cyanide	00720	833	
Fluoride	00951	979	
Chloride	00940	382	

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Arthur A. Martinelli — Signature
4-9-97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470024

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	1997	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	0.02	*
Chlordane	39350	0.02	*
Dieldrin	39380	0.02	*
DDT	39370	0.02	*
Heptachlor	39410	0.02	*
Lindane	39782	0.02	*
PCB's	39516	0.02	*
Toxaphene	39400	0.02	*
Purgeables			
Benzene	34030	0.10	
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	515.00	*
Benzo(a)pyrene	34247	103.00	*
Bis(2-ethylhexyl) phthalate	39100	259.00	
Hexachlorobenzene	39700	103.00	*
Hexachlorobutadiene	39702	103.00	*
N-nitrosodimethylamine	34438	103.00	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
4/3/97 — Date

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

946470025

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.

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	1997	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:	34286.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	11.2
2. Average Daily Sludge Production	(Gallons/Day)	B2:	284109.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	132.82

**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:	54.0
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:	246.2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	132.93
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	19316	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
3/20/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470027

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

946470028

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 7	THRU	0 3 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 02/97

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 4/25/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 4/25/97

946470029

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

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

CREATED: 01/06/97

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	97	02	01	TO	97	02	28

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021997 (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	**********	**********	*******	**********	14.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	142,592	**********	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	**********	**********	*******	**********	21,967	**********	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	**********	**********	*******	**********	1,252	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,426	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,825	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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 04 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470031

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 021997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 02 01	97 02 28
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/06/97

MAJOR

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

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	**********	**********	*******	**********	38.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.79	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.7	**********	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	**********	**********	*******	**********	16,100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.62	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.78	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	949.85	**********	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	97 04 24
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

946470032

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 021997

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

CREATED: 01/06/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 02 01	97 02 28
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

METRO REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.31	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	26.85	**********	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	**********	**********	*******	**********	1,970	**********	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	**********	**********	*******	**********	172.6	**********	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	**********	**********	*******	**********	85.4	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.64	**********	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	**********	**********	*******	**********	527.05	**********	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	97 04 24
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

946470033

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 021997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 02 01	97 02 28

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

CREATED: 01/06/97

MAJOR

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

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	**********	**********	*******	**********	13,200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 103.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 103.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	259.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 515.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 103.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, 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 04 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470034

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 01/06/97

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
97 02 01	97 02 28
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021997

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PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	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< 103.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	97 04 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470035

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 01/06/97

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

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

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021997

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	**********	**********	*******	**********	8.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	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< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	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 04 24 (YEAR MO DAY)

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

946470036

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 01/06/97

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
97 02 01	97 02 28
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021997

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	(54-61) Average	Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.02	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	125.18	**********	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 04 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470037

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 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
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 01/97

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

946470038

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																

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	REPORTING PERIOD Yr.	REPORTING CATEGORY
0021016	03	1997	52

FACILITY NAME: Passaic Valley Sewerage Commissioners

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	6.75	*
Beryllium	01012	3.38	*
Cadmium	61527	170	
Chromium	61512	3422.0	
Copper	61506	719.35	
Iron	01045	1150.0	
Lead	61503	113.95	
Mercury	01260	2.25	
Molybdenum	01062	23.3	
Nickel	61515	46.1	
Selenium	61518	17.6	
Zinc	61509	118.50	
Selected Chemical Parameters			
Total Nitrogen	00625	2087.4	
Ammonia	71845	864.	
Nitrate Nitrogen	71850	3.40	
Oil and Grease	00550	1833.33	
Phenols	46000	12.907	
Phosphorus	00665	1370.0	
Calcium	00916	8595.0	
Magnesium	00927	2184.0	
Potassium	00937	691.25	
Cyanide	00720	5.55	
Fluoride	00951	11.3	
Chloride	00940	75.6	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	5/16/97

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470040

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	1997	52

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.003	*
Chlordane	39350	0.003	*
Dieldrin	39380	0.003	*
DDT	39370	0.003	*
Heptachlor	39410	0.003	*
Lindane	39782	0.003	*
PCB's	39516	0.003	*
Toxaphene	39400	0.003	*
Purgeables			
Benzene	34030	0.010	*
Carbon tetrachloride	32102	0.010	*
Chloroform	32106	0.010	*
Methylene Chloride	34423	0.010	*
Tetrachloroethylene	34475	0.010	*
Trichloroethylene	39180	0.010	*
Vinyl chloride	39175	0.010	*
Base/Neutrals and Acids			
Benzidine	39120	3.050	*
Benzo(a)pyrene	34247	6.10	*
Bis(2-ethylhexyl) phthalate	39100	15.20	
Hexachlorobenzene	39700	6.10	*
Hexachlorobutadiene	39702	6.10	*
N-nitrosodimethylamine	34438	6.10	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature — 4/29/97 Date

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

946470041

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.

946470042

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0 0 2 1 0 1 6	0 3	1 9 9 7	5	1	Page 1 of

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:	2 3 4 8 7 .

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 2 . 0
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2 3 8 7 3 6 .
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1 1 9 . 2 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 4 . 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:	2 2 1 . 0
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 1 9 . 3 6
4. pH of Sludge Removed	(Standard Units)	C9:	5 . 5

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	1 9 3 1 6	OUT OF STATE	

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

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
E	PASSAIC VALLEY	0 0 2 1 0 1 6		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
4/3/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470043

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

946470044

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 7	THRU	0 3 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 02/97

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 4/25/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 4/25/97

946470045

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 7	THRU	0 4 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 03/97

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 #0004998

Signature

Date 5/22/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 5/22/97

946470047

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 031997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 03 01	97 03 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/06/97

MAJOR

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

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	**********	**********	*******	**********	3.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	183,333	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20,874	**********	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	**********	**********	*******	**********	691.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	864	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8,595.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,184.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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	97 05 22 YEAR MO DAY
TYPED OR PRINTED				

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

946470049

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 031997

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

CREATED: 01/06/97

MAJOR

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
97	03	01	97	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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	**********	**********	*******	**********	75.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	23.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,700	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.75	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	719.35	**********	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.)

Robert J. Davenport Jr.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800
AREA CODE / NUMBER

DATE: 97 05 22
YEAR MO DAY

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

946470050

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 031997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 03 01	97 03 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/06/97

MAJOR

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

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< 3.38	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,188.50	**********	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	**********	**********	*******	**********	113.95	**********	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	**********	**********	*******	**********	46.1	**********	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	**********	**********	*******	**********	2.25	**********	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	**********	**********	*******	**********	342.20	**********	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.)	Robert J. Davenport Dg SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	97 05 22 YEAR MO DAY
TYPED OR PRINTED				

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

946470051

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 01/06/97

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

FROM YEAR MO DAY	TO YEAR MO DAY
97 03 01	97 03 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 031997

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	**********	**********	*******	**********	11,500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15.20	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 30.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.10	**********	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.)	Robert J. Davenport	201 344-1800	97 05 22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

946470052

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 031997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 03 01	97 03 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/06/97

MAJOR

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

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< 6.10	**********	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

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

TYPED OR PRINTED

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Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 201 344-1800
AREA CODE / NUMBER

DATE: 97 05 22
YEAR MO DAY

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

946470053

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	97	03	01	TO	97	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

CREATED: 01/06/97

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

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 031997

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	**********	**********	*******	**********	5.55	**********	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.)	Robert J. Davenport	201 344-1800	97 05 22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

946470054

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 031997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 03 01	97 03 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/06/97

MAJOR

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

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< 0.03	**********	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	**********	**********	*******	**********	129.07	**********	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	201 344-1800	97 05 22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

946470055

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	REPORTING PERIOD Yr.	REPORTING CATEGORY
0021016	04	1997	52

FACILITY NAME: Passaic Valley Sewerage Commissioners

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	2.46	*
Beryllium	01012	1.23	*
Cadmium	61527	17.5	
Chromium	61512	555.6	
Copper	61506	934.75	
Iron	01045	14700.	
Lead	61503	180.20	
Mercury	01260	1.54	
Molybdenum	01062	19.6	
Nickel	61515	60.45	
Selenium	61518	3.07	
Zinc	61509	1484.0	
Selected Chemical Parameters			
Total Nitrogen	00625	2007 5.	
Ammonia	71845	864.	
Nitrate Nitrogen	71850	3.15	
Oil and Grease	00550	19505 5.	
Phenols	46000	68.53	
Phosphorus	00665	1760 0.	
Calcium	00916	1390 0.	
Magnesium	00927	339 2.	
Potassium	00937	917.5	
Cyanide	00720	5.72	
Fluoride	00951	13.8	
Chloride	00940	370	

CERTIFICATE OF AUTHENTICITY

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

Chief Chemist — Title

Signature

6/25/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470056

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
00210116	04	1997	5 2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.22	*
Chlordane	39350	0.22	*
Dieldrin	39380	0.22	*
DDT	39370	0.22	*
Heptachlor	39410	0.22	*
Lindane	39782	0.22	*
PCB's	39516	0.22	*
Toxaphene	39400	0.22	*
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	29.00	*
Benzo(a)pyrene	34247	5.80	*
Bis(2-ethylhexyl) phthalate	39100	16.10	*
Hexachlorobenzene	39700	5.80	*
Hexachlorobutadiene	39702	5.80	*
N-nitrosodimethylamine	34438	5.80	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
6/10/97 — Date

Laboratory Name: Garden State Laboratories, Inc

Cert No. 20044

946470057

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 7	THRU	0 5 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 04/97
REVISED 1 T-VWX-007 For Reporting Period 04/97

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 6/25/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 6/25/97

946470058

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
APRIL, 1997

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

REVISED

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
00210116	04	1997	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	330.00
2. Industrial Conribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	43083.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	13.3
2. Average Daily Sludge Production	(Gallons/Day)	B2:	209133.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	115.72

**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:	54.6
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:	2121.
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	115.81
4. pH of Sludge Removed	(Standard Units)	C9:	5.5

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

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

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
6/5/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470061

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

946470062

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 7	THRU	0 5 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 04/97
REVISED 1 T-VWX-007 For Reporting Period 04/97

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 6/25/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 6/25/97

946470063

OPERATING EXCEPTIONS DETAILED

URS 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 041997

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

CREATED: 04/02/97

MAJOR

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
97	04	01	97	04	30

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

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	**********	**********	*******	**********	3.15	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	195,055	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20,075	**********	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	**********	**********	*******	**********	917.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	864	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,392	**********	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	97 06 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470065

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 041997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 04 01	97 04 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/02/97

MAJOR

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

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)
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	37.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13.8	**********	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	**********	**********	*******	**********	19.6	**********	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	**********	**********	*******	**********	17,600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.46	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.07	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	934.75	**********	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	97 06 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470066

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 041997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 04 01	97 04 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/02/97

MAJOR

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

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< 1.23	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.5	**********	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	**********	**********	*******	**********	1,484.0	**********	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	**********	**********	*******	**********	180.20	**********	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	**********	**********	*******	**********	60.45	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.54	**********	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	**********	**********	*******	**********	555.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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 06 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470067

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 041997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 04 01	97 04 30

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

CREATED: 04/02/97

MAJOR

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

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	**********	**********	*******	**********	14,700	**********	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< 5.80	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.80	**********	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< 16.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 29.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.80	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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 06 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470068

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 041997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 04 01	97 04 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/02/97

MAJOR

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

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< 5.80	**********	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	**********	**********	*******	**********	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

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.)

Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 97 06 24 (YEAR MO DAY)

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

946470069

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 041997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 04 01	97 04 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/02/97

MAJOR

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

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	**********	**********	*******	**********	5.72	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.22	**********	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< 0.22	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.22	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.22	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.22	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.22	**********	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	97 06 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470070

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: 04/02/97

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	TO YEAR MO DAY
97 04 01	97 04 30

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041997 (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< 0.22	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.22	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	68.53	**********	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 06 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470071

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 7	THRU	0 4 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 03/97

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 5/22/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 5/22/97

946470072

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.

946470074

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	04	1997	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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:	43083.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	13.3
2. Average Daily Sludge Production	(Gallons/Day)	B2:	209785.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	116.08

**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:	54.6
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:	212.8
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	116.17
4. pH of Sludge Removed	(Standard Units)	C9:	5.5

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

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

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
5/16/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470075

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

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

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

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

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

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example: 1% Total Solids = .01
20% Total Solids = .20

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

946470076

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	REPORTING PERIOD Yr.	REPORTING CATEGORY	
0021016	04	1997	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	2.46	*
Beryllium	01012	1.23	*
Cadmium	61527	17.5	
Chromium	61512	55.6	
Copper	61506	934.75	
Iron	01045	14700.	
Lead	61503	18.20	
Mercury	01260	1.54	
Molybdenum	01062	19.6	
Nickel	61515	60.45	
Selenium	61518	3.07	
Zinc	61509	.	
Selected Chemical Parameters			
Total Nitrogen	00625	2007 5.	
Ammonia	71845	864.	
Nitrate Nitrogen	71850	3.15	
Oil and Grease	00550	19505 5.	
Phenols	46000	68.53	
Phosphorus	00665	17600.	
Calcium	00916	.	
Magnesium	00927	.	
Potassium	00937	.	
Cyanide	00720	5.72	
Fluoride	00951	13.8	
Chloride	00940	370	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A. Martinelli	Chief Chemist	Arthur A. Martinelli	6/19/97

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470077

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	REPORTING PERIOD Yr.	REPORTING CATEGORY
0021016	05	1997	52

FACILITY NAME: Passaic Valley Sewerage Commissioners

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	4.38	*
Beryllium	01012	2.18	*
Cadmium	61527	20.80	
Chromium	61512	551.90	
Copper	61506	1071.00	
Iron	01045	14100.	
Lead	61503	188.60	
Mercury	01260	2.75	
Molybdenum	01062	20.40	
Nickel	61515	67.20	
Selenium	61518	5.48	*
Zinc	61509	1763.00	
Selected Chemical Parameters			
Total Nitrogen	00625	1538.	
Ammonia	71845	109.	
Nitrate Nitrogen	71850	17.40	
Oil and Grease	00550	22557.	
Phenols	46000	76.82	
Phosphorus	00665	1720.	
Calcium	00916	1719.	
Magnesium	00927	340.	
Potassium	00937	116.	
Cyanide	00720	4.66	
Fluoride	00951	20.9	
Chloride	00940	70.9	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist	[signature]	7/24/97
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470078

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
00210116	05	1997	52

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.24	*
Chlordane	39350	0.24	*
Dieldrin	39380	0.24	*
DDT	39370	0.24	*
Heptachlor	39410	0.24	*
Lindane	39782	0.24	*
PCB's	39516	0.24	*
Toxaphene	39400	0.24	*
Purgeables			
Benzene	34030	0.20	
Carbon tetrachloride	32102	0.10	*
Chloroform	32106	0.10	*
Methylene Chloride	34423	0.10	*
Tetrachloroethylene	34475	0.20	
Trichloroethylene	39180	0.10	*
Vinyl chloride	39175	0.10	*
Base/Neutrals and Acids			
Benzidine	39120	20.20	*
Benzo(a)pyrene	34247	4.00	*
Bis(2-ethylhexyl) phthalate	39100	55.50	
Hexachlorobenzene	39700	4.00	*
Hexachlorobutadiene	39702	4.00	*
N-nitrosodimethylamine	34438	4.00	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
7/8/97 — Date

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

346470079

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 7	THRU	0 5 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 04/97
REVISED 1 T-VWX-007 For Reporting Period 04/97

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 6/25/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport

Date 6/25/97

946470080

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.

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	1997	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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:	45902.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	13.9
2. Average Daily Sludge Production	(Gallons/Day)	B2:	1890027.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	109.32

**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:	56.3
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	194.4
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	109.41
4. pH of Sludge Removed	(Standard Units)	C9:	5.4

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

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

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
6/13/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470083

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

946470084

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 7	THRU	0 6 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 05/97

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 7/25/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport P.H.

Date 7/25/97

946470085

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																

946470086

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 051997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 05 01	97 05 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/02/97

MAJOR

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

METRO REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	(54-61) Average	Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	225,577	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,380	**********	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	**********	**********	*******	**********	1,165	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,092	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,195	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,404	**********	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 p.d. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	97 07 25 YEAR MO DAY
TYPED OR PRINTED				

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

946470087

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 051997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 05 01	97 05 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/02/97

MAJOR

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

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	**********	**********	*******	**********	70.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20.9	**********	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	**********	**********	*******	**********	20.40	**********	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	**********	**********	*******	**********	17,200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.38	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5.48	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,071.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, 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 pH.	201 344-1800	97 07 25
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

946470088

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 051997

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

CREATED: 04/02/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 05 01	97 05 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

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< 2.18	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20.80	**********	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	**********	**********	*******	**********	1,763.00	**********	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	**********	**********	*******	**********	188.60	**********	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	**********	**********	*******	**********	67.20	**********	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	**********	**********	*******	**********	2.75	**********	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	**********	**********	*******	**********	551.90	**********	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.)	Robert J. Davenport pt SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	97 07 25 YEAR MO DAY
TYPED OR PRINTED				

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

946470089

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 051997

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

CREATED: 04/02/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 05 01	97 05 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

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	**********	**********	*******	**********	14,100	**********	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< 4.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	55.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 20.20	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.00	**********	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

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Robert J. Davenport pr.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 97 07 25 (YEAR MO DAY)

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

946470090

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 051997

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
97	05	01	97	05	31

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

CREATED: 04/02/97

MAJOR

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

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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	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	**********	**********	*******	**********	0.20	**********	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)	Robert J. Davenport pH SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	201 344-1800 AREA CODE / NUMBER	97 07 25 YEAR MO DAY
TYPED OR PRINTED				

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

946470091

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 051997

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

CREATED: 04/02/97

MAJOR

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

MONITORING PERIOD

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

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	**********	**********	*******	**********	4.66	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.24	**********	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< 0.24	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.24	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.24	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.24	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.24	**********	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

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Robert J. Davenport pH

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 97 07 25 (YEAR MO DAY)

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

946470092

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 051997

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

MONITORING PERIOD

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

CREATED: 04/02/97

MAJOR

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METRO REGION / ESSEX

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LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.24	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.24	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	76.82	**********	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 pH.	201 344-1800	97 07 25
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR MO DAY

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

946470093

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	REPORTING PERIOD Yr.	REPORTING CATEGORY
0021016	06	1997	52

FACILITY NAME: Passaic Valley Sewerage Commissioners

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	1.57	
Beryllium	01012	0.39	*
Cadmium	61527	24.95	
Chromium	61512	606.90	
Copper	61506	1145.00	
Iron	01045	13900.	
Lead	61503	219.90	
Mercury	01260	2.48	
Molybdenum	01062	19.00	
Nickel	61515	70.90	
Selenium	61518	2.54	
Zinc	61509	1822.50	
Selected Chemical Parameters			
Total Nitrogen	00625	17132.	
Ammonia	71845	989.	
Nitrate Nitrogen	71850	18.50	
Oil and Grease	00550	19873 0.	
Phenols	46000	58.84	
Phosphorus	00665	18000.	
Calcium	00916	15435.	
Magnesium	00927	3641.	
Potassium	00937	840.	
Cyanide	00720	4.99	
Fluoride	00951	9.65	
Chloride	00940	91.40	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	8/18/97

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470094

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	
00210116	06	1997	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.30	*
Chlordane	39350	0.30	*
Dieldrin	39380	0.30	*
DDT	39370	0.30	*
Heptachlor	39410	0.30	*
Lindane	39782	0.30	*
PCB's	39516	0.30	*
Toxaphene	39400	0.30	*
Purgeables			
Benzene	34030	0.10	
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	32.00	*
Benzo(a)pyrene	34247	6.40	*
Bis(2-ethylhexyl) phthalate	39100	11.00	
Hexachlorobenzene	39700	6.40	*
Hexachlorobutadiene	39702	6.40	*
N-nitrosodimethylamine	34438	6.40	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
8/20/97 — Date

Laboratory Name: Garden State Laboratories, Inc

Cert No. 20044

946470095

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 7	THRU	0 6 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 05/97

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 7/25/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature Robert J. Davenport P.H.

Date 7/25/97

946470096

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.

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	1997	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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:	41392.

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:	217223.
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	114.22

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	55.1
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	207.5
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	114.31
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	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
7/24/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470099

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

946470100

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 7	THRU	0 7 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 06/97

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 8/21/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 8/21/97

946470101

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																

946470102

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 061997 (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
97 06 01	97 06 30

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

CREATED: 04/02/97

MAJOR

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

METRO REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	198,730	**********	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	**********	**********	*******	**********	17,132	**********	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	**********	**********	*******	**********	840	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	989	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,435	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,641	**********	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	973 344-1800 AREA CODE / NUMBER	97 08 20 YEAR MO DAY
TYPED OR PRINTED				

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

946470103

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 061997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 06 01	97 06 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/02/97

MAJOR

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

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	**********	**********	*******	**********	91.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.65	**********	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	**********	**********	*******	**********	19.00	**********	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	**********	**********	*******	**********	18,000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.57	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.54	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,145.00	**********	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: 973 344-1800
AREA CODE / NUMBER

DATE: 97 08 20
YEAR MO DAY

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

946470104

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 061997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 06 01	97 06 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/02/97

MAJOR

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

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< 0.39	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	24.95	**********	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	**********	**********	*******	**********	1,822.50	**********	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	**********	**********	*******	**********	219.90	**********	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	**********	**********	*******	**********	70.90	**********	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	**********	**********	*******	**********	2.48	**********	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	**********	**********	*******	**********	606.90	**********	MG/KG		1/30	COMP.
78473 + 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: 973 344-1800
AREA CODE / NUMBER

DATE: 97 08 20
YEAR MO DAY

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

946470105

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: 04/02/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 06 01	97 06 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061997

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	**********	**********	*******	**********	13,900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 32.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.40	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	973 344-1800 AREA CODE / NUMBER	97 08 20 YEAR MO DAY
TYPED OR PRINTED				

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

946470106

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 061997

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

CREATED: 04/02/97

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	97	06	01	TO	97	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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< 6.40	**********	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

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 08 20
YEAR MO DAY

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

946470107

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 061997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 06 01	97 06 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 04/02/97

MAJOR

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

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	**********	**********	*******	**********	4.99	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.30	**********	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< 0.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.30	**********	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	973 344-1800 AREA CODE / NUMBER	97 08 20 YEAR MO DAY
TYPED OR PRINTED				

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

946470108

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: 04/02/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 06 01	97 06 30

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061997 (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< 0.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	58.84	**********	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: 973 344-1800
AREA CODE / NUMBER

DATE: 97 08 20
YEAR MO DAY

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

946470109

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	07	1997	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	3.46	
Beryllium	01012	0.39	
Cadmium	61527	18.90	
Chromium	61512	562.70	
Copper	61506	892.35	
Iron	01045	13500.	
Lead	61503	231.75	
Mercury	01260	3.40	
Molybdenum	01062	21.4	
Nickel	61515	70.50	
Selenium	61518	2.14	
Zinc	61509	2187.50	
Selected Chemical Parameters			
Total Nitrogen	00625	15741.	
Ammonia	71845	944.	
Nitrate Nitrogen	71850	1.78	*
Oil and Grease	00550	19405 6.	
Phenols	46000	54.81	
Phosphorus	00665	16000.	
Calcium	00916	14875.	
Magnesium	00927	4281.	
Potassium	00937	1024.	
Cyanide	00720	5.03	
Fluoride	00951	8.20	
Chloride	00940	357	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	8/21/97
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470110

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	07	1997	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.28	*
Chlordane	39350	0.28	*
Dieldrin	39380	0.28	*
DDT	39370	0.28	*
Heptachlor	39410	0.28	*
Lindane	39782	0.28	*
PCB's	39516	0.28	*
Toxaphene	39400	0.28	*
Purgeables			
Benzene	34030	0.1	
Carbon tetrachloride	32102	0.1	*
Chloroform	32106	0.1	
Methylene Chloride	34423	0.1	*
Tetrachloroethylene	34475	0.2	
Trichloroethylene	39180	0.1	*
Vinyl chloride	39175	0.1	*
Base/Neutrals and Acids			
Benzidine	39120	283.	*
Benzo(a)pyrene	34247	56.5	*
Bis(2-ethylhexyl) phthalate	39100	125.	
Hexachlorobenzene	39700	56.5	*
Hexachlorobutadiene	39702	56.5	*
N-nitrosodimethylamine	34438	56.5	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
9/10/97 — Date

Laboratory Name: Garden State Laboratories, Inc

Cert No. 20044

946470111

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 7	THRU	0 7 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 06/97

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 8/21/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 8/21/97

946470112

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.

946470114

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0 0 2 1 0 1 6	0 7	1 9 9 7	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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 8 2 9 8 .

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

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

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	5 7 . 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:	1 9 1 . 9
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 0 9 . 7 4
4. pH of Sludge Removed	(Standard Units)	C9:	5 . 7

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	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
Arthur A. Martinelli — Signature
8/13/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470115

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

946470116

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 7	THRU	0 8 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 07/97

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 9/24/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 9/24/97

946470117

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 071997

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

CREATED: 07/02/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 07 01	97 07 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

METRO REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading Average	(54-61) Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.78	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	194,056	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,741	**********	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	**********	**********	*******	**********	1,024	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	944	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,875	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,281	**********	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	973 344-1800 AREA CODE / NUMBER	97 09 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470119

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 071997

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

CREATED: 07/02/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 07 01	97 07 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

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	**********	**********	*******	**********	35.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.20	**********	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	**********	**********	*******	**********	21.4	**********	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	**********	**********	*******	**********	16,000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.46	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.14	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	892.35	**********	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: 973 344-1800 (AREA CODE / NUMBER)

DATE: 97 09 24 (YEAR MO DAY)

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

946470120

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 071997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 07 01	97 07 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/97

MAJOR

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

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	**********	**********	*******	**********	0.39	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18.90	**********	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	**********	**********	*******	**********	2,187.50	**********	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	**********	**********	*******	**********	231.75	**********	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	**********	**********	*******	**********	70.50	**********	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	**********	**********	*******	**********	3.40	**********	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	**********	**********	*******	**********	562.70	**********	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	973 344-1800 AREA CODE / NUMBER	97 09 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470121

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 071997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 07 01	97 07 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/97

MAJOR

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

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	**********	**********	*******	**********	13,500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 56.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 56.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	125	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 283	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 56.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	973 344-1800	97 09 24
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

946470122

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 071997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 07 01	97 07 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/97

MAJOR

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

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< 56.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	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: 973 344-1800
AREA CODE / NUMBER

DATE: 97 09 24
YEAR MO DAY

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

946470123

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 07 01	97 07 31

CREATED: 07/02/97

MAJOR

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

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071997 (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	**********	**********	*******	**********	5.03	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	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< 0.28	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	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	973 344-1800 AREA CODE / NUMBER	97 09 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470124

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 071997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 07 01	97 07 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/97

MAJOR

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

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< 0.28	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	54.81	**********	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	973 344-1800	97 09 24
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

946470125

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	08	1997	5 2

FACILITY NAME: Passaic Valley Sewerage Commissioners

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	6.38	
Beryllium	01012	0.46	
Cadmium	61527	26.70	
Chromium	61512	502.1	
Copper	61506	1021.30	
Iron	01045	16700.	
Lead	61503	213.55	
Mercury	01260	2.59	
Molybdenum	01062	39.50	
Nickel	61515	97.25	
Selenium	61518	2.41	
Zinc	61509	2440.	
Selected Chemical Parameters			
Total Nitrogen	00625	16764.	
Ammonia	71845	1023.	
Nitrate Nitrogen	71850	1.80	
Oil and Grease	00550	22829.	
Phenols	46000	29.6	
Phosphorus	00665	15200.	
Calcium	00916	14715.	
Magnesium	00927	4094.	
Potassium	00937	1630.	
Cyanide	00720	5.63	
Fluoride	00951	6.94	
Chloride	00940	360.	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	10/15/97

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470126

T-VWX-C09
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	08	1997	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.33	*
Chlordane	39350	0.33	*
Dieldrin	39380	0.33	*
DDT	39370	0.33	*
Heptachlor	39410	0.33	*
Lindane	39782	0.33	*
PCB's	39516	0.33	*
Toxaphene	39400	0.33	*
Purgeables			
Benzene	34030	0.10	
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	35.50	*
Benzo(a)pyrene	34247	7.10	*
Bis(2-ethylhexyl) phthalate	39100	124.00	
Hexachlorobenzene	39700	7.10	*
Hexachlorobutadiene	39702	7.10	*
N-nitrosodimethylamine	34438	7.10	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
10/15/97 — Date

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

946470127

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 7	THRU	0 8 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 07/97

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 9/24/97

PRINCIPAL EXECUTIVE OFFICER or
DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 9/24/97

946470128

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ___ Year ___

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

Passaic Valley
Sewerage Commissioners

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

RAYMOND LUCHKO
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
ANGELINA M. PASERCHIA
DONALD TUCKER
COMMISSIONERS

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

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

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0 0 2 1 0 1 6	0 8	1 9 9 7	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3300
2. Industrial Conribution	(% of influent)	A2:	18
3. Average Daily Septage Treated	(Gallons/Day)	A3:	30919

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	124
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2142559
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1104 3

**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:	55.5
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	
Total Solids of 2.b.i.	(% by weight)	C5:	
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	1991
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	110.52
4. pH of Sludge Removed	(Standard Units)	C9:	5.2

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	Chief Chemist	[signature]	9/19/97
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470131

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

946470132

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 7	THRU	0 9 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

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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.

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LICENSED OPERATOR

Name *(Printed)* Phil Habrukowich

Grade & Registry No. NJ S-4 #0004998

Signature

Date 10/23/97

PRINCIPAL EXECUTIVE OFFICER or
DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 10/23/97

946470133

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: 07/02/97

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 97 08 01 TO YEAR MO DAY 97 08 31

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081997 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.80	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	228,829	**********	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	**********	**********	*******	**********	16,764	**********	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	**********	**********	*******	**********	1,630	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,023	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,715	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,094	**********	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: 973 344-1800 (AREA CODE / NUMBER)

DATE: 97 10 23 (YEAR MO DAY)

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

946470135

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: 07/02/97

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
FROM	97	08	01
TO	97	08	31

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

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081997

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	**********	**********	*******	**********	36.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.94	**********	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	**********	**********	*******	**********	39.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.38	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.41	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,021.30	**********	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 97 10 23 (YEAR MO DAY)

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

946470136

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 081997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 08 01	97 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/02/97

MAJOR

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

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	**********	**********	*******	**********	0.46	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 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) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,440	**********	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	**********	**********	*******	**********	213.55	**********	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	**********	**********	*******	**********	97.25	**********	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	**********	**********	*******	**********	2.59	**********	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	**********	**********	*******	**********	502.1	**********	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	973 344-1800	97 10 23
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

946470137

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: 07/02/97

MAJOR

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	08	01		97	08	31

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081997 (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	**********	**********	*******	**********	16,700	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	124.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 35.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.10	**********	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	973 344-1800 AREA CODE / NUMBER	97 10 23 YEAR MO DAY
TYPED OR PRINTED				

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

946470138

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 08 01	97 08 31

CREATED: 07/02/97

MAJOR

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

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081997 (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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 7.10	**********	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

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 10 23
YEAR MO DAY

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

946470139

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

MONITORING PERIOD

FROM	YEAR MO DAY	TO	YEAR MO DAY
	97 08 01		97 08 31

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

CREATED: 07/02/97

MAJOR

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

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081997

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	**********	**********	*******	**********	5.63	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.33	**********	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< 0.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.33	**********	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	973 344-1800 AREA CODE / NUMBER	97 10 23 YEAR MO DAY
TYPED OR PRINTED				

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

946470140

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: 07/02/97

MAJOR

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	08	01		97	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081997

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< 0.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	29.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	973 344-1800 AREA CODE / NUMBER	97 10 23 YEAR MO DAY
TYPED OR PRINTED				

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

946470141

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 7	THRU	0 9 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 08/97

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 10/23/97

PRINCIPAL EXECUTIVE OFFICER or
DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 10/23/97

946470142

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month ____ Year ____

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

Passaic Valley
Sewerage Commissioners

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

RAYMOND LUCHKO
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
ANGELINA M. PASERCHIA
DONALD TUCKER
COMMISSIONERS

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

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

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0 0 2 1 0 1 6	0 9	1 9 9 7	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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 7 0 4 2

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 1 1
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2 7 3 5 3 2
3. Average Daily Sludge Production	(Dry Tons/Day	B3:	1 2 6 5 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:	5 9 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:	2 1 5 0
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 2 7 0 7
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	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
Arthur A. Martinelli — Signature
10/21/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470145

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

Passaic Valley
Sewerage Commissioners

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ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

December 5, 1997

NJDEP
Wastewater Facilities Regulations Program
Bureau of Permit Management
CN-029
Trenton, New Jersey 08625-0029

Gentlemen: Re: NJ 0021016

Enclosed please find a revised copy of the September 1997 SQ5E DMR. This revised copy contains the results for the parameters that were reported as CODE=E. If you have any questions please call me at (973) 817-5786.

Yours truly,

PASSAIC VALLEY SEWERAGE COMMISSIONERS

Phil Habrukowich
Ass't Plant Superintendent

PH/ja
Enclosure

R.R.R. - Z 214 759 661

cc: Mr. Robert J. Davenport, Executive Director
Mr. Sheldon Lipke, PVSC
Mr. Art Martinelli, PVSC
Mr. Michael Mariano, NJDEP
Mr. Joseph Mikulka, Bureau Chief, NJDEP
Mr. J. Martin Wagner, Terris, Pravlik and Wagner
Ms. Pamela Racey, Wheelabrator Clean Water NJ

946470147

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: 07/02/97

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
FROM	97	09	01
TO	97	09	30

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997 (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	**********	**********	*******	**********	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	**********	**********	*******	**********	157,360	**********	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	**********	**********	*******	**********	23,414	**********	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	**********	**********	*******	**********	1,415	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	717	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,565	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,042	**********	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: 973 344-1800 (AREA CODE / NUMBER)

DATE: 97 12 4 (YEAR MO DAY)

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

946470148

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: 07/02/97

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	97	09	01	TO	97	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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	**********	**********	*******	**********	34.0	**********	MG/KG		1/30	COMP
00942 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.60	**********	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	**********	**********	*******	**********	34.4	**********	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	**********	**********	*******	**********	17,100	**********	MG/KG		1/30	COMP
78478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.68	**********	MG/KG		1/30	COMP
01003 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.5	**********	MG/KG		1/30	COMP
01148 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	948.65	**********	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 12 4
YEAR MO DAY

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

946470149

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: 07/02/97

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 97 09 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 09 30 (26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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< 0.55	**********	MG/KG		1/30	COMP
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.15	**********	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	**********	**********	*******	**********	2,304	**********	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	**********	**********	*******	**********	174.0	**********	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	**********	**********	*******	**********	63.75	**********	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	**********	**********	*******	**********	2.48	**********	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	**********	**********	*******	**********	427.7	**********	MG/KG		1/30	COMP
78473 + 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: 973 344-1800 (AREA CODE / NUMBER)

DATE: 97 12 4 (YEAR MO DAY)

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

946470150

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: 07/02/97

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 97 09 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 09 30 (26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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	**********	**********	*******	**********	14,100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 10	**********	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 70	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 70	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3 60	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3 50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.70	**********	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
973 344-1800
AREA CODE / NUMBER

DATE
97 12 4
YEAR MO DAY

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

946470151

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: 07/02/97

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 97 09 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 09 30 (26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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 70	**********	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	**********	**********	*******	**********	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
ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
973 344-1800
AREA CODE / NUMBER

DATE
97 12 4
YEAR MO DAY

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

946470152

EPA FORM 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 07/02/97

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 97 09 01 TO YEAR MO DAY 97 09 30
(20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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 23	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.06	**********	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< 0.06	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 06	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 06	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 06	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 06	**********	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 12 4
YEAR MO DAY

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

946470153

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 09 01	97 09 30

CREATED: 07/02/97

MAJOR

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

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997 (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< 0.06	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.06	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	70.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 97 12 4 (YEAR MO DAY)

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

946470154

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 7	THRU	1 0 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 09/97

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	X	

(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-A #0004998

Signature

Date 11/21/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 11/24/97

946470155

OPERATING EXCEPTIONS DETAILED

OTHER

Reporting of CODE=E. See the letter of explanation page 2 of 2.

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																

Memorandum

To: Frank Segreto

CC: Frank D'Ascensio

From: Arthur A. Martinelli

Date: November 25, 1997

Re: September Filter Press Sludge Analysis

Because of a change in laboratory personnel, the September Filter Press Sludge was not sent out to the contract laboratory for analyses of some of the parameters necessary for our monthly sludge report on Metals and Selected Chemical Parameters. We have arranged for other personnel to take over this responsibility so that we will not experience this problem in the future. Ten of the 24 listed parameters were not analyzed. We have taken immediate steps to send out a sample of the September sludge for rush analyses and this should be completed by Monday December 1, 1997. The other 14 parameters will be reported today.

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: 07/02/97
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 97 09 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 09 30 (26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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	**********	**********	*******	**********	CODE=E	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	157,360	**********	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	**********	**********	*******	**********	23,414	**********	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	**********	**********	*******	**********	1,415	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	717	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,565	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,042	**********	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.)

Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
973 344-1800
AREA CODE / NUMBER

DATE
97 11 24
YEAR MO DAY

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

946470158

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: 07/02/97
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 97 09 01 TO YEAR MO DAY 97 09 30
(20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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	**********	**********	*******	**********	CODE=E	**********	MG/KG		1/30	COMP.
00942 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	CODE=E	**********	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	**********	**********	*******	**********	CODE=E	**********	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	**********	**********	*******	**********	CODE=E	**********	MG/KG		1/30	COMP.
78478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	CODE=E	**********	MG/KG		1/30	COMP.
01003 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	CODE=E	**********	MG/KG		1/30	COMP.
01148 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	948.65	**********	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

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Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 11 24
YEAR MO DAY

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

946470159

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: 07/02/97

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 97 09 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 09 30 (26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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	**********	**********	*******	**********	CODE=E	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.15	**********	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	**********	**********	*******	**********	2,304	**********	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	**********	**********	*******	**********	174.0	**********	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	**********	**********	*******	**********	63.75	**********	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	**********	**********	*******	**********	CODE=E	**********	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	**********	**********	*******	**********	427.7	**********	MG/KG		1/30	COMP.
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 97 11 24 (YEAR MO DAY)

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

946470160

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: 07/02/97

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
FROM	97	09	01
TO	97	09	30

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

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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)	SAMPLE MEASUREMENT	**********	**********	*******	**********	CODE=E	**********	MG/KG		1/30	COMP.
78474 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
34237 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.70	**********	MG/KG		1/30	COMP.
34250 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.70	**********	MG/KG		1/30	COMP.
34441 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.60	**********	MG/KG		1/30	COMP.
39102 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 3.50	**********	MG/KG		1/30	COMP.
39121 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.70	**********	MG/KG		1/30	COMP.
39701 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

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EXECUTIVE DIRECTOR

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Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 11 24
YEAR MO DAY

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

946470161

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: 07/02/97

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	97	09	01	TO	97	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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< 0.70	**********	MG/KG		1/30	COMP.
39705 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
34299 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
34318 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
34426 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.10	**********	MG/KG		1/30	COMP.
34478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
34487 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
34495 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

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EXECUTIVE DIRECTOR

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Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 11 24
YEAR MO DAY

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

946470162

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: 07/02/97
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 97 09 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 09 30 (26-27)(28-29)(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.23	**********	MG/KG		1/30	COMP.
00721 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.06	**********	MG/KG		1/30	COMP.
39333 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.06	**********	MG/KG		1/30	COMP.
39351 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.06	**********	MG/KG		1/30	COMP.
39373 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.06	**********	MG/KG		1/30	COMP.
39383 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.06	**********	MG/KG		1/30	COMP.
39403 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS)	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.06	**********	MG/KG		1/30	COMP.
39516 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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EXECUTIVE DIRECTOR

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Robert J. Davenport

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TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 11 24
YEAR MO DAY

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

946470163

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: 07/02/97

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	97	09	01	TO	97	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

METRO REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091997

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< 0.06	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.06	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	70.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

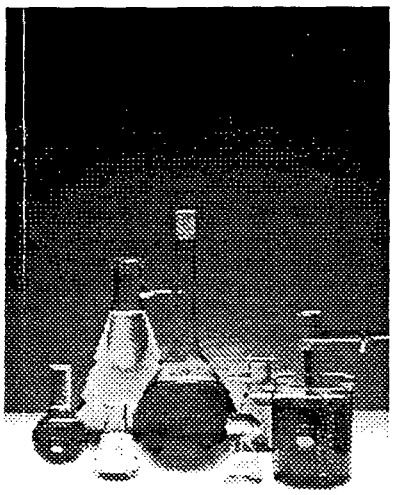
TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 11 24
YEAR MO DAY

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

946470164

Memorandum



To: Frank Segreto

CC: Frank D'Ascensio

From: Arthur A. Martinelli

Date: November 25, 1997

Re: September Filter Press Sludge Analysis

Because of a change in laboratory personnel, the September Filter Press Sludge was not sent out to the contract laboratory for analyses of some of the parameters necessary for our monthly sludge report on Metals and Selected Chemical Parameters. We have arranged for other personnel to take over this responsibility so that we will not experience this problem in the future. Ten of the 24 listed parameters were not analyzed. We have taken immediate steps to send out a sample of the September sludge for rush analyses and this should be completed by Monday December 1, 1997. The other 14 parameters will be reported today.

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 9	1 9 9 7	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	5.68	
Beryllium	01012	0.55	*
Cadmium	61527	17.15	
Chromium	61512	427.7	
Copper	61506	948.65	
Iron	01045	14100.	
Lead	61503	174.0	
Mercury	01260	2.48	
Molybdenum	01062	34.4	
Nickel	61515	63.75	
Selenium	61518	2.5	
Zinc	61509	2304.	
Selected Chemical Parameters			
Total Nitrogen	00625	23414.	
Ammonia	71845	717.	
Nitrate Nitrogen	71850	2.04	
Oil and Grease	00550	157360.	
Phenols	46000	7.005	
Phosphorus	00665	17100.	
Calcium	00916	13565.	
Magnesium	00927	4042.	
Potassium	00937	1415.	
Cyanide	00720	4.23	
Fluoride	00951	7.60	
Chloride	00940	34.0	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
12/1/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470166

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	09	1997	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	.	
Beryllium	01012	.	
Cadmium	61527	17.15	
Chromium	61512	427.7	
Copper	61506	948.65	
Iron	01045	.	
Lead	61503	174.0	
Mercury	01260	.	
Molybdenum	01062	.	
Nickel	61515	63.75	
Selenium	61518	.	
Zinc	61509	2304. FS	
Selected Chemical Parameters			
Total Nitrogen	00625	23414.	
Ammonia	71845	717.	
Nitrate Nitrogen	71850	.	
Oil and Grease	00550	157360.	
Phenols	46000	70.05	
Phosphorus	00665	.	
Calcium	00916	13565.	
Magnesium	00927	4042.	
Potassium	00937	1415.	
Cyanide	00720	4.23	
Fluoride	00951	.	
Chloride	00940	.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
11/25/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470167

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 9	1 9 9 7	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.06	*
Chlordane	39350	0.06	*
Dieldrin	39380	0.06	*
DDT	39370	0.06	*
Heptachlor	39410	0.06	*
Lindane	39782	0.06	*
PCB's	39516	0.06	*
Toxaphene	39400	0.06	*
Purgeables			
Benzene	34030	0.10	*
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	3.50	*
Benzo(a)pyrene	34247	0.70	*
Bis(2-ethylhexyl) phthalate	39100	3.60	
Hexachlorobenzene	39700	0.70	*
Hexachlorobutadiene	39702	0.70	*
N-nitrosodimethylamine	34438	0.70	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
11/19/97 — Date

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

946470168

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	1 0	1 9 9 7	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	3.91	
Beryllium	01012	0.67	*
Cadmium	61527	21.05	
Chromium	61512	487.2	
Copper	61506	1013.20	
Iron	01045	12400.	
Lead	61503	161.25	
Mercury	01260	2.89	
Molybdenum	01062	30.3	
Nickel	61515	65.70	
Selenium	61518	3.47	
Zinc	61509	2164.	
Selected Chemical Parameters			
Total Nitrogen	00625	12514.	
Ammonia	71845	692.	
Nitrate Nitrogen	71850	2.17	
Oil and Grease	00550	23460 1.	
Phenols	46000	78.80	
Phosphorus	00665	18100.	
Calcium	00916	14785.	
Magnesium	00927	4105.	
Potassium	00937	1340.	
Cyanide	00720	5.88	
Fluoride	00951	8.18	
Chloride	00940	37.1	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
12/9/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470169

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	10	1997	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.93	*
Chlordane	39350	0.93	*
Dieldrin	39380	0.93	*
DDT	39370	0.93	*
Heptachlor	39410	0.93	*
Lindane	39782	0.93	*
PCB's	39516	0.93	*
Toxaphene	39400	0.93	*
Purgeables			
Benzene	34030	0.10	*
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	40.50	*
Benzo(a)pyrene	34247	8.10	*
Bis(2-ethylhexyl) phthalate	39100	29.50	
Hexachlorobenzene	39700	8.10	*
Hexachlorobutadiene	39702	8.10	*
N-nitrosodimethylamine	34438	8.10	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature — 12/10/97 Date

Laboratory Name: Garden State Laboratories, Inc

Cert No. 20044

946470170

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

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

Passaic Valley
Sewerage Commissioners

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

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

October 1, 1998

NJDEP
Wastewater Facilities Regulations Program
Bureau of Permit Management
CN-029
Trenton, New Jersey 08625-0029

Gentlemen: Re: NJ 0021016

Enclosed please find revised copies of the October 1997 through June 1998 Domestic Wastewater Sludge Report (T-VWX-007). Be advised that section A.3, Average Daily Septage Treated has been restated. If you have any questions, please call me at (973) 817-5786.

Yours truly,

PASSAIC VALLEY SEWERAGE COMMISSIONERS

Phil Habrukowich
Ass't Plant Superintendent

PH/ja
Enclosure

R.R.R. – P 235 317 718

c: Mr. Robert J. Davenport, Executive Director
Mr. Sheldon Lipke, PVSC
Mr. Art Martinelli, PVSC
Mr. Michael Mariano, NJDEP
Mr. Joseph M. Mikulka, Bureau Chief, NJDEP
Mr. J. Kathleen L. Millian, Terris, Pravlik and Wagner
Ms. Pam Racey, Wheelabrator

946470171

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	1 0	1 9 9 7	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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 3 9 1 1

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 1 5
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2 4 5 9 4 2
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1 1 7 8 5

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	5 5 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:	2 1 3 7
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 1 7 9 4
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	Chief Chemist		9/25/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470172

CHECK IF REVISED [ ] DISCHARGE PERMIT NO. [| | | | | | |] 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.

946470173

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 7	THRU	1 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 10/97

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 12/18/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 12/18/97

946470174

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 101997

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
97	10	01	97	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

CREATED: 10/28/97

MAJOR

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

NORTHERN REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.17	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	234,601	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	12,514	**********	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	**********	**********	*******	**********	1,340	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	692	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,785	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,105	**********	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: 973 344-1800
AREA CODE / NUMBER

DATE: 97 12 18
YEAR MO DAY

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

946470176

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: 10/28/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 10 01	97 10 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101997

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	**********	**********	*******	**********	37.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.18	**********	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	**********	**********	*******	**********	30.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18,100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.91	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.47	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,013.20	**********	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	973 344-1800 AREA CODE / NUMBER	97 12 18 YEAR MO DAY
TYPED OR PRINTED				

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

946470177

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 101997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 10 01	97 10 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/28/97

MAJOR

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

NORTHERN REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) 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< 0.67	**********	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	**********	**********	*******	**********	2,164	**********	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	**********	**********	*******	**********	161.25	**********	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	**********	**********	*******	**********	65.70	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.89	**********	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	**********	**********	*******	**********	487.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	973 344-1800 AREA CODE / NUMBER	97 12 18 YEAR MO DAY
TYPED OR PRINTED				

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

946470178

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 10 01	97 10 31

CREATED: 10/28/97

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101997 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	12,400	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	29.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 40.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.10	**********	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: 973 344-1800 (AREA CODE / NUMBER)

DATE: 97 12 18 (YEAR MO DAY)

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

946470179

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 101997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 10 01	97 10 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/28/97

MAJOR

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

NORTHERN REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) 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< 8.10	**********	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

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 97 12 18 (YEAR MO DAY)

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

946470180

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 10/28/97

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
97 10 01	97 10 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101997 (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	**********	**********	*******	**********	5.88	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.93	**********	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< 0.93	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.93	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.93	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.93	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.93	**********	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	973 344-1800 AREA CODE / NUMBER	97 12 18 YEAR MO DAY

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

946470181

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 10 01	97 10 31

CREATED: 10/28/97

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101997 (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< 0.93	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.93	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	78.80	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	973 344-1800	97 12 18
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

946470182

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 7	THRU	1 0 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 09/97

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	X	

(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-A #0004998

Signature

Date 11/21/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 11/24/97

946470183

OPERATING EXCEPTIONS DETAILED

OTHER

Reporting of CODE=E. See the letter of explanation page 2 of 2.

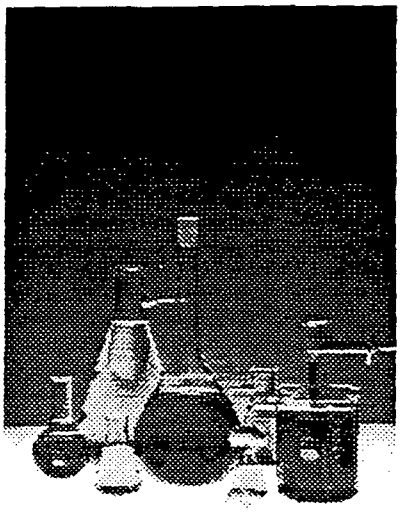
HOURS ATTENDED AT PLANT

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																

946470184

Memorandum



To: Frank Segreto

CC: Frank D'Ascensio

From: Arthur A. Martinelli

Date: November 25, 1997

Re: September Filter Press Sludge Analysis

Because of a change in laboratory personnel, the September Filter Press Sludge was not sent out to the contract laboratory for analyses of some of the parameters necessary for our monthly sludge report on Metals and Selected Chemical Parameters. We have arranged for other personnel to take over this responsibility so that we will not experience this problem in the future. Ten of the 24 listed parameters were not analyzed. We have taken immediate steps to send out a sample of the September sludge for rush analyses and this should be completed by Monday December 1, 1997. The other 14 parameters will be reported today.

RAYMOND LUCHKO
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
ANGELINA M. PASERCHIA
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

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

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

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

946470186

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	10	1997	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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:	37192.

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:	245942.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	117.85

**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:	55.2
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:	213.7
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	117.94
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	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
11/18/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470187

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

946470188

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	11	1997	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	3.66	
Beryllium	01012	0.64	*
Cadmium	61527	2.55	
Chromium	61512	433.4	
Copper	61506	118.	
Iron	01045	15300.	
Lead	61503	162.0	
Mercury	01260	4.82	
Molybdenum	01062	31.7	
Nickel	61515	87.4	
Selenium	61518	3.05	
Zinc	61509	200 6.	
Selected Chemical Parameters			
Total Nitrogen	00625	20726.	
Ammonia	71845	1248.	
Nitrate Nitrogen	71850	12.3	
Oil and Grease	00550	15775 9.	
Phenols	46000	74.69	
Phosphorus	00665	18000.	-
Calcium	00916	10360.	
Magnesium	00927	4330.	
Potassium	00937	150 2.	
Cyanide	00720	4.10	
Fluoride	00951	7.31	
Chloride	00940	34.2	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
1/21/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470189

T-VVVX-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	11	1997	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.08	*
Chlordane	39350	0.08	*
Dieldrin	39380	0.08	*
DDT	39370	0.08	*
Heptachlor	39410	0.08	*
Lindane	39782	0.08	*
PCB's	39516	0.08	*
Toxaphene	39400	0.08	*
Purgeables			
Benzene	34030	0.30	
Carbon tetrachloride	32102	0.10	*
Chloroform	32106	0.10	*
Methylene Chloride	34423	0.10	*
Tetrachloroethylene	34475	0.50	
Trichloroethylene	39180	0.10	*
Vinyl chloride	39175	0.10	*
Base/Neutrals and Acids			
Benzidine	39120	197.50	*
Benzo(a)pyrene	34247	39.50	*
Bis(2-ethylhexyl) phthalate	39100	127.00	
Hexachlorobenzene	39700	39.50	*
Hexachlorobutadiene	39702	39.50	*
N-nitrosodimethylamine	34438	39.50	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
1/9/98 — Date

Laboratory Name: Garden State Laboratories, Inc

Cert No. 20044

946470190

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

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

Passaic Valley
Sewerage Commissioners

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

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

October 1, 1998

NJDEP
Wastewater Facilities Regulations Program
Bureau of Permit Management
CN-029
Trenton, New Jersey 08625-0029

Gentlemen: Re: NJ 0021016

Enclosed please find revised copies of the October 1997 through June 1998 Domestic Wastewater Sludge Report (T-VWX-007). Be advised that section A.3, Average Daily Septage Treated has been restated. If you have any questions, please call me at (973) 817-5786.

Yours truly,

PASSAIC VALLEY SEWERAGE COMMISSIONERS

Phil Habrukowich
Ass't Plant Superintendent

PH/ja
Enclosure

R.R.R. – P 235 317 718

c: Mr. Robert J. Davenport, Executive Director
Mr. Sheldon Lipke, PVSC
Mr. Art Martinelli, PVSC
Mr. Michael Mariano, NJDEP
Mr. Joseph M. Mikulka, Bureau Chief, NJDEP
Mr. J. Kathleen L. Millian, Terris, Pravlik and Wagner
Ms. Pam Racey, Wheelabrator

946470191

T-VWX-007
5/39

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	1997	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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:	28967.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	11.9
2. Average Daily Sludge Production	(Gallons/Day)	B2:	243275.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	120.12

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	58.0
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:	207.3
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	120.21
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	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	Chief Chemist		9/25/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470192

DISCHARGE PERMIT NO. 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 = $\frac{\text{Gallons (wet) X Solid Content (of the gallons)}}{240}$

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

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

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

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

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example: 1% Total Solids = .01
20% Total Solids = .20

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

946470193

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 7	THRU	1 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 10/97

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 12/18/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature [signature]

Date 12/18/97

946470194

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																

946470195

RAYMOND LUCHKO
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
ANGELINA M. PASERCHIA
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

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OPERATIONS DEPT. Fax: (973) 817-5709

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

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

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
00210116	11	1997	5	1	Page 1 of

FACILITY NAME: Passaic Valley Sewerage Commissioners

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:	31983.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	11.9
2. Average Daily Sludge Production	(Gallons/Day)	B2:	243275.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	120.12

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	58.0
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:	207.3
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	120.21
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	19316	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
12/ 22/97 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470197

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

946470198

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 7	THRU	1 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 11/97

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 1/22/98

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 1/22/98

946470199

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																

946470200

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: 10/02/97

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 97 11 01 TO YEAR MO DAY 97 11 30

SLUDGE QUALITY/OXIDATION SLUDGE
NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 111997 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading (54-61) Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration (46-53) Minimum	Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	12.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	157,759	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20,726	**********	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	**********	**********	*******	**********	1,502	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,248	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	10,360	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,330	**********	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 01 23
YEAR MO DAY

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

946470201

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 10/02/97

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

DMR NUMBER: NJ0021016 SQ 5E 111997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 11 01	97 11 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
NORTHERN REGION / ESSEX
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) 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	**********	**********	*******	**********	34.2	**********	MG/KG		1/30	COMP.
00942 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.31	**********	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	**********	**********	*******	**********	31.7	**********	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	**********	**********	*******	**********	18,000	**********	MG/KG		1/30	COMP.
78478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.66	**********	MG/KG		1/30	COMP.
01003 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.05	**********	MG/KG		1/30	COMP.
01148 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,118	**********	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 01 23 (YEAR MO DAY)

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

946470202

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 111997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 11 01	97 11 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/02/97

MAJOR

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

SLUDGE QUALITY/OXIDATION SLUDGE
NORTHERN REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) 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< 0.64	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.55	**********	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	**********	**********	*******	**********	2,006	**********	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	**********	**********	*******	**********	162.0	**********	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	**********	**********	*******	**********	87.4	**********	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	**********	**********	*******	**********	4 82	**********	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	**********	**********	*******	**********	433.4	**********	MG/KG		1/30	COMP
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 01 23
YEAR MO DAY

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

946470203

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: 10/02/97

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	TO YEAR MO DAY
97 11 01	97 11 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

SLUDGE QUALITY/OXIDATION SLUDGE
NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 111997

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	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.30	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 39.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 39.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	127.00	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 197.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 39.50	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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EXECUTIVE DIRECTOR
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 01 23 (YEAR MO DAY)

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

946470204

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 11 01	97 11 30

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

CREATED: 10/02/97

MAJOR

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

SLUDGE QUALITY/OXIDATION SLUDGE
NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 111997

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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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 39.50	**********	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	**********	**********	*******	**********	0.50	**********	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

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EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 01 23 (YEAR MO DAY)

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

946470205

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: 10/02/97

MAJOR

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
97	11	01	97	11	30

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

SLUDGE QUALITY/OXIDATION SLUDGE
NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 111997

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	**********	**********	*******	**********	4.10	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.08	**********	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< 0.08	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.08	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.08	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.08	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.08	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 01 23
YEAR MO DAY

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

946470206

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 111997

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 11 01	97 11 30
(20-21)(22-23)(24-25)	(28-27)(28-29)(30-31)

CREATED: 10/02/97

MAJOR

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

SLUDGE QUALITY/OXIDATION SLUDGE
NORTHERN REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) 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< 0.08	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 76044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.08	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	74.69	**********	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: 973 344-1800 (AREA CODE / NUMBER)

DATE: 98 01 23 (YEAR MO DAY)

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

946470207

EPA FORM 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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	1997	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Metals			
Arsenic	01002	2.96	
Beryllium	01012	0.59	*
Cadmium	61527	11.1	
Chromium	61512	457.2	
Copper	61506	904.	
Iron	01045	12600.	
Lead	61503	134.5	
Mercury	01260	3.12	
Molybdenum	01062	31.6	
Nickel	61515	49.6	
Selenium	61518	2.91	
Zinc	61509	1692.	
Selected Chemical Parameters			
Total Nitrogen	00625	17693.	
Ammonia	71845	997.	
Nitrate Nitrogen	71850	6.74	
Oil and Grease	00550	295737.	
Phenols	46000	128.2	
Phosphorus	00665	17000.	
Calcium	00916	14865.	
Magnesium	00927	3676.	
Potassium	00937	721.	
Cyanide	00720	3.11	
Fluoride	00951	10.2	
Chloride	00940	70.9	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	1/26/98

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470208

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	1997	5	2

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
Pesticides and PCB's			
Aldrin	39330	0.062	*
Chlordane	39350	1.200	*
Dieldrin	39380	0.120	*
DDT	39370	0.120	*
Heptachlor	39410	0.062	*
Lindane	39782	0.062	*
PCB's	39516	1.200	*
Toxaphene	39400	1.200	*
Purgeables			
Benzene	34030	0.790	*
Carbon tetrachloride	32102	0.790	*
Chloroform	32106	0.790	*
Methylene Chloride	34423	0.790	*
Tetrachloroethylene	34475	0.790	*
Trichloroethylene	39180	0.790	*
Vinyl chloride	39175	1.600	*
Base/Neutrals and Acids			
Benzidine	39120	41.000	*
Benzo(a)pyrene	34247	4.100	*
Bis(2-ethylhexyl) phthalate	39100	48.000	
Hexachlorobenzene	39700	4.100	*
Hexachlorobutadiene	39702	4.100	*
N-nitrosodimethylamine	34438	4.100	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
1/27/98 — Date

Laboratory Name: Antech Ltd.
Cert No.: 77051

946470209

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

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

Passaic Valley
Sewerage Commissioners

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

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

October 1, 1998

NJDEP
Wastewater Facilities Regulations Program
Bureau of Permit Management
CN-029
Trenton, New Jersey 08625-0029

Gentlemen: Re: NJ 0021016

Enclosed please find revised copies of the October 1997 through June 1998 Domestic Wastewater Sludge Report (T-VWX-007). Be advised that section A.3, Average Daily Septage Treated has been restated. If you have any questions, please call me at (973) 817-5786.

Yours truly,

PASSAIC VALLEY SEWERAGE COMMISSIONERS

Phil Habrukowich
Ass't Plant Superintendent

PH/ja
Enclosure

R.R.R. – P 235 317 718

c: Mr. Robert J. Davenport, Executive Director
Mr. Sheldon Lipke, PVSC
Mr. Art Martinelli, PVSC
Mr. Michael Mariano, NJDEP
Mr. Joseph M. Mikulka, Bureau Chief, NJDEP
Mr. J. Kathleen L. Millian, Terris, Pravlik and Wagner
Ms. Pam Racey, Wheelabrator

946470210

T-WWX-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	12	1997	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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:	25665.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	10.4
2. Average Daily Sludge Production	(Gallons/Day)	B2:	276253.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	119.36

**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:	56.3
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	212.2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	119.46
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	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
9/25/95 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470211

CHECK IF REVISED ☐ DISCHARGE PERMIT NO. ☐☐☐☐☐☐☐ 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.

946470212

JAMES KRONE
ACTING CHAIRMAN

DANIEL F. BECHT, ESQ.
DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
ANGELINA M. PASERCHIA
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

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www.pvsc.com

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

July 7, 1998

NJDEP
Wastewater Facilities Regulations Program
Bureau of Permit Management
CN-029
Trenton, New Jersey 08625-0029

Gentlemen:

Re: NJ 0021016

Enclosed please find a revised copy of the December 1997 Domestic Wastewater Sludge Report (T-VWX-007). Be advised that section C.2.a., reference C3, was reported incorrectly at 53.6. The correct value should be 56.3. If you have any questions, please call me at (973) 817-5786.

Yours truly,

PASSAIC VALLEY SEWERAGE COMMISSIONERS

Phil Habrukowich
Ass't Plant Superintendent

PH/ja
Enclosure

R.R.R. – Z 783 752 330

c: Mr. Robert J. Davenport, Executive Director
Mr. Sheldon Lipke, PVSC
Mr. Art Martinelli, PVSC
Mr. Michael Mariano, NJDEP
Mr. Joseph M. Mikulka, Bureau Chief, NJDEP
Mr. J. Martin Wagner, Terris, Pravlik and Wagner
Ms. Pam Racey, Wheelabrator

946470213

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	1997	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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:	30929.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	104
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2762533
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1193.36

**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:	56.3
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	
Total Solids of 2.b.i.	(% by weight)	C5:	
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	212.2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	119.46
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	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
6/23/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470214

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

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

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.

946470215

State of New Jersey

Christine Todd Whitman
Governor

Department of Environmental Protection

Robert C. Shinn, Jr.
Commissioner

DIVISION OF WATER QUALITY
401 East State Street
PO Box 029
Trenton, NJ 08625
Fax: 609-984-7938

JUN 18 1998

Passaic Valley Sewerage Commissioners
600 Wilson Avenue
Newark, NJ 07105

Dear Permittee:

RE: Sludge Quality Assurance Reports - Deficiencies
Passaic Valley Sewerage Commissioners
NJPDES Permit No. NJ0021016

The Bureau of Pretreatment and Residuals has received the following Sludge Quality Assurance Reporting Form(s) for the above referenced facility, please note the following deficiencies;

I. **FORM T-VWX-007 REPORTING PERIOD:** December 1997

____A1: Permitted wastewater flow was not reported or is not correct.

____A2: Industrial contribution was not indicated, if none please indicate "0".

____A3: Average daily septage treated was not indicated or if none please indicate "0".

____B1: Average total solids of sludge produced not indicated or correct. Numbers should be reported here as a percent, not as a fraction.

____B2: Average daily sludge production (gallons) not indicated.

____B3: Average daily sludge production (dry tons) not indicated or correct. This is a calculated value (see equation on back of form) based on gallons of sludge produced (B2) and the total solids of the sludge produced (B1). Therefore, you should also recheck these figures for reporting accuracy.

__X__ Section C not completed correctly. Please see comments below.

____Section D not completed correctly. Please see comments below.

____Section E not completed correctly. Please see comments below.

____Discharge permit number was not provided.

____Facility name was not indicated in space provided.

____Reporting period was not indicated or correct.

____Reporting category not indicated or correct.

____Form was not signed and/or dated.

COMMENTS:

Section C - No. 3 is incorrect. Recheck all figures and using the proper equation from side 2 of the form correct this section.

The corrected SQAR report(s) are to be returned within thirty (30) days of receipt of this letter. Failure to return the report(s) shall be considered to be a violation of the reporting requirements of the Sludge Quality Assurance Regulations and subject to penalties pursuant to N.J.A.C. 7:14-8 and N.J.A.C. 7:19-6.14.

If you have any questions, please feel free to contact me at the above address or by phone at (609) 633-3823.

Sincerely,

Timothy Doutt
Supervising Geologist
Bureau of Pretreatment and Residuals

enclosure(s)

946470217

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 7	THRU	1 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ____ T-VWX-008 ____ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 11/97

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 1/22/98

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 1/22/98

946470218

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																

946470219

Passaic Valley
Sewerage Commissioners

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

RAYMOND LUCHKO
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
ANGELINA M. PASERCHIA
DONALD TUCKER
COMMISSIONERS

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

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

946470220

T-VWX-007
8/89

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	1997	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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:	30929.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	10.4
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2762533.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	119.36

**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:	53.6
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:	~~212.2~~
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	119.46
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	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
1/20/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470221

T-VWX-007
5/89

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion: or

B. Aerobic Digestion: complete the following:

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

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

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

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

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

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

EQUATIONS

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

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

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

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

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

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

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

946470222

JAMES KRONE
ACTING CHAIRMAN

DANIEL F. BECHT, ESQ.
DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
ANGELINA M. PASERCHIA
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

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

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

July 7, 1998

NJDEP
Wastewater Facilities Regulations Program
Bureau of Permit Management
CN-029
Trenton, New Jersey 08625-0029

Gentlemen: Re: NJ 0021016

Enclosed please find a revised copy of the December 1997 Domestic Wastewater Sludge Report (T-VWX-007). Be advised that section C.2.a., reference C3, was reported incorrectly at 53.6. The correct value should be 56.3. If you have any questions, please call me at (973) 817-5786.

Yours truly,

PASSAIC VALLEY SEWERAGE COMMISSIONERS

Phil Habrukowich
Ass't Plant Superintendent

PH/ja
Enclosure

R.R.R. – Z 783 752 330

c: Mr. Robert J. Davenport, Executive Director
Mr. Sheldon Lipke, PVSC
Mr. Art Martinelli, PVSC
Mr. Michael Mariano, NJDEP
Mr. Joseph M. Mikulka, Bureau Chief, NJDEP
Mr. J. Martin Wagner, Terris, Pravlik and Wagner
Ms. Pam Racey, Wheelabrator

946470223

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	12	1997	5	1

Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

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:	30929.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	104
2. Average Daily Sludge Production	(Gallons/Day)	B2:	276253.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	119.36

**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:	56.3
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	
Total Solids of 2.b.i.	(% by weight)	C5:	
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	212.2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	119.46
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	19316	OUT OF STATE	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
6/23/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470224

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

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

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

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

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

NOTE: The total and volatile solid contents in the above equations must be expressed as a decimal, for example: 1% Total Solids = .01
20% Total Solids = .20

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

946470225

State of New Jersey

Christine Todd Whitman
Governor

Department of Environmental Protection

Robert C. Shinn, Jr.
Commissioner

DIVISION OF WATER QUALITY
401 East State Street
PO Box 029
Trenton, NJ 08625
Fax: 609-984-7938

JUN 1 0 1998

Passaic Valley Sewerage Commissioners
600 Wilson Avenue
Newark, NJ 07105

Dear Permittee:

RE: Sludge Quality Assurance Reports - Deficiencies
Passaic Valley Sewerage Commissioners
NJPDES Permit No. NJ0021016

The Bureau of Pretreatment and Residuals has received the following Sludge Quality Assurance Reporting Form(s) for the above referenced facility, please note the following deficiencies;

I. **FORM T-VWX-007 REPORTING PERIOD:** December 1997

____A1: Permitted wastewater flow was not reported or is not correct.

____A2: Industrial contribution was not indicated, if none please indicate "0".

____A3: Average daily septage treated was not indicated or if none please indicate "0".

____B1: Average total solids of sludge produced not indicated or correct. Numbers should be reported here as a percent, not as a fraction.

____B2: Average daily sludge production (gallons) not indicated.

____B3: Average daily sludge production (dry tons) not indicated or correct. This is a calculated value (see equation on back of form) based on gallons of sludge produced (B2) and the total solids of the sludge produced (B1). Therefore, you should also recheck these figures for reporting accuracy.

__X__ Section C not completed correctly. Please see comments below.

____Section D not completed correctly. Please see comments below.

____Section E not completed correctly. Please see comments below.

____Discharge permit number was not provided.

____Facility name was not indicated in space provided.

____Reporting period was not indicated or correct.

____Reporting category not indicated or correct.

____Form was not signed and/or dated.

COMMENTS:

Section C - No. 3 is incorrect. Recheck all figures and using the proper equation from side 2 of the form correct this section.

The corrected SQAR report(s) are to be returned within thirty (30) days of receipt of this letter. Failure to return the report(s) shall be considered to be a violation of the reporting requirements of the Sludge Quality Assurance Regulations and subject to penalties pursuant to N.J.A.C. 7:14-8 and N.J.A.C. 7:19-6.14.

If you have any questions, please feel free to contact me at the above address or by phone at (609) 633-3823.

Sincerely,

Timothy Doutt
Supervising Geologist
Bureau of Pretreatment and Residuals

enclosure(s)

946470227

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 7	THRU	1 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 11/97

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 1/22/98

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 1/22/98

946470228

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																

946470229

Passaic Valley
Sewerage Commissioners

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

RAYMOND LUCHKO
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
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DONALD TUCKER
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ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

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

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		Page 1 of 1
0 0 2 1 0 1 6	1 2	1 9 9 7	5	1	

FACILITY NAME: Passaic Valley Sewerage Commissioners

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3 3 0 0
2. Industrial Contribution	(% of influent)	A2:	1 8
3. Average Daily Septage Treated	(Gallons/Day)	A3:	3 0 9 2 9

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 0 4
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2 7 6 2 5 3
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1 1 9 3 6

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	5 3 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:	~~2 1 2 2~~
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 1 9 4 6
4. pH of Sludge Removed	(Standard Units)	C9:	5 7

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	1 9 3 1 6	OUT OF STATE	

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

METHOD CODE	FACILITY/OPERATION	PERMIT NO.	FOR DEP USE ONLY PSRP	PFRP
E	PASSAIC VALLEY	0 0 2 1 0 1 6		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
1/20/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470231

T-VWX-007
5/89

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

946470231 A

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

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 7	THRU	1 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: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 11/97

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 1/22/98

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 1/22/98

946470232

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																

RAYMOND LUCHKO
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
DOMINIC W. CUCCINELLO
RONALD W. GIACONIA
ANGELINA M. PASERCHIA
DONALD TUCKER
COMMISSIONERS

Passaic Valley
Sewerage Commissioners

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

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

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

T-WWX-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	1997	5	1	Page 1 of 1

FACILITY NAME: Passaic Valley Sewerage Commissioners

A. REPORTING CATEGORY INFORMATION

1. Permitted Wastewater Flow	(MGD)	A1:	3300
2. Industrial Contribution	(% of influent)	A2:	18
3. Average Daily Septage Treated	(Gallons/Day)	A3:	30929

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	104
2. Average Daily Sludge Production	(Gallons/Day)	B2:	276253
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	119.36

**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:	53.6
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:	212.2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	119.46
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	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
1/20/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946470235

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

946470236

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 8	THRU	0 1 9 8

PERMITTEE :

Name: Passaic Valley Sewerage Commissioners

Address: 600 Wilson Avenue
Newark, New Jersey 07105

FACILITY :

Name: Passaic Valley Sewerage Commissioners

Address: 600 Wilson Avenue
Newark, New Jersey 07105 (County) Essex

Telephone: (973) 344-1800

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
1 T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 12/97

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 2/24/98

PRINCIPAL EXECUTIVE OFFICER or
DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 2/24/98

946470237

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

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

CREATED: 10/28/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 12 01	97 12 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 121997 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
NITRATE NITROGEN, DRY WEIGHT 00621 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.74	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	295,737	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,693	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	721	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	997	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,865	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,676	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 02 24
YEAR MO DAY

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

946470239

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: 10/28/97

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 97 12 01 TO YEAR MO DAY 97 12 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 121997 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	70.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	10.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	31.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.96	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.91	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	904	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 02 24 (YEAR MO DAY)

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

946470240

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 10/28/97

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	TO YEAR MO DAY
97 12 01	97 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 121997

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< 0.59	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,692	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	134.5	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	49.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.12	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	457.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	973 344-1800 AREA CODE / NUMBER	98 02 24 YEAR MO DAY
TYPED OR PRINTED				

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

946470241

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: 10/28/97

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 12 01	97 12 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 121997 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

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PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	12,600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.790	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	48.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 41.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	973 344-1800 AREA CODE / NUMBER	98 02 24 YEAR MO DAY

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

946470242

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
97 12 01	97 12 31

CREATED: 10/28/97

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 121997 (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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 4.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.790	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.790	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.790	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.790	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.790	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 02 24 (YEAR MO DAY)

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

946470243

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: 10/28/97

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 97 12 01 TO YEAR MO DAY 97 12 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 121997 (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	**********	**********	*******	**********	3.11	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.062	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 02 24 (YEAR MO DAY)

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

946470244

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: 10/28/97

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 97 12 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 12 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 121997

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< 0.062	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.062	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	128.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 02 24
YEAR MO DAY

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

946470245

Z 214 759 638

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

UNITED STATES POSTAL SERVICE

PS Form 3800, March 1993

Sent to NJDEP - DWQ	
Street and No. CN-029	
P.O., State and ZIP Code Trenton, N.J. 08625	
Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date DMR	

(Pt) 11 25 97

946470246

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	1 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: (973) 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 08/97

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	X	

(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 11/21/97

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 11/24/97

946470247

OPERATING EXCEPTIONS DETAILED

OTHER

Sludge. Pesticides (once per permit cycle)-2,3,7,8 Tetrachlorodibenzo-p-dioxin. TCCD-ND (none detected) by Method 625. Code=E reported.

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																

946470248

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) SQ5B DISCHARGE NUMBER
CREATED: 11/05/97
MAJOR
Form Approved
OMB No 2040-0004
Approval expires 05-31-98

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105
DMR NUMBER: NJ0021016 SQ 5B 081997

MONITORING PERIOD
FROM YEAR MO DAY 97 01 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 12 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
SILVER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	55.6	**********	MG/KG		1/ 360	24HC
01078 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ANTIMONY, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.75	**********	MG/KG		1/ 360	24HC
01098 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
THALLIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.35	**********	MG/KG		1/ 360	24HC
34480 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACENAPHTHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34203 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACENAPHTHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34208 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ANTHRACENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34223 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BENZO(K)FLUORANTHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34245 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 11 24
YEAR MO DAY

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

946470249

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) SQ5B DISCHARGE NUMBER
CREATED: 11/05/97
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	97	01	01	TO	97	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081997

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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)
BIS(2-CHLOROETHYL) ETHER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34276 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BIS(2-CHLOROETHOXY) METHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34281 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BIS(2-CHLOROISOPROPYL) ETHER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34286 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BUTYL BENZYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34295 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
CHRYSENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34323 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DIETHYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34339 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DIMETHYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34344 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS

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EXECUTIVE DIRECTOR

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AREA CODE / NUMBER

DATE: 97 11 24
YEAR MO DAY

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

946470250

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

(2-16) NJ0021016 PERMIT NUMBER
(17-19) SQ5B DISCHARGE NUMBER
CREATED: 11/05/97
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 97 01 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 12 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081997

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1,2-DIPHENYLHYDRAZINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34349 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
FLUORANTHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34379 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
FLUORENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34384 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
HEXACHLOROCYCLO-PENTADIENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34389 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
HEXACHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	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< 6.3	**********	MG/KG		1/ 360	24HC
34406 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
N-NITROSODI-N-PROPYLAMINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34431 + 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: 973 344-1800
AREA CODE / NUMBER

DATE: 97 11 24
YEAR MO DAY

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

946470251

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) SQ5B DISCHARGE NUMBER
CREATED: 11/05/97
MAJOR
Form Approved.
OMB No 2040-0004
Approval expires 05-31-98

Facility: PASSAIC VALLEY SEWERAGE COMM
Location: NEWARK, NJ 07105
DMR NUMBER: NJ0021016 SQ 5B 081997

MONITORING PERIOD
FROM YEAR MO DAY 97 01 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 12 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) 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-	SAMPLE										
AMINE, DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34436 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
NAPHTHALENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34445 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
NITROBENZENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34450 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
PHENANTHRENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34464 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
PYRENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34472 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
BENZO(GHI)PERYLENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34524 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
BENZO(A)ANTHRACENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34529 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 11 24
YEAR MO DAY

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

946470252

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) SQ5B DISCHARGE NUMBER
CREATED: 11/05/97
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 97 01 01 TO YEAR MO DAY 97 12 31
(20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081997

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< 6.3	**********	MG/KG		1/ 360	24HC
34539 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,2,4-TRICHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34554 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DIBENZO (A,H) ANTHRACENE DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34559 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,3-DICHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34569 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,4-DICHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34574 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-CHLORONAPHTHALENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
34584 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DI-N-OCTYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	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
973 344-1800
AREA CODE / NUMBER

DATE
97 11 24
YEAR MO DAY

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

946470253

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) SQ5B DISCHARGE NUMBER

CREATED: 11/05/97

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	97	01	01	TO	97	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081997

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-DINITROTOLUENE, DRY WEIGHT 34614 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,6-DINITROTOLUENE, DRY WEIGHT 34629 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
3,3'-DICHLOROBENZIDINE, DRY WEIGHT 34634 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4-BROMOPHENYL PHENYL ETHER, DRY WEIGHT 34639 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4-CHLOROPHENYL PHENYL ETHER, DRY WEIGHT 34644 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DI-N-BUTYL PHTHALATE, DRY WEIGHT 39112 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	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< 0.1	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	973 344-1800 AREA CODE / NUMBER	97 11 24 YEAR MO DAY

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

946470254

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) SQ5B DISCHARGE NUMBER

CREATED: 11/05/97

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	97	01	01	TO	97	12	31	NORTHERN REGION / ESSEX
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

DMR NUMBER: NJ0021016 SQ 5B 081997

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)
3,4 BENZOFLUORANTHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
79531 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACROLEIN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.0	**********	MG/KG		1/360	24HC
34213 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ACRYLONITRILE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.0	**********	MG/KG		1/360	24HC
34218 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BROMOFORM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/360	24HC
34290 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
CHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/360	24HC
34304 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
CHLORODIBROMOMETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/360	24HC
34309 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
CHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/360	24HC
34314 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	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	973 344-1800 AREA CODE / NUMBER	97 11 24 YEAR MO DAY

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

946470255

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) SQ5B DISCHARGE NUMBER

CREATED: 11/05/97

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 97 01 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 12 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081997

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)
DICHLOROBROMOMETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/ 360	24HC
34330 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ETHYLBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.1	**********	MG/KG		1/ 360	24HC
34374 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
METHYL BROMIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/ 360	24HC
34416 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
METHYL CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/ 360	24HC
34421 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
TOLUENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.8	**********	MG/KG		1/ 360	24HC
34483 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1-DICHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/ 360	24HC
34499 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1-DICHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/ 360	24HC
34504 + 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: 973 344-1800 (AREA CODE / NUMBER)

DATE: 97 11 24 (YEAR MO DAY)

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

946470256

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) SQ5B DISCHARGE NUMBER
CREATED: 11/05/97
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	97	01	01	TO	97	12	31	NORTHERN REGION / ESSEX
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

DMR NUMBER: NJ0021016 SQ 5B 081997

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)
1,1,1-TRICHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/ 360	24HC
34509 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,1,2-TRICHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	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< 0.1	**********	MG/KG		1/ 360	24HC
34519 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,2-DICHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/ 360	24HC
34534 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
1,2-DICHLOROPROPANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	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< 0.1	**********	MG/KG		1/ 360	24HC
34549 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-CHLOROETHYL VINYL ETHER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.1	**********	MG/KG		1/ 360	24HC
34579 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 97 11 24
YEAR MO DAY

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

946470257

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) SQ5B DISCHARGE NUMBER
CREATED: 11/05/97
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	97	01	01	TO	97	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081997

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)
ISOPHORONE, DRY WEIGHT 34411 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PHENOL, SINGLE COMPOUND, DRY WEIGHT 34695 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
DELTA-BHC, DRY WEIGHT 34262 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ENDOSULFAN SULFATE, DRY WEIGHT 34354 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
B-ENDOSULFAN-BETA 34356 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
A-ENDOSULFAN-ALPHA 34361 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ENDRIN ALDEHYDE, DRY WEIGHT 34369 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 97 11 24 (YEAR MO DAY)

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

946470258

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) SQ5B DISCHARGE NUMBER
CREATED: 11/05/97
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 97 01 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 12 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081997

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-	SAMPLE										
BENZO-P-DIOXIN, DRY WGT	MEASUREMENT	**********	**********	*******	**********	CODE=E	**********	MG/KG		1/360	24HC
34753 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
4,4'-DDT,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/360	24HC
39301 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
4,4'-DDD,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/360	24HC
39311 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
4,4'-DDE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/360	24HC
39321 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
HEPTACHLOR EPOXIDE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/360	24HC
39423 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
PCB-1232,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/360	24HC
39495 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				
PCB-1242,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/360	24HC
39499 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	MONTH AVG.	**********				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
973 344-1800
AREA CODE / NUMBER

DATE
97 11 24
YEAR MO DAY

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

946470259

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) SQ5B DISCHARGE NUMBER

CREATED: 11/05/97

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	97	01	01	TO	97	12	31	NORTHERN REGION / ESSEX
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

DMR NUMBER: NJ0021016 SQ 5B 081997

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	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/ 360	24HC
39503 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1254, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/ 360	24HC
39507 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1260, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/ 360	24HC
39511 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1016, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/ 360	24HC
39514 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PCB-1221, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/ 360	24HC
73155 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
ALPHA-BHC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/ 360	24HC
73364 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
BETA-BHC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/ 360	24HC
73365 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS

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EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 97 11 24 (YEAR MO DAY)

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

946470260

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) SQ5B DISCHARGE NUMBER

CREATED: 11/05/97

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 97 01 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 97 12 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081997

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)
ENDRIN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.28	**********	MG/KG		1/360	24HC
75048 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
P-CHLORO-M-CRESOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34455 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-CHLOROPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34589 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2-NITROPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34594 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,4-DICHLOROPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34604 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,4-DIMETHYLPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34609 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
2,4 DINITROPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 31.5	**********	MG/KG		1/360	24HC
34619 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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AREA CODE / NUMBER

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YEAR MO DAY

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

946470261

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) SQ5B DISCHARGE NUMBER

CREATED: 11/05/97

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 97 01 01 (20-21)(22-23)(24-25)
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NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081997

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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)
2,4,6 TRICHLOROPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 6.3	**********	MG/KG		1/360	24HC
34624 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4 NITROPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 31.5	**********	MG/KG		1/360	24HC
34649 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
PENTACHLOROPHENOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 31.5	**********	MG/KG		1/360	24HC
39061 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS
4,6-DINITRO-O-CRESOL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 31.5	**********	MG/KG		1/360	24HC
79533 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT MONTH AVG.	**********			ANNUAL	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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

DATE: 97 11 24 (YEAR MO DAY)

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

946470262

PASSAIC VALLEY SEWERAGE COMMISSIONERS

600 WILSON AVENUE, NEWARK, NEW JERSEY 07105

(201) 344-1800

CHAIN OF CUSTODY RECORD

~~FILTER PRESS~~ GRAB SAMPLE
SILO

DATE (MONTH, DAY, YEAR)	8 6 97
SAMPLE I.D. NUMBER (FOR LAB USE ONLY)	HSFC-107
SAMPLING PERIOD (TIME AND DATE)	(0240) 8.6.97
COLLECTION LOCATION	FILTER PRESS FACILITY
COLLECTION PROCEDURE	OPERATOR GRAB
METHOD OF PRESERVATION	REFRIGERATION AT 4oC

REMARKS: ONE-HALF GALLON CONTAINER FILLED TO THE NECK.

FOR PRIORTY POLLUTENTS

(OUT

P.O. # 173949

NUMBER OF SAMPLES: 1

SAMPLE GRABBED BY OPERATOR AND STORED IN SAMPLE STORAGE REFRIGERATOR

PRINTED NAME Charles Morgan

TITLE OPER III

TIME AND DATE

SIGNATURE Charles R Morgan

SAMPLE REMOVED FROM THE SAMPLE STORAGE REFRIGERATOR FOR DELIVERY TO THE PVSC LABORATORY

PRINTED NAME D. AQUINO

TITLE HELPER

TIME AND DATE 8-6-97

SIGNATURE D. Aq

SAMPLE TRANSPORTED TO THE PVSC LABORATORY

PRINTED NAME " "

TITLE " "

TIME AND DATE " "

SIGNATURE D. Aq

CUSTODY OF THE SAMPLE TRANSFERRED TO THE PVSC LABORATORY

PRINTED NAME FRED OSTERHOUT

TITLE SLT

TIME AND DATE 9:00 8-6-97

SIGNATURE Fred Osterhout

946470263

Garden State Laboratories, Inc.

Bacteriological and Chemical Testing

410 Hillside Avenue
Hillside, New Jersey 07205

Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS
ACID EXTRACTABLE COMPOUNDS

TO: PASSAIC VALLEY SEWERAGE COMM
600 WILSON AVENUE

NEWARK NJ 07105

ATT: MR. ED RYS

REPORT # 970806063.3
CLIENT # PAS02
DATE SUBMITTED: 8/6/97

SAMPLE TYPE: SLUDGE
SAMPLE ID: P.O #173949 FILTER PRESS CAKE HSFC-107 SILO GRAB
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/6/97 TIME SAMPLED: 2:40PM

COMPOUND	RESULT	COMPOUND	RESULT
4-CHLORO-3-METHYLPHENOL	<6.3	4-NITROPHENOL	<31.5
2-CHLOROPHENOL	<6.3	PENTACHLOROPHENOL	<31.5
2,4-DICHLOROPHENOL	<6.3	PHENOL	<6.3
2,4-DIMETHYLPHENOL	<6.3	2,4,6-TRICHLOROPHENOL	<6.3
2,4-DINITROPHENOL	<31.5		
2-METHYL-4,6-DINITROPHENOL	<31.5	DATE EXTRACTED	8/15/97
2-NITROPHENOL	<6.3	DATE ANALYZED	8/26/97

RECEIVED
SEP 16 '97

TEST RESULTS ARE IN MG/KG DRY WEIGHT.
<=LESS THAN, NONE DETECTED.
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3540/8270.

946470264

THE LIABILITY OF GARDEN STATE LABORATORIES, INC. FOR SERVICES RENDERED SHALL IN NO EVENT EXCEED THE AMOUNT OF THE INVOICE.

Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health and N.J.D.E.P. - Lab #20044

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Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS
ACID EXTRACTABLE COMPOUNDS

TO: GARDEN STATE LABS
410 HILLSIDE AVENUE

HILLSIDE NJ 07205

ATT:

REPORT # 970815000.0
CLIENT # GSL01
DATE SUBMITTED:

SAMPLE TYPE: BLANK
SAMPLE ID: FOR USE WITH SAMPLES EXTRACTED: 8/15/97
SAMPLE LOCATION:

DATE SAMPLED: TIME SAMPLED:

COMPOUND	RESULT	COMPOUND	RESULT
4-CHLORO-3-METHYLPHENOL	<0.2	4-NITROPHENOL	<1.0
2-CHLOROPHENOL	<0.2	PENTACHLOROPHENOL	<1.0
2,4-DICHLOROPHENOL	<0.2	PHENOL	<0.2
2,4-DIMETHYLPHENOL	<0.2	2,4,6-TRICHLOROPHENOL	<0.2
2,4-DINITROPHENOL	<1.0		
2-METHYL-4,6-DINITROPHENOL	<1.0	DATE EXTRACTED	8/15/97
2-NITROPHENOL	<0.2	DATE ANALYZED	8/26/97

RECEIVED
SEP 16 1997

TEST RESULTS ARE IN MG/KG DRY WEIGHT.
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Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS
BASE/NEUTRAL COMPOUNDS

TO: PASSAIC VALLEY SEWERAGE COMM
600 WILSON AVENUE

NEWARK NJ 07105

ATT: MR. ED. RYS

REPORT # 970806063.3
CLIENT # PAS02
DATE SUBMITTED: 8/6/97

SAMPLE TYPE: SLUDGE
SAMPLE ID: P.O. #173949 FILTER PRESS CAKE HSFC-107 SILO GRAB
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/6/97 TIME SAMPLED: 2:40PM

COMPOUND	RESULT	COMPOUND	RESULT
ACENAPHTHENE	<6.3	2,4-DINITROTOLUENE	<6.3
ACENAPHTHYLENE	<6.3	2,6-DINITROTOLUENE	<6.3
ANTHRACENE	<6.3	DI-N-OCTYLPHTHLATE	<6.3
BENZIDINE	<31.5	FLUORANTHENE	<6.3
BENZO(a)ANTHRACENE	<6.3	FLUORENE	<6.3
BENZO(b)FLUORANTHENE	<6.3	HEXACHLOROBENZENE	<6.3
BENZO(k)FLUORANTHENE	<6.3	HEXACHLOROBUTADIENE	<6.3
BENZO(a)PYRENE	<6.3	HEXACHLOROCYCLOPENTADIENE	<6.3
BENZO(ghi)PERYLENE	<6.3	HEXACHLOROETHANE	<6.3
BENZYL BUTYL PHTHALATE	<6.3	INDENO(1,2,3-cd)PYRENE	<6.3
BIS(2-CHLOROETHYL)ETHER	<6.3	ISOPHORONE	<6.3
BIS(2-CHLOROETHOXY)METHANE	<6.3	NAPHTHALENE	<6.3
BIS(2-ETHYLHEXYL)PHTHALATE	14.8	NITROBENZENE	<6.3
BIS(2-CHLOROISOPROPYL)ETHER	<6.3	N-NITROSODIMETHYLAMINE	<6.3
4-BROMOPHENYL PHENYL ETHER	<6.3	N-NITROSODI-N-PROPYLAMINE	<6.3
2-CHLORONAPHTHALENE	<6.3	N-NITROSODIPHENYLAMINE	<6.3
4-CHLOROPHENYLPHENYL ETHER	<6.3	PHENANTHRENE	<6.3
CHRYSENE	<6.3	PYRENE	<6.3
DIBENZO(a,h)ANTHRACENE	<6.3	1,2,4-TRICHLOROBENZENE	<6.3
DI-N-BUTYLPHTHALATE	<6.3	1,2-DIPHENYLHYDRAZINE	<6.3
1,3-DICHLOROBENZENE	<6.3	2,3,7,8 TETRACHLORO-	
1,2-DICHLOROBENZENE	<6.3	DIBENZO-P-DIOXIN	ND
1,4-DICHLOROBENZENE	<6.3		
3,3'-DICHLOROBENZIDINE	<6.3		
DIETHYL PHTHALATE	<6.3	DATE EXTRACTED	8/15/97
DIMETHYL PHTHALATE	<6.3	DATE ANALYZED	8/26/97

RESULTS ARE IN MG/KG DRY WEIGHT.

<= LESS THAN, NONE DETECTED
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3540/8270.

RECEIVED SEP 16 1997

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Fax 908-688-8966

Mathew Klein, M.S., Director Emeritus
Harvey Klein, M.S., Laboratory Director

Code = E

2,3,7,8 Tetrachloro-dibenzo-p-dioxin was analyzed by method 625. TCDD -ND (none detected).

SEP 5 1997

946470267

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Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS
BASE/NEUTRAL COMPOUNDS

TO: GARDEN STATE LABS.
410 HILLSIDE AVE

HILLSIDE NJ 07205

ATT:

REPORT # 970815000.0
CLIENT # GSL01
DATE SUBMITTED:

SAMPLE TYPE: BLANK
SAMPLE ID: FOR USE WITH SAMPLES EXTRACTED: 8/15/97
SAMPLE LOCATION:

DATE SAMPLED: TIME SAMPLED:

COMPOUND	RESULT	COMPOUND	RESULT
ACENAPHTHENE	<0.2	2,4-DINITROTOLUENE	<0.2
ACENAPHTHYLENE	<0.2	2,6-DINITROTOLUENE	<0.2
ANTHRACENE	<0.2	DI-N-OCTYLPHTHLATE	<0.2
BENZIDINE	<1.0	FLUORANTHENE	<0.2
BENZO(a)ANTHRACENE	<0.2	FLUORENE	<0.2
BENZO(b)FLUORANTHENE	<0.2	HEXACHLOROBENZENE	<0.2
BENZO(k)FLUORANTHENE	<0.2	HEXACHLOROBUTADIENE	<0.2
BENZO(a)PYRENE	<0.2	HEXACHLOROCYCLOPENTADIENE	<0.2
BENZO(ghi)PERYLENE	<0.2	HEXACHLOROETHANE	<0.2
BENZYL BUTYL PHTHALATE	<0.2	INDENO(1,2,3-cd)PYRENE	<0.2
BIS(2-CHLOROETHYL)ETHER	<0.2	ISOPHORONE	<0.2
BIS(2-CHLOROETHOXY)METHANE	<0.2	NAPHTHALENE	<0.2
BIS(2-ETHYLHEXYL)PHTHALATE	<0.2	NITROBENZENE	<0.2
BIS(2-CHLOROISOPROPYL)ETHER	<0.2	N-NITROSODIMETHYLAMINE	<0.2
4-BROMOPHENYL PHENYL ETHER	<0.2	N-NITROSODI-N-PROPYLAMINE	<0.2
2-CHLORONAPHTHALENE	<0.2	N-NITROSODIPHENYLAMINE	<0.2
4-CHLOROPHENYLPHENYL ETHER	<0.2	PHENANTHRENE	<0.2
CHRYSENE	<0.2	PYRENE	<0.2
DIBENZO(a,h)ANTHRACENE	<0.2	1,2,4-TRICHLOROBENZENE	<0.2
DI-N-BUTYLPHTHALATE	0.7	1,2-DIPHENYLHYDRAZINE	<0.2
1,3-DICHLOROBENZENE	<0.2		
1,2-DICHLOROBENZENE	<0.2		
1,4-DICHLOROBENZENE	<0.2		
3,3'-DICHLOROBENZIDINE	<0.2		
DIETHYL PHTHALATE	<0.2	DATE EXTRACTED	8/15/97
DIMETHYL PHTHALATE	<0.2	DATE ANALYZED	8/26/97

RESULTS ARE IN MG/KG DRY WEIGHT.

<= LESS THAN, NONE DETECTED
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3540/8270.

946470268

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PEAK SEARCH COVER SHEET

GARDEN STATE LABORATORIES, INC.

Bacteriological and Chemical Testing

410 Hillside Avenue
Hillside, NJ 07205

Telephone (908) 888-8900
Fax (908) 888-8900

MATTHEW KLEIN, M.S., Director
HARVEY KLEIN, M.S., Lab Supervisor

PEAK SEARCH FOR: PVSC

DATE SUBMITTED: 8/6/97

TEST REQUIRED: AEN+25

G.S.L. I.D.: 970806063-0

COMPUTER I.D.: 708261601063

CLIENT I.D.

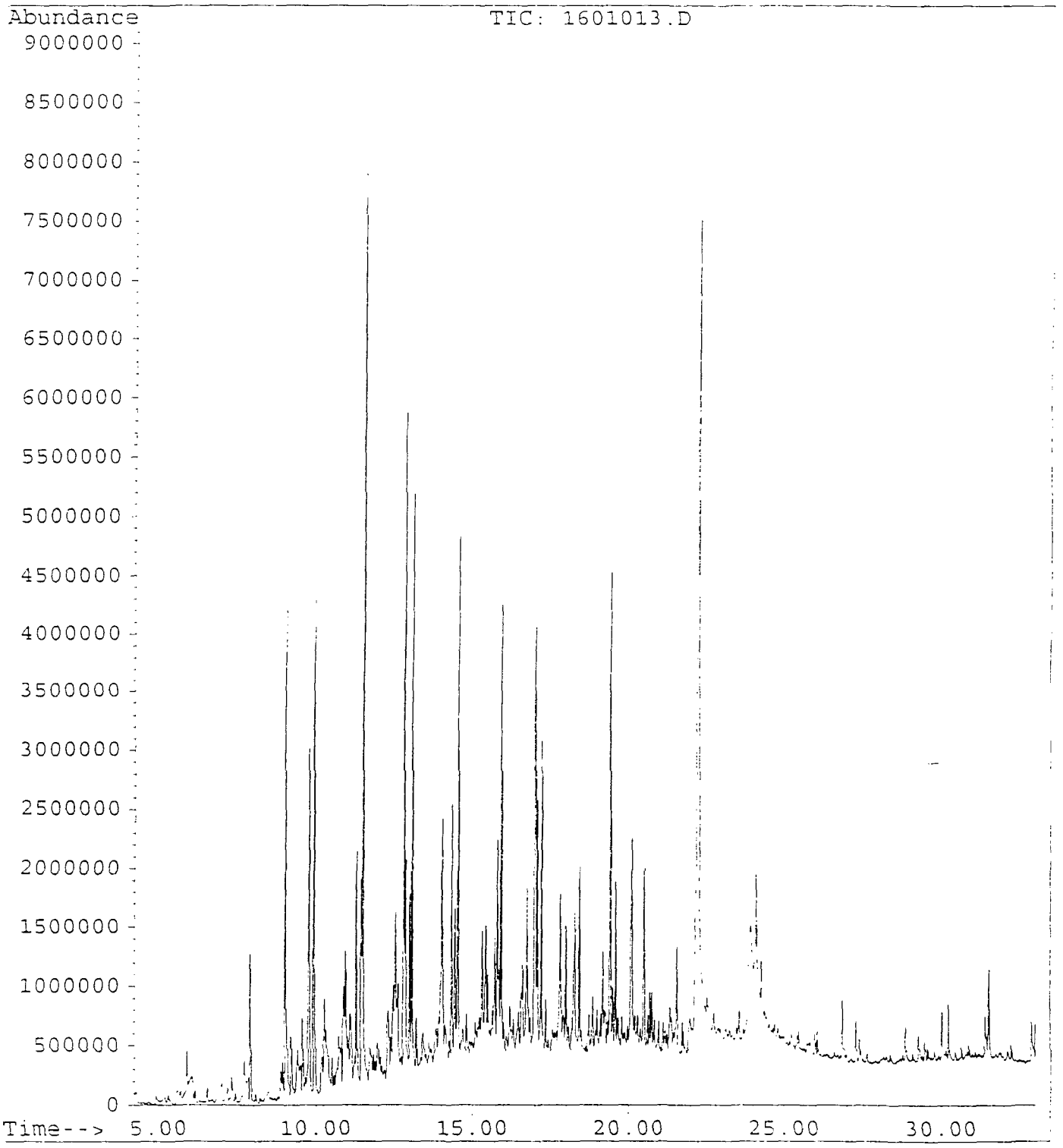
RECEIVED 1997

THE LIABILITY OF GARDEN STATE LABORATORIES, INC. FOR SERVICES REQUIRED SHALL [illegible] AMOUNT OF THE INVOICE

Certified by U.S. Public Health Service, N.J. Dept. of Health and N.J.D.E.P. [illegible]

946470269

File : C:\HPCHEM\1\DATA\70826\1601013.D
Operator : spc
Acquired : 26 Aug 97 9:05 pm using AcqMethod BNA0825
Instrument : 5972 - In
Sample Name: PVSC c-63 8/6/97 1:10
Misc Info : s,29.3842,54.0,10,8/15/97
Vial Number: 16



946470270

Library Search Compound Report

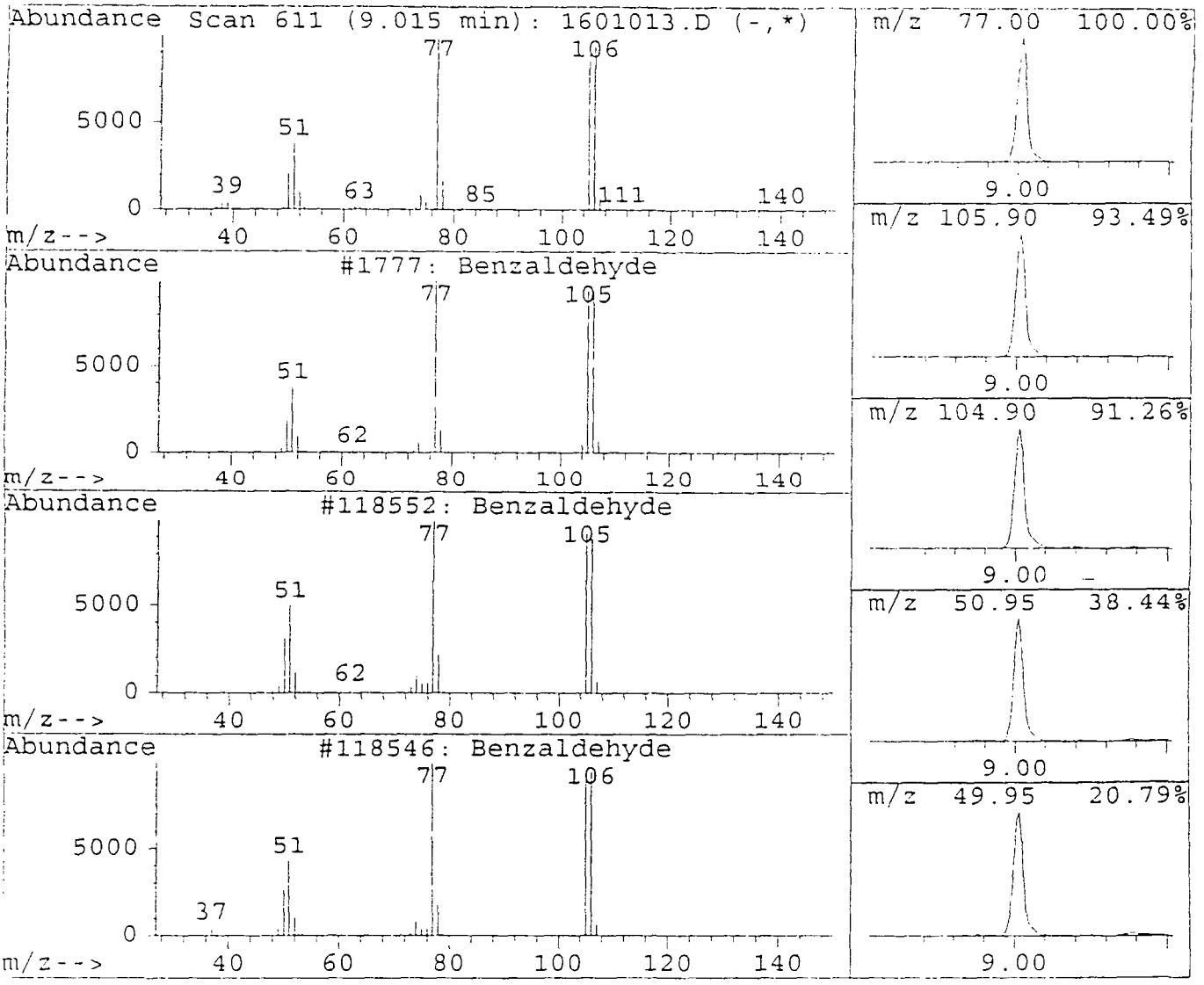
Data File : C:\HPCHEM\1\DATA\70826\1601013.D
Acq Time : 26 Aug 97 9:05 pm
Sample : PVSC c-63 8/6/97 1:10
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
9.01	44.99 ug/L	10582293	1,4-dichlorobenzene-d4	9.93

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Benzaldehyde	1777	000100-52-7	94
2	Benzaldehyde	118552	000100-52-7	94
3	Benzaldehyde	118546	000100-52-7	94
4	Benzaldehyde	118547	000100-52-7	94
5	Benzaldehyde	118545	000100-52-7	91



946470271

Library Search Compound Report

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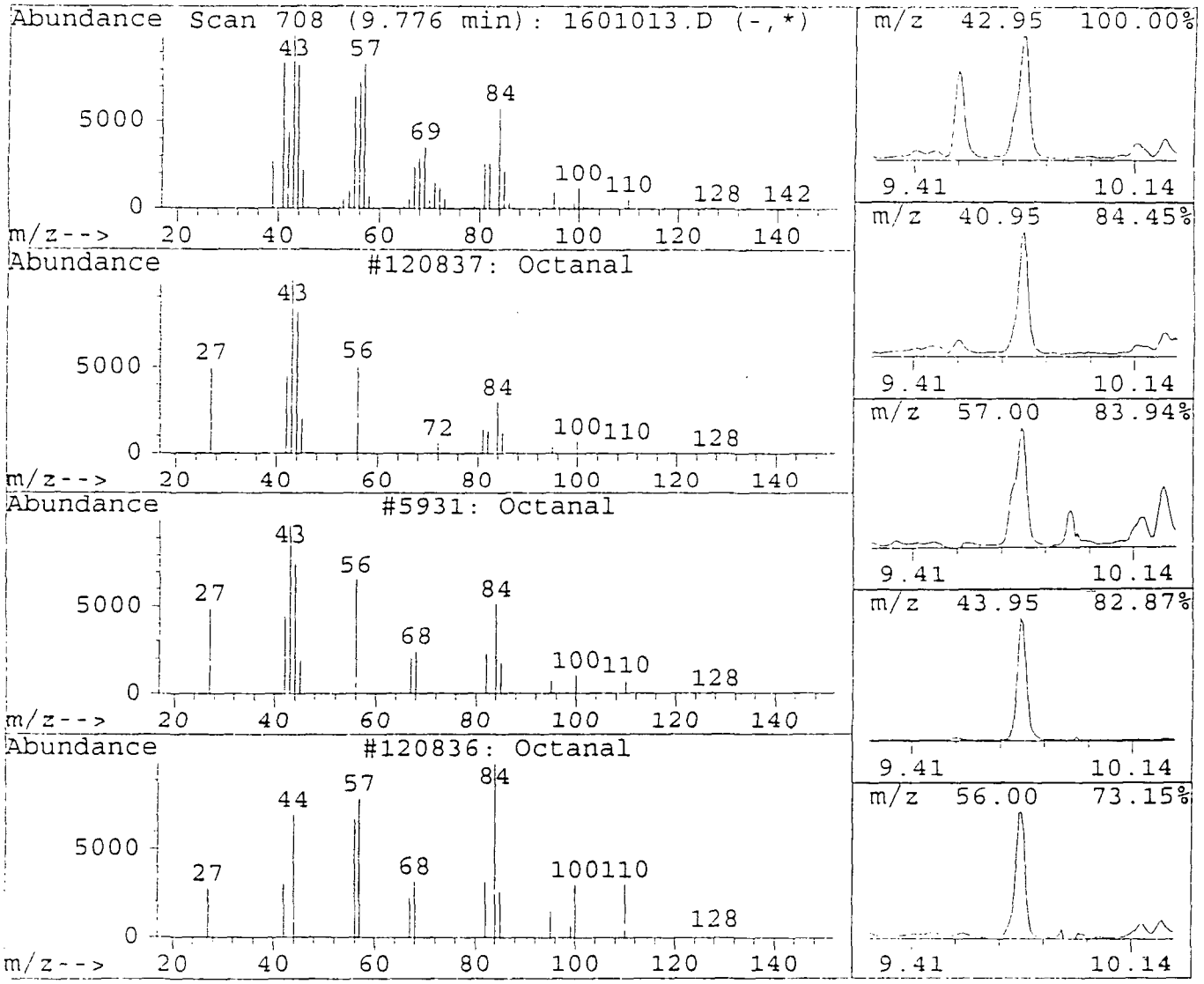
Acq Time : 26 Aug 97 9:05 pm
Sample : PVSC c-63 8/6/97 1:10
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
9.78	30.12 ug/L	7084596	1,4-dichlorobenzene-d4	9.93

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Octanal	120837	000124-13-0	95
2	Octanal	5931	000124-13-0	95
3	Octanal	120836	000124-13-0	72
4	2-Propanone, dimethylhydrazone	1116	013483-31-3	53
5	Piperidine	116950	000110-89-4	50



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Library Search Compound Report

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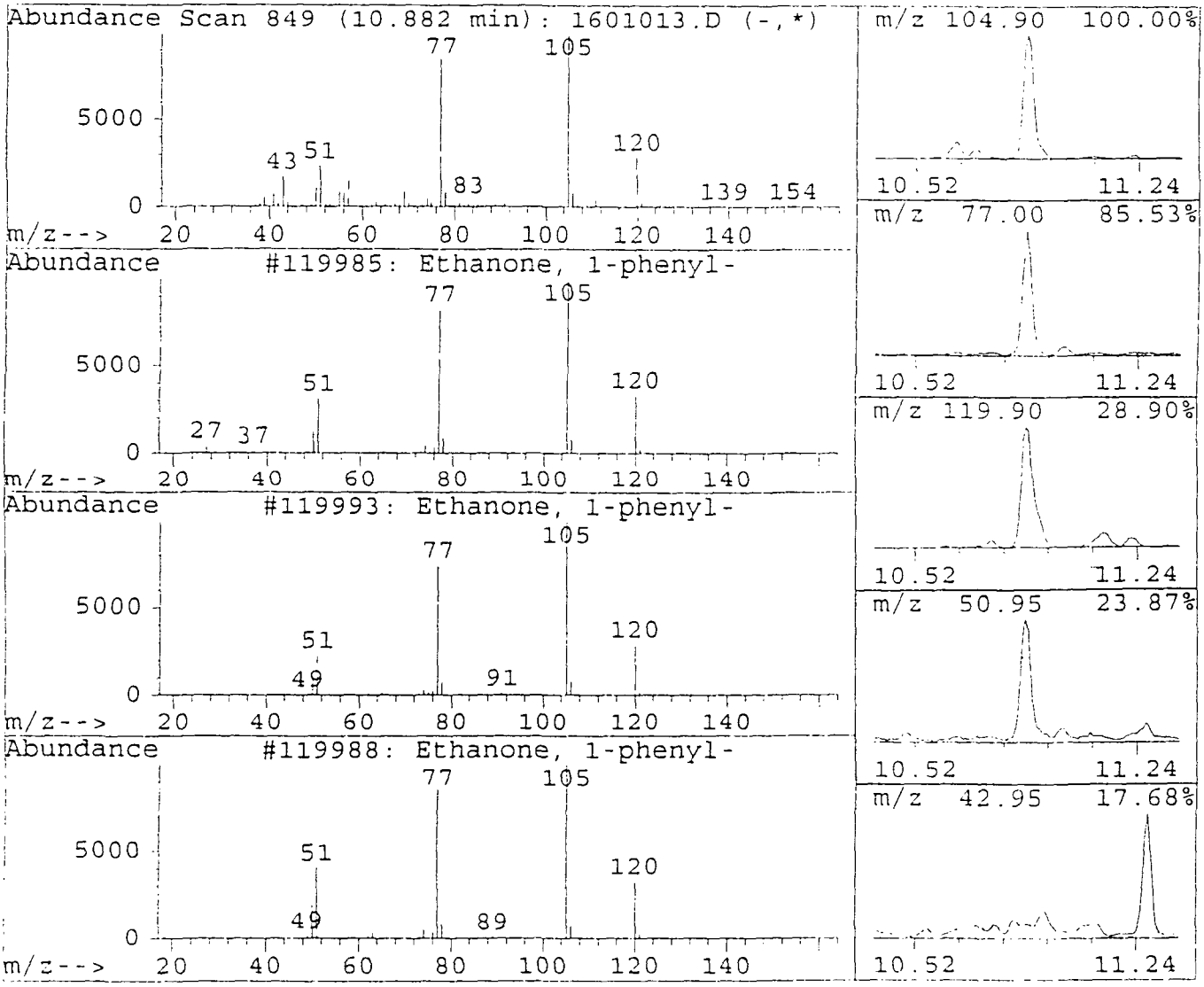
Sample : PVSC c-63 8/6/97 1:10
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
10.88	13.00 ug/L	3057019	1,4-dichlorobenzene-d4	9.93

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Ethanone, 1-phenyl-	119985	000098-86-2	93
2	Ethanone, 1-phenyl-	119993	000098-86-2	93
3	Ethanone, 1-phenyl-	119988	000098-86-2	87
4	Ethanone, 1-phenyl-	119987	000098-86-2	87
5	Ethanone, 1-phenyl-	119991	000098-86-2	87



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Library Search Compound Report

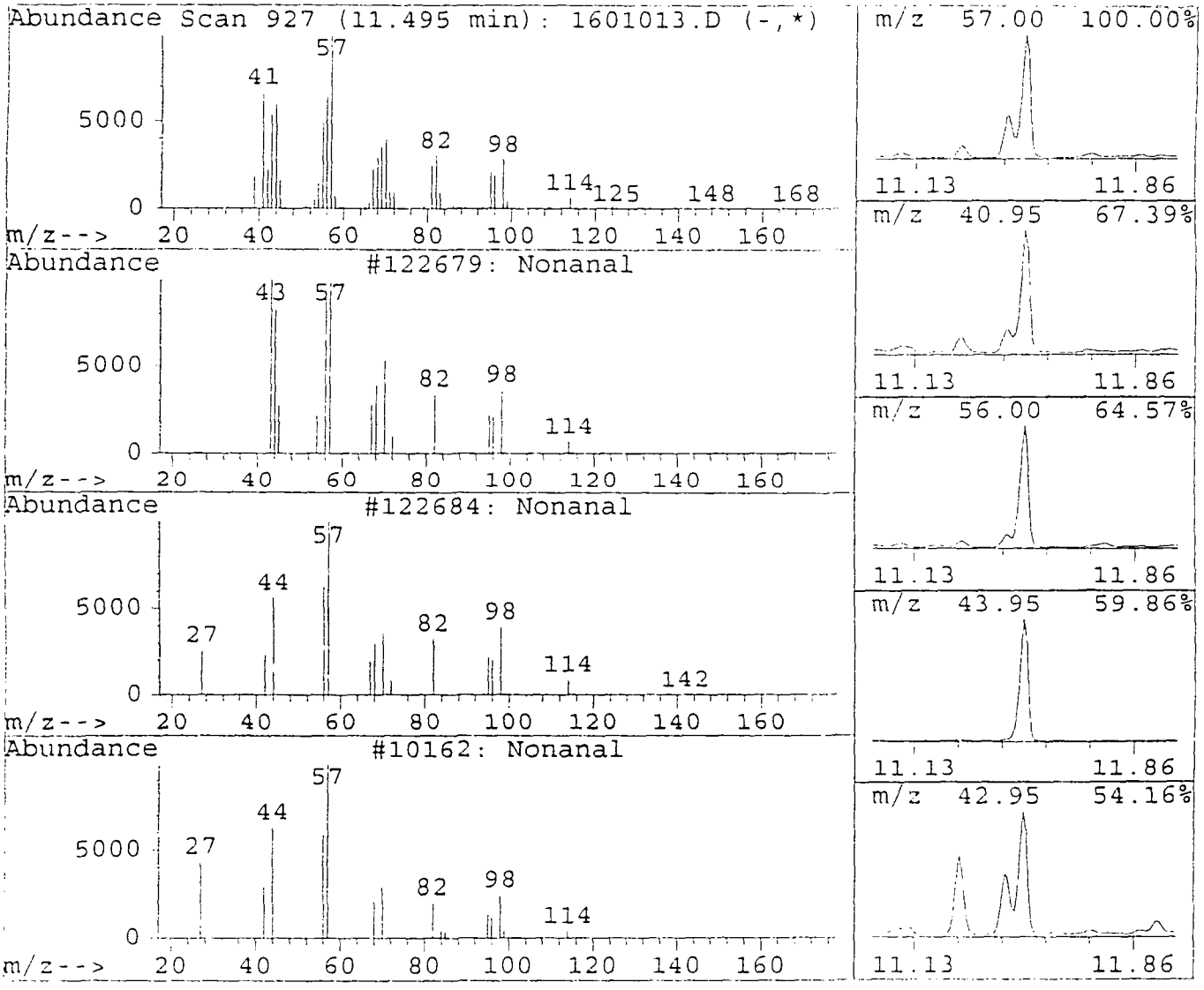
Data File : C:\HPCHEM\1\DATA\70826\1601013.D
Acq Time : 26 Aug 97 9:05 pm
Sample : PVSC c-63 8/6/97 1:10
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
11.49	56.67 ug/L	17875408	Naphthalene-D8	12.81

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Nonanal	122679	000124-19-6	91
2	Nonanal	122684	000124-19-6	86
3	Nonanal	10162	000124-19-6	72
4	Nonanal	122681	000124-19-6	59
5	Nonanal	122688	000124-19-6	53



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Library Search Compound Report

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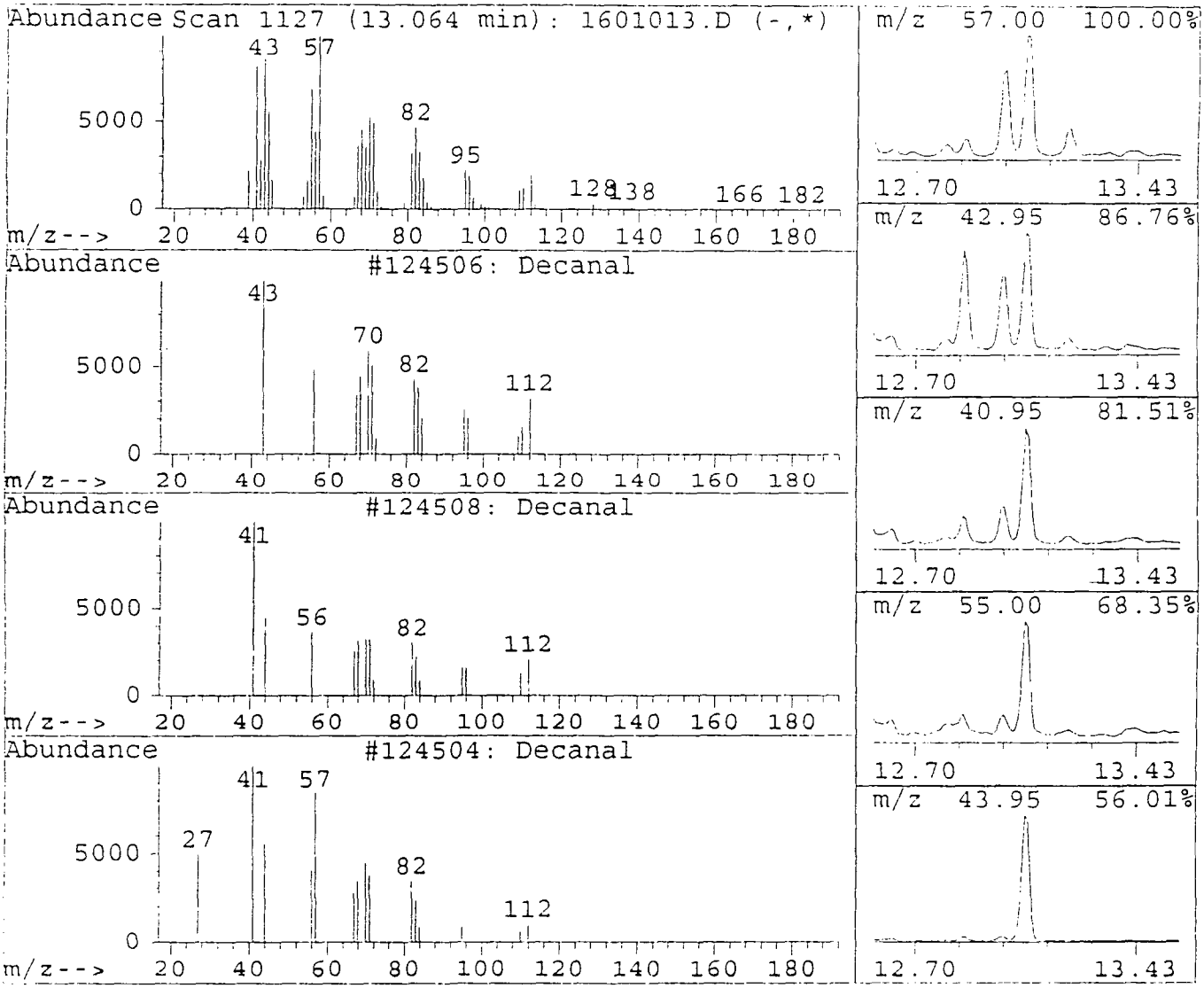
Sample : PVSC c-63 8/6/97 1:10
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
13.06	29.97 ug/L	9453718	Naphthalene-D8	12.81

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Decanal	124506	000112-31-2	87
2	Decanal	124508	000112-31-2	86
3	Decanal	124504	000112-31-2	80
4	Decanal	124505	000112-31-2	80
5	Dodecanal	27665	000112-54-9	59



946470275

Library Search Compound Report

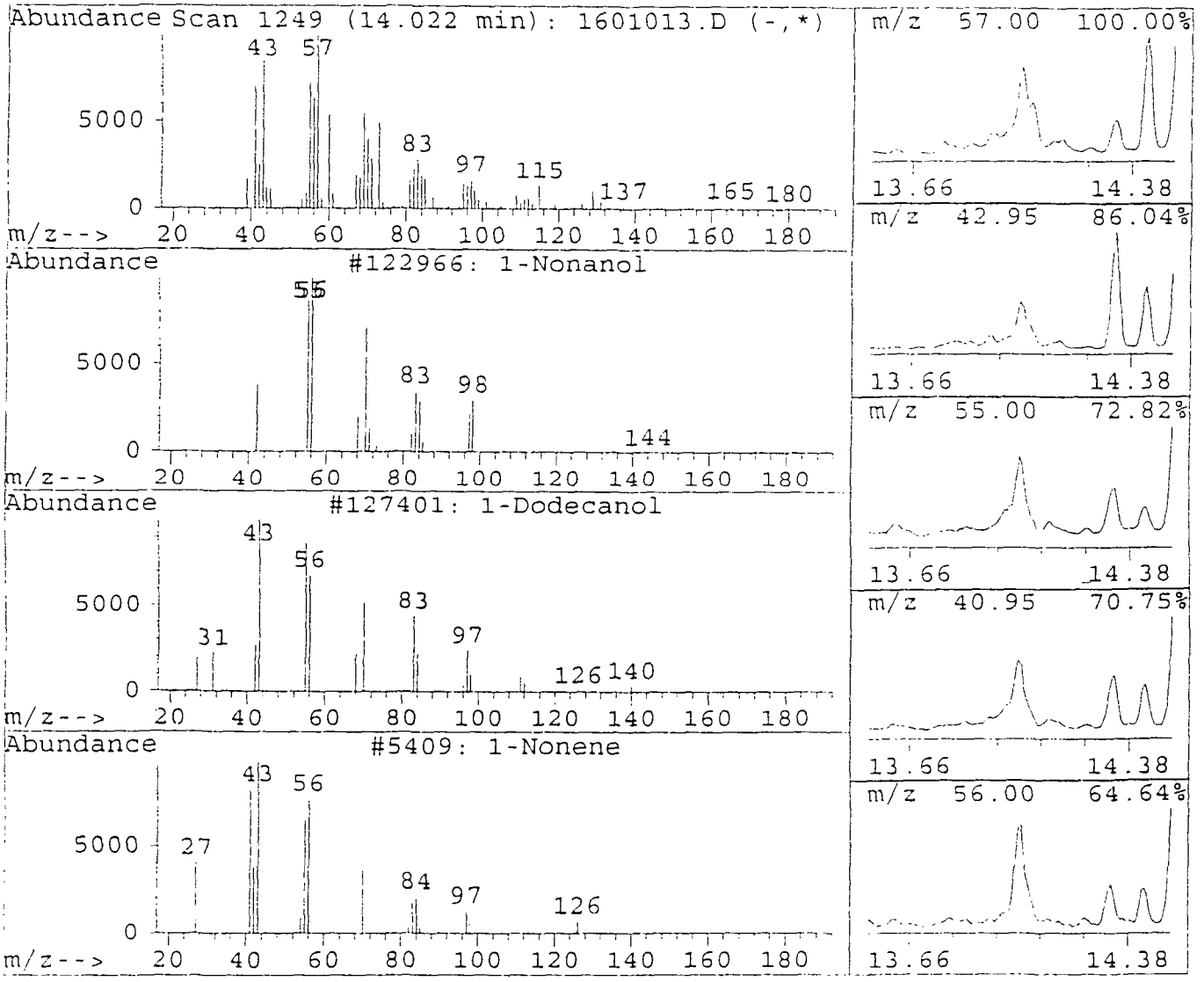
Data File : C:\HPCHEM\1\DATA\70826\1601013.D
Acq Time : 26 Aug 97 9:05 pm
Sample : PVSC c-63 8/6/97 1:10
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
14.02	19.45 ug/L	6135611	Naphthalene-D8	12.81

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1-Nonanol	122966	000143-08-8	55
2	1-Dodecanol	127401	000112-53-8	53
3	1-Nonene	5409	000124-11-8	53
4	Hexadecane, 1,1-bis(dodecyloxy)-	112236	056554-64-4	53
5	Cyclopropane, nonyl-	20748	074663-85-7	49



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Library Search Compound Report

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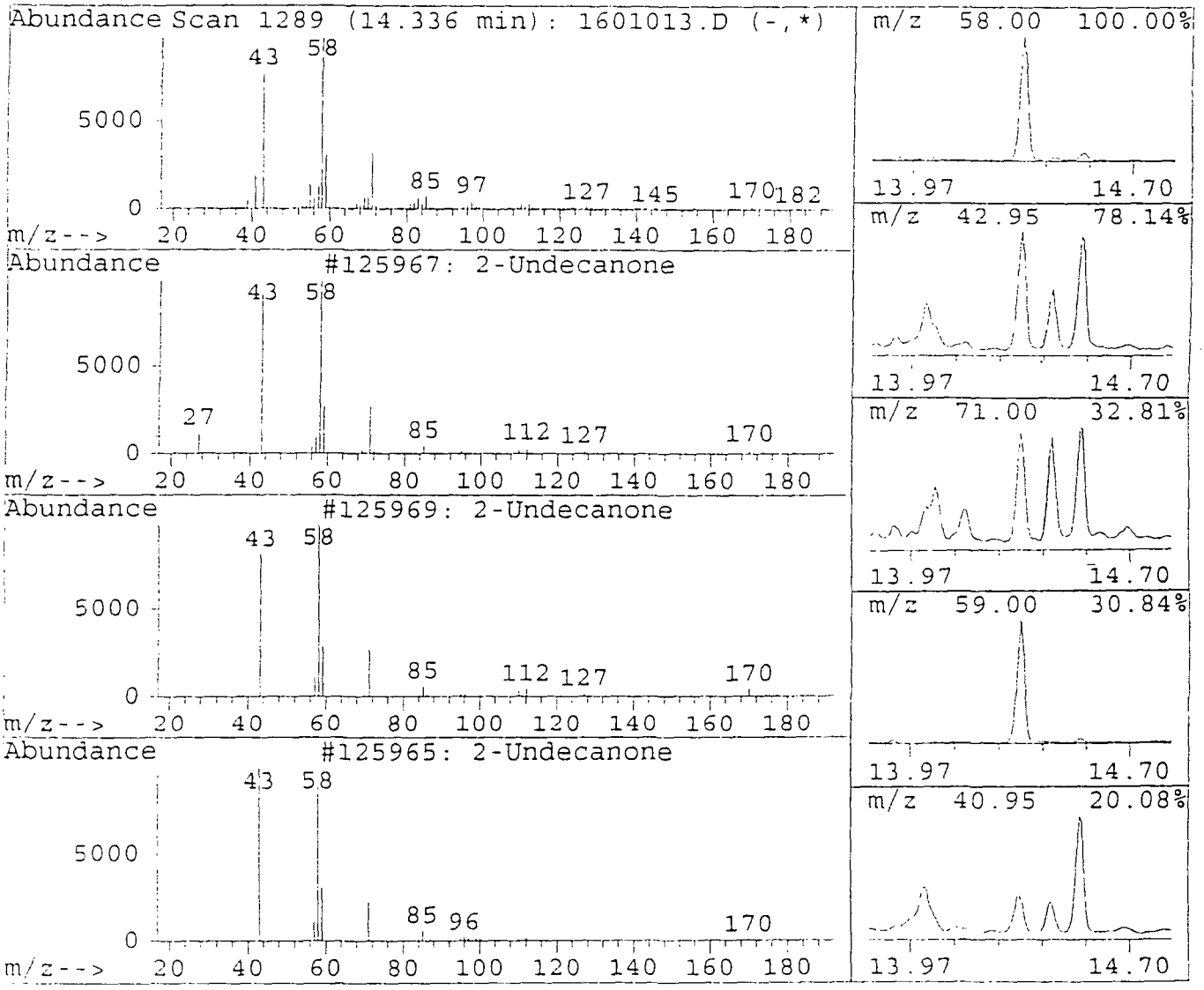
Sample : PVSC c-63 8/6/97 1:10
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
14.34	13.67 ug/L	4313167	Naphthalene-D8	12.81

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	2-Undecanone	125967	000112-12-9	94
2	2-Undecanone	125969	000112-12-9	91
3	2-Undecanone	125965	000112-12-9	91
4	2-Undecanone	21599	000112-12-9	90
5	2-Undecanone	125964	000112-12-9	86



946470277

Library Search Compound Report

Data File : C:\HPCHEM\1\DATA\70826\1601013.D
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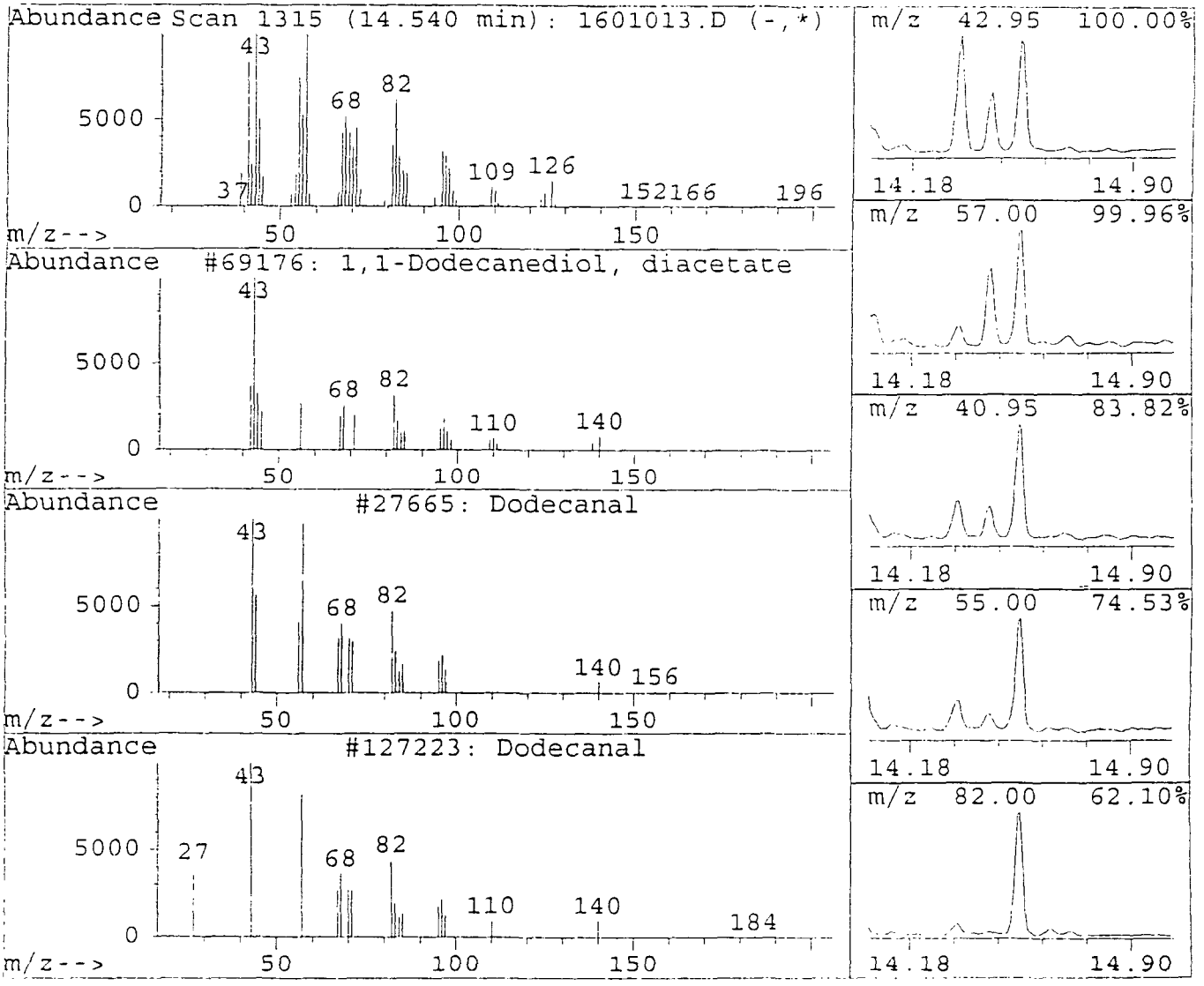
Sample : PVSC c-63 8/6/97 1:10
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
14.54	25.11 ug/L	7920536	Naphthalene-D8	12.81

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1,1-Dodecanediol, diacetate	69176	056438-07-4	91
2	Dodecanal	27665	000112-54-9	90
3	Dodecanal	127223	000112-54-9	80
4	Undecanal	21596	000112-44-7	64
5	Dodecanal	127222	000112-54-9	53



946470278

Library Search Compound Report

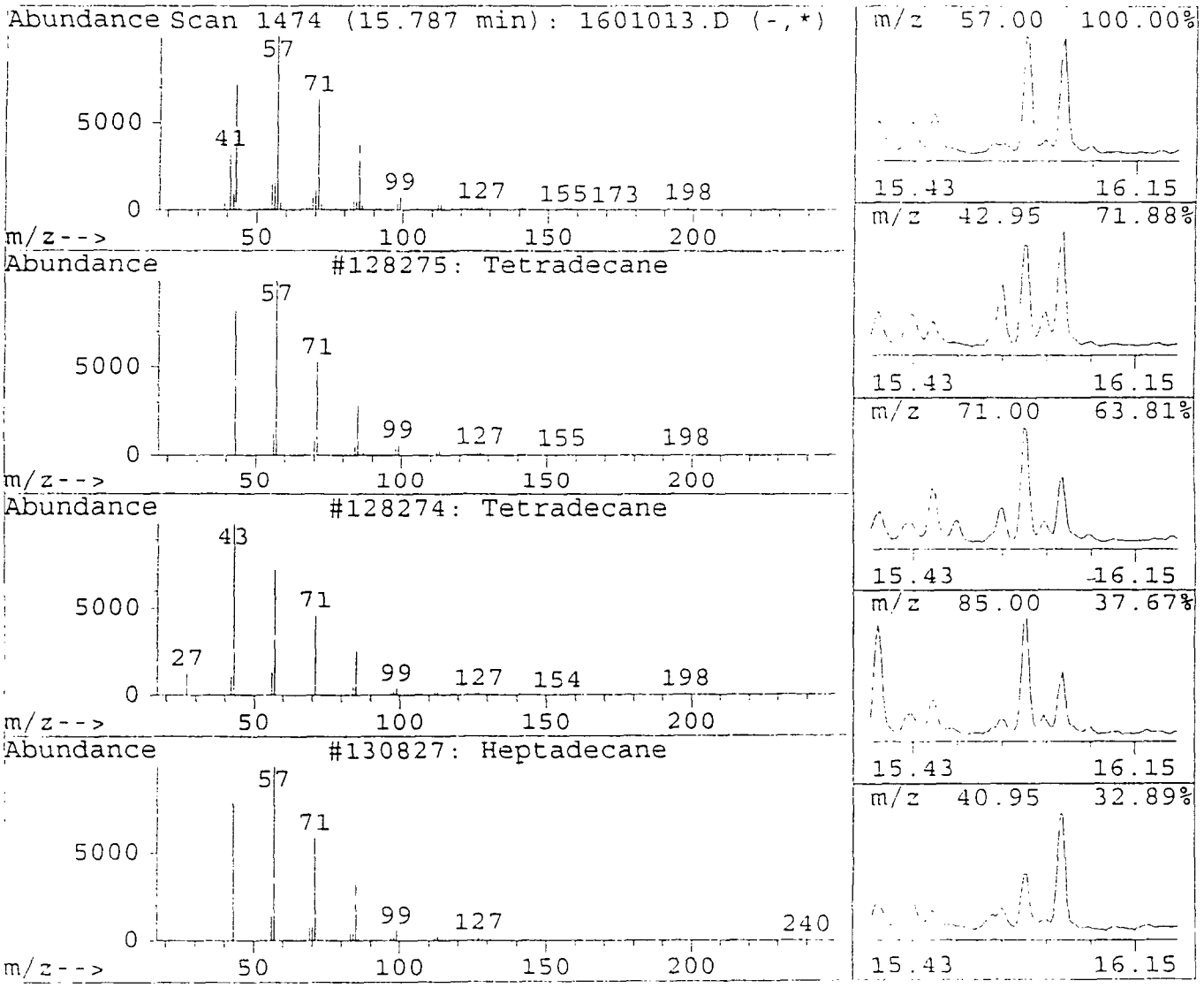
Data File : C:\HPCHEM\1\DATA\70826\1601013.D
Acq Time : 26 Aug 97 9:05 pm
Sample : PVSC c-63 8/6/97 1:10
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
15.79	17.26 ug/L	4740695	Acenaphthene-d10	16.99

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Tetradecane	128275	000629-59-4	95
2	Tetradecane	128274	000629-59-4	91
3	Heptadecane	130827	000629-78-7	91
4	Hexadecane	130123	000544-76-3	90
5	Hexadecane	46975	000544-76-3	90



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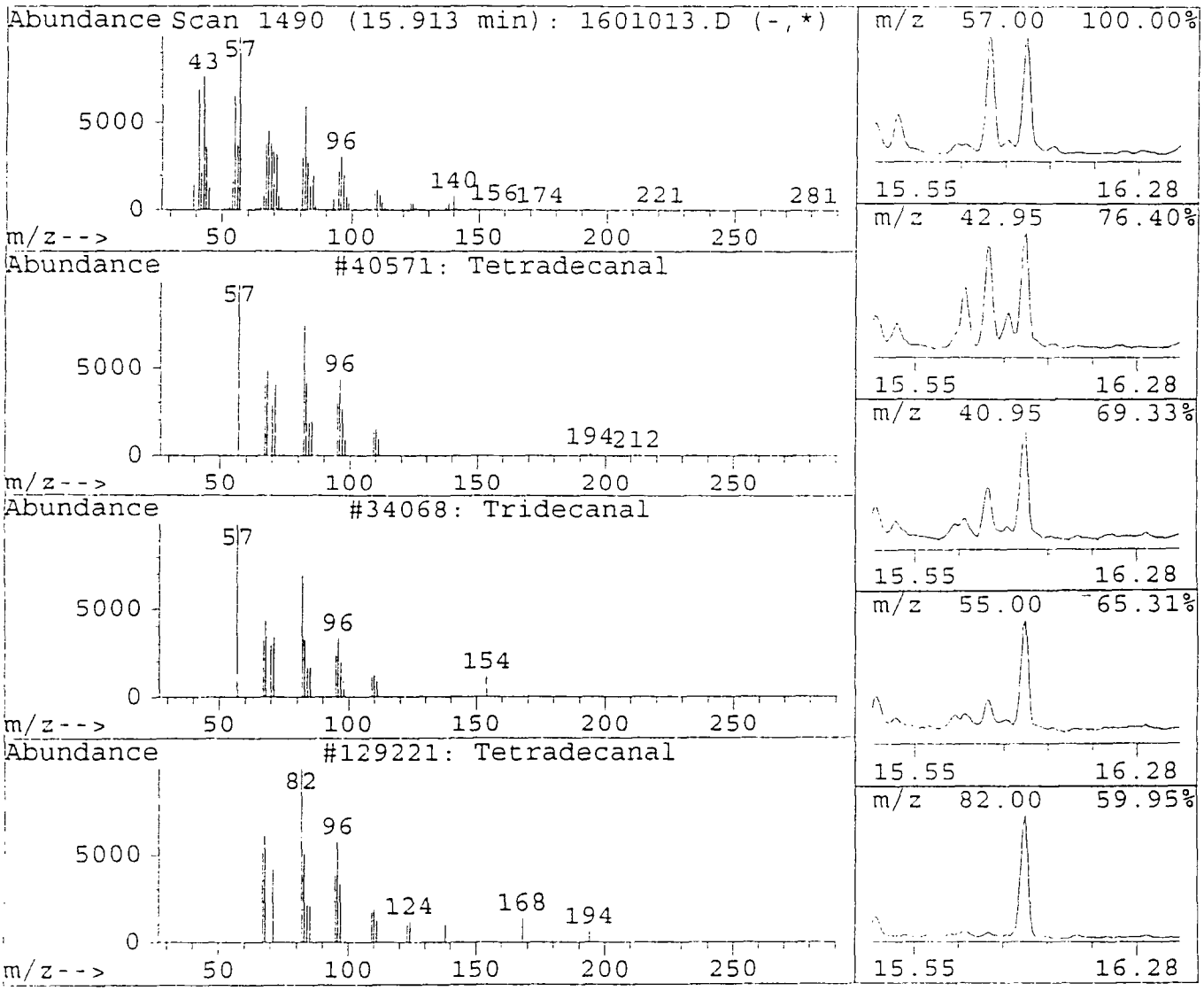
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
15.91	24.54 ug/L	6741170	Acenaphthene-d10	16.99

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Tetradecanal	40571	000124-25-4	91
2	Tridecanal	34068	010486-19-8	91
3	Tetradecanal	129221	000124-25-4	91
4	Dodecanal	27665	000112-54-9	87
5	Dodecanal	127223	000112-54-9	87



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Sample : PVSC c-63 8/6/97 1:10
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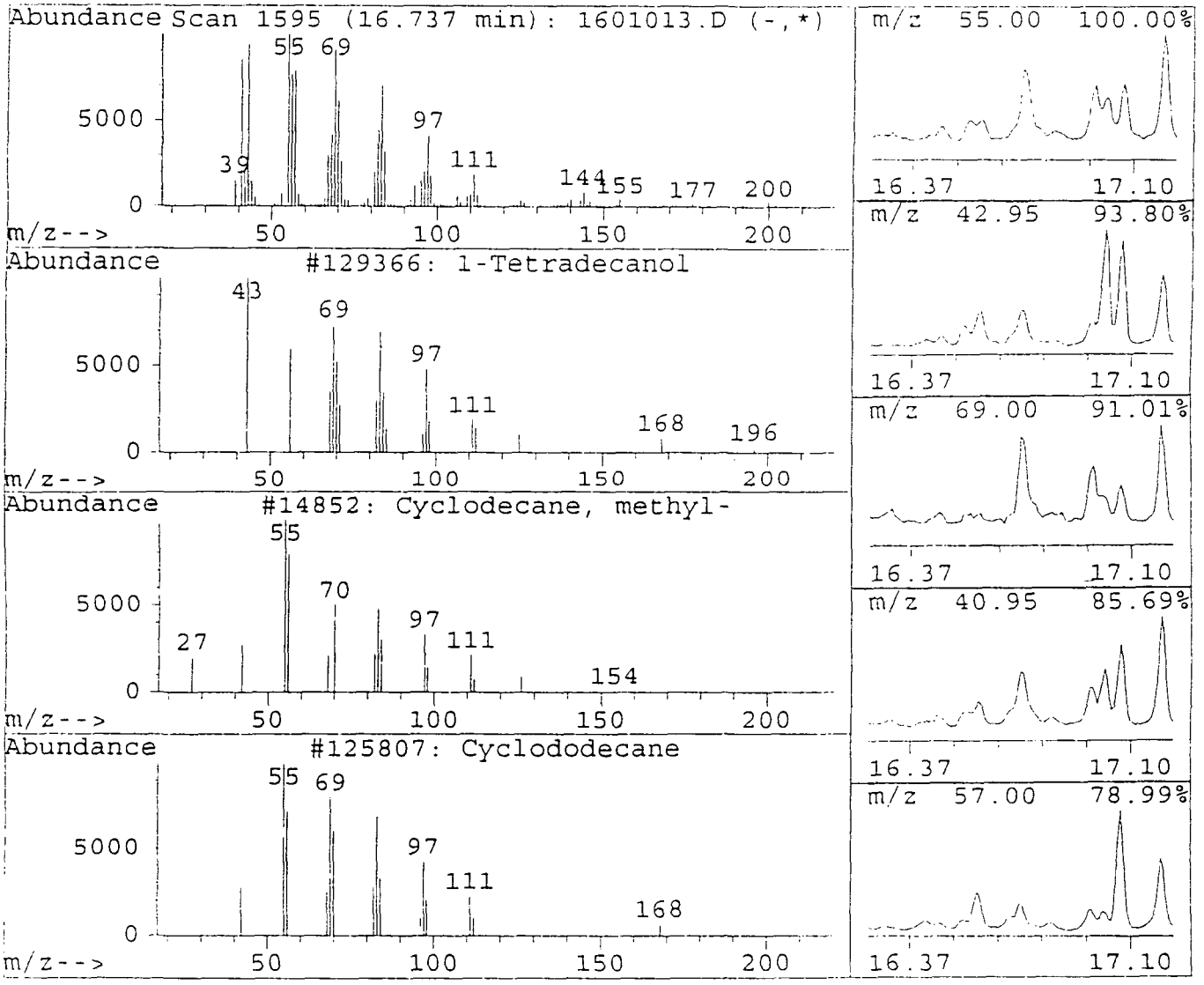
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
16.74	13.18 ug/L	3621129	Acenaphthene-d10	16.99

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1-Tetradecanol	129366	000112-72-1	86
2	Cyclodecane, methyl-	14852	013151-43-4	86
3	Cyclododecane	125807	000294-62-2	86
4	Cyclopropane, nonyl-	20748	074663-85-7	81
5	TETRADECANOL-O18	41374	056712-06-2	81



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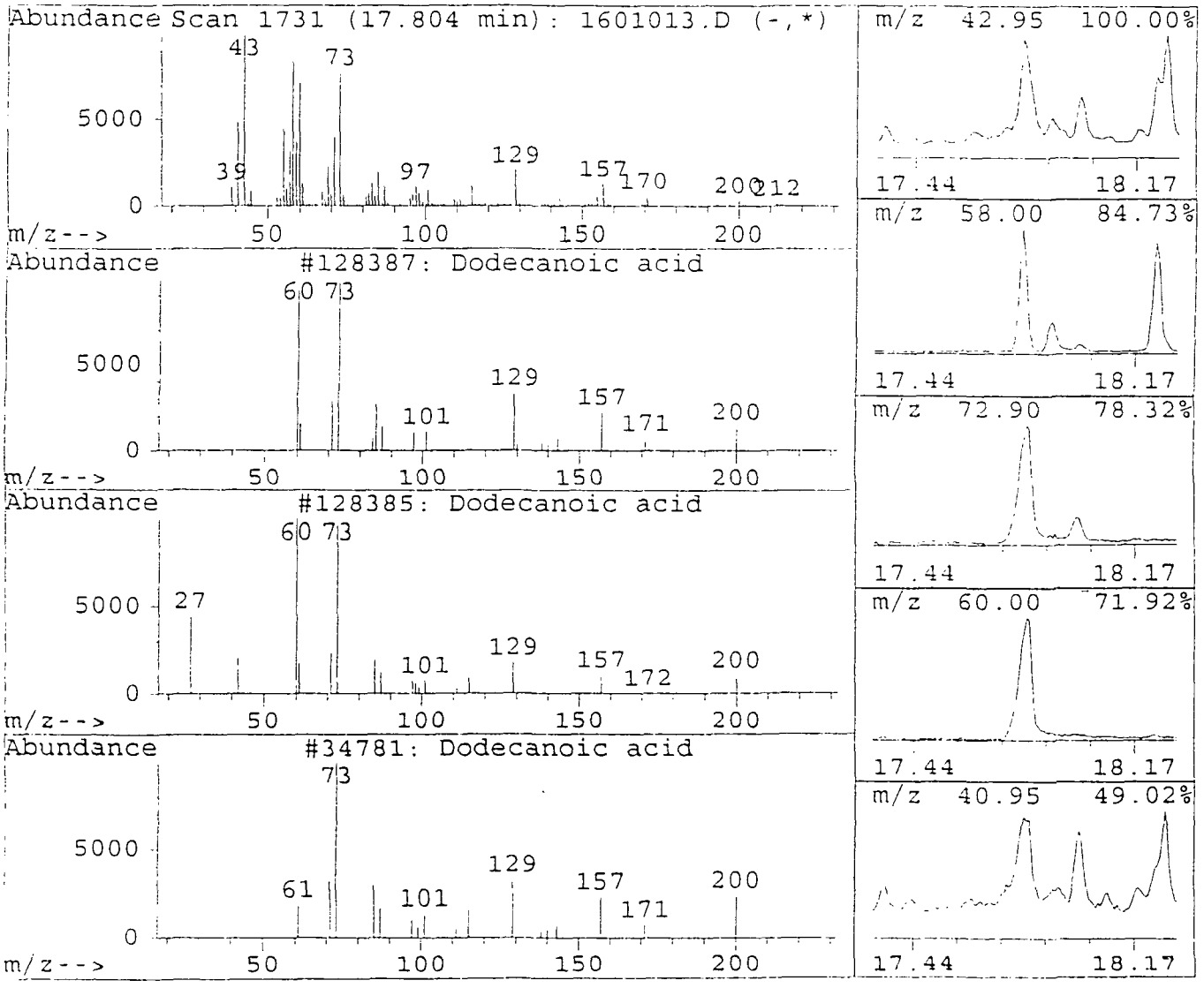
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
17.80	14.76 ug/L	4053159	Acenaphthene-d10	16.99

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Dodecanoic acid	128387	000143-07-7	64
2	Dodecanoic acid	128385	000143-07-7	64
3	Dodecanoic acid	34781	000143-07-7	55
4	Glycine, N-methyl-N-(1-oxododecyl)-	63887	000097-78-9	50
5	Dodecanamide, N,N-bis(2-hydroxyethy	69540	000120-40-1	46



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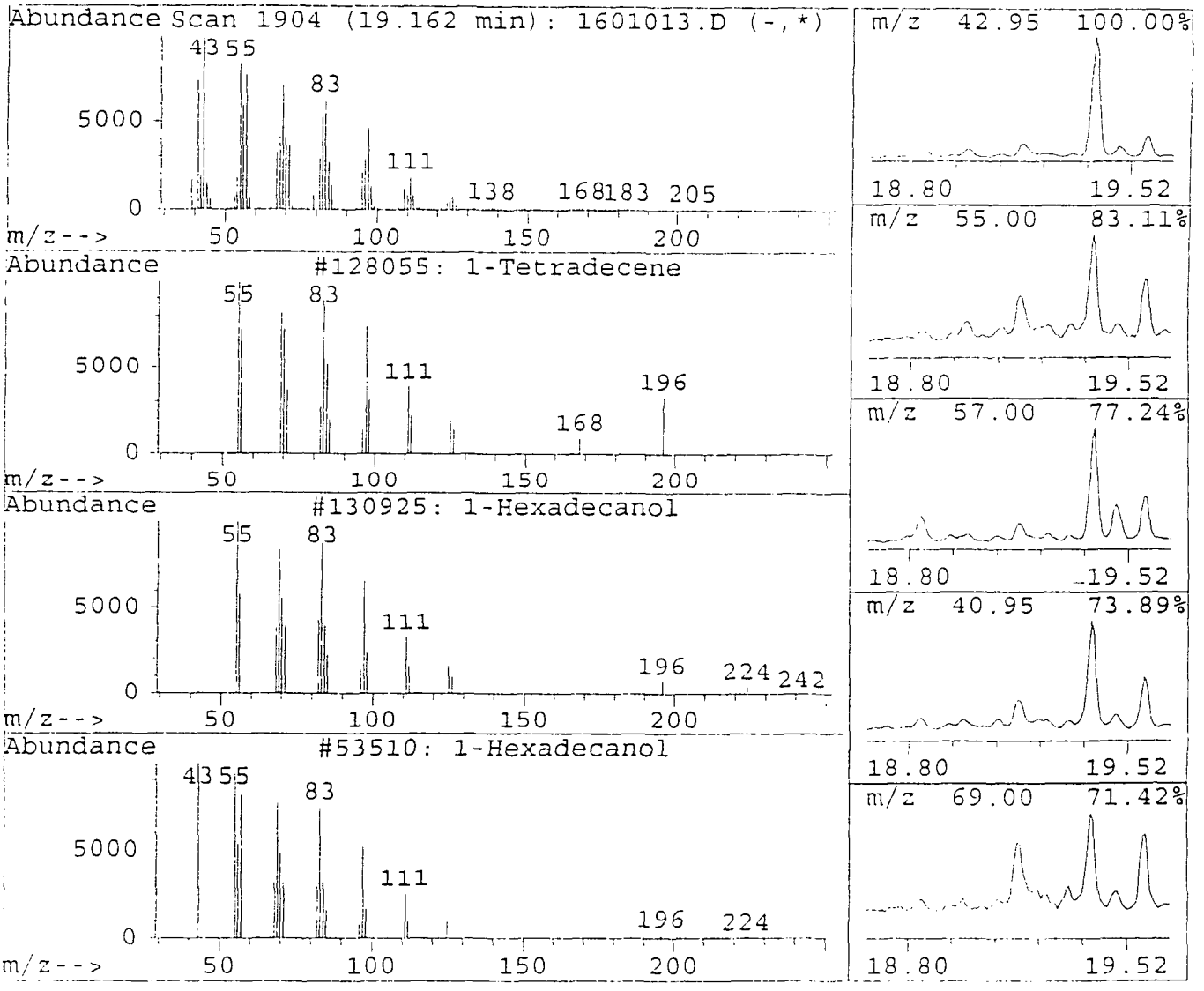
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
19.16	18.30 ug/L	1629799	Phenanthrene-D10	20.48

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1-Tetradecene	128055	001120-36-1	83
2	1-Hexadecanol	130925	036653-82-4	81
3	1-Hexadecanol	53510	036653-82-4	76
4	Cyclododecane	20781	000294-62-2	76
5	1-Hexadecanol	130921	029354-98-1	76



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Library Search Compound Report

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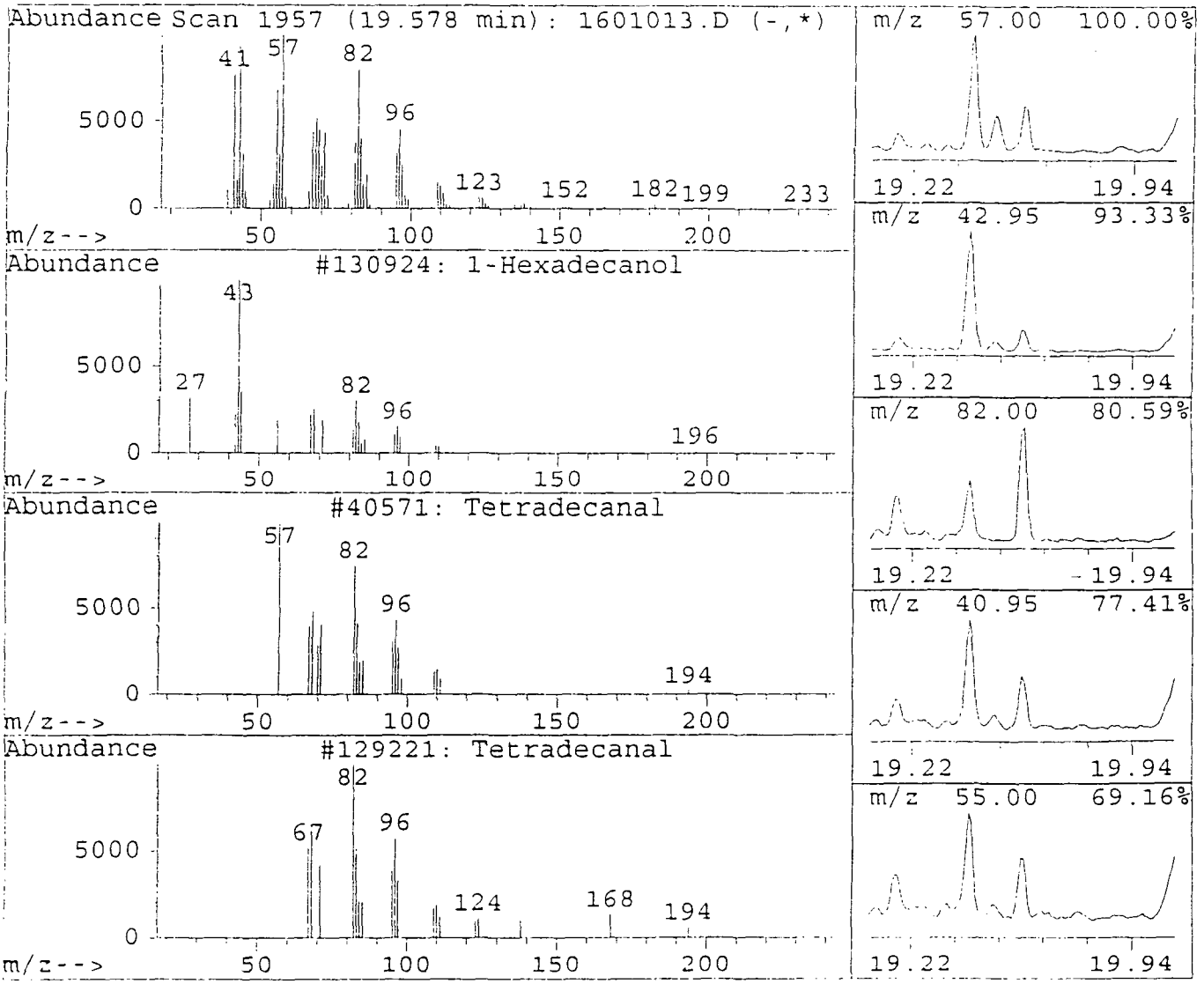
Sample : PVSC c-63 8/6/97 1:10
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
19.58	29.16 ug/L	2597013	Phenanthrene-D10	20.48

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1-Hexadecanol	130924	029354-98-1	91
2	Tetradecanal	40571	000124-25-4	91
3	Tetradecanal	129221	000124-25-4	91
4	17-Octadecenal	62202	056554-86-0	87
5	Hexadecanal	130821	000629-80-1	83



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Library Search Compound Report

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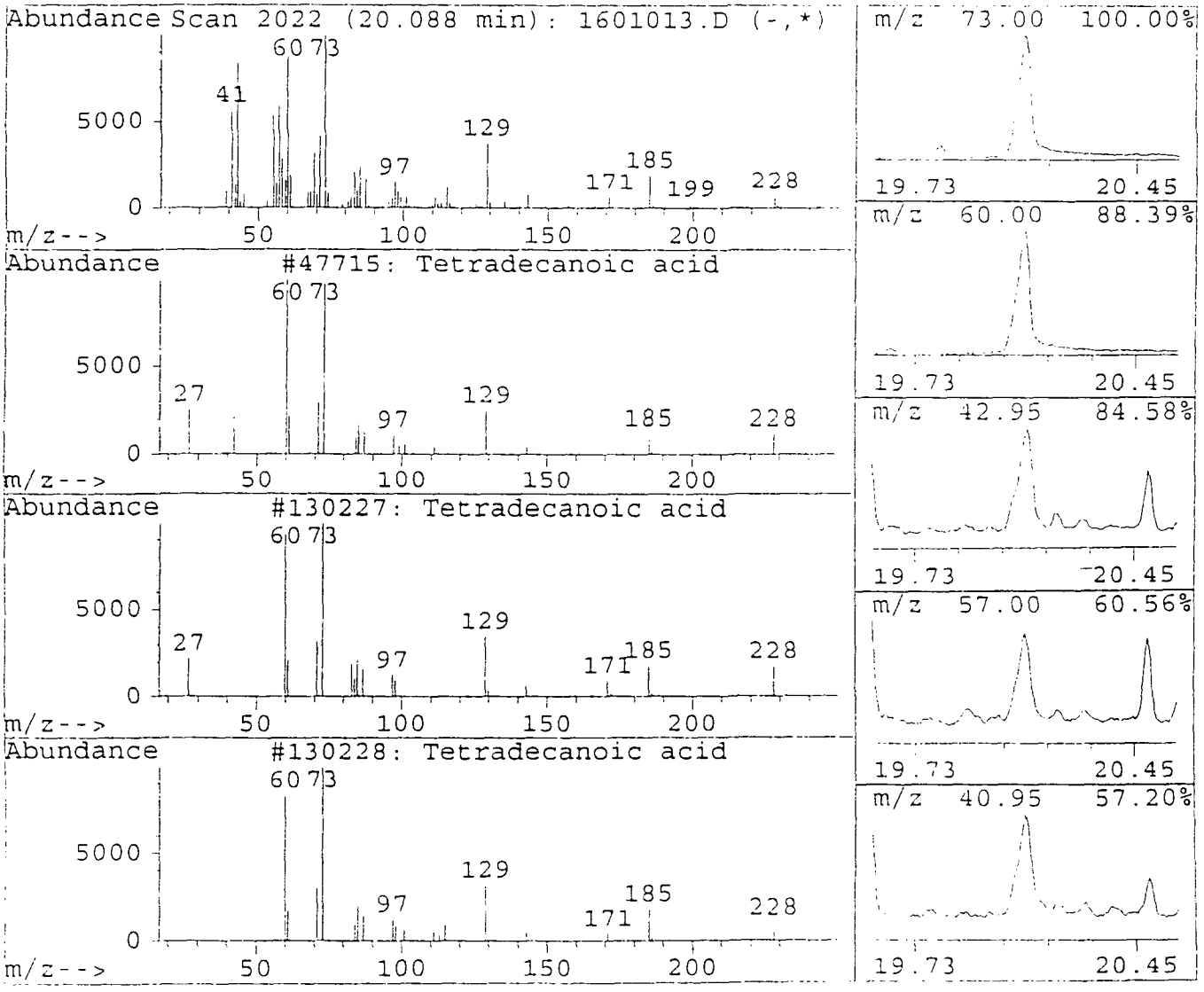
Sample : PVSC c-63 8/6/97 1:10
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
20.09	61.92 ug/L	5514446	Phenanthrene-D10	20.48

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Tetradecanoic acid	47715	000544-63-8	97
2	Tetradecanoic acid	130227	000544-63-8	95
3	Tetradecanoic acid	130228	000544-63-8	95
4	Tetradecanoic acid	130230	000544-63-8	91
5	Tetradecanoic acid	130226	000544-63-8	86



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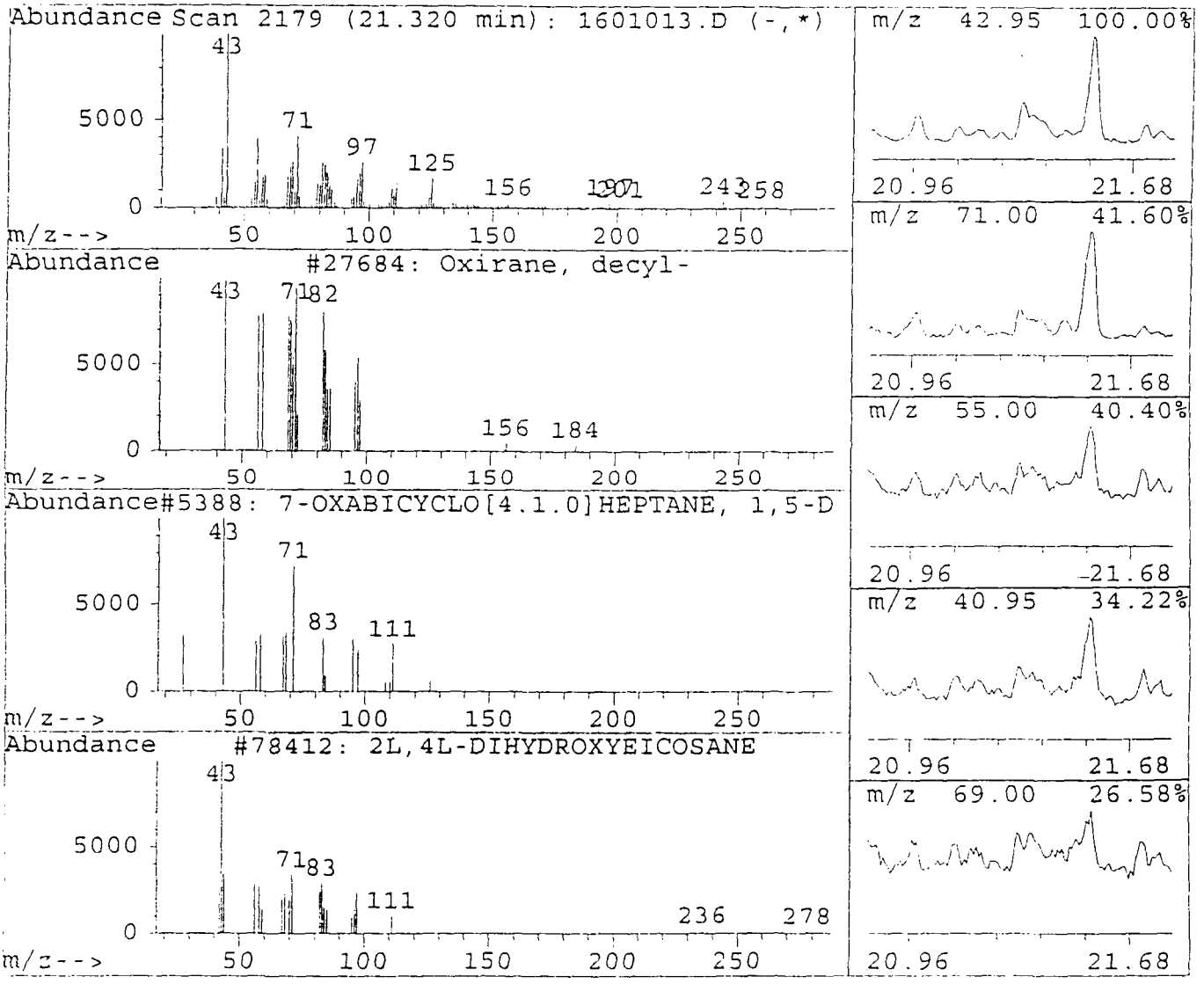
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
21.32	17.42 ug/L	1551237	Phenanthrene-D10	20.48

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Oxirane, decyl-	27684	002855-19-8	83
2	7-OXABICYCLO[4.1.0]HEPTANE, 1,5-DIM	5388	000000-00-0	50
3	2L,4L-DIHYDROXYEICOSANE	78412	000000-00-0	38
4	Methyl ester of 12-Nitro-15-oxohexa	82550	000000-00-0	35
5	1(S),4(S)-Dihydroxy-p-menth-2-one	28394	080113-47-9	35



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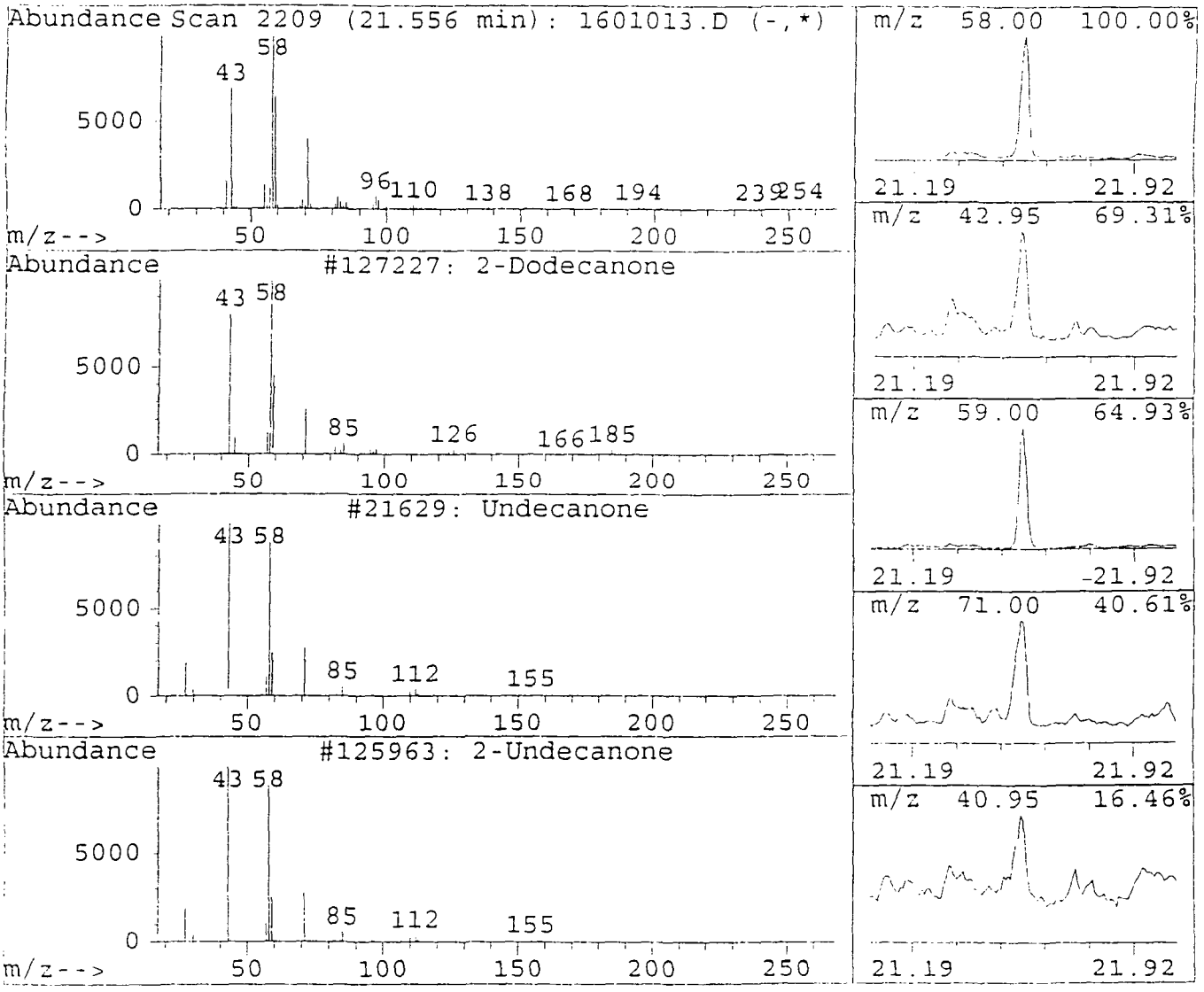
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
21.56	24.54 ug/L	2185411	Phenanthrene-D10	20.48

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	2-Dodecanone	127227	006175-49-1	78
2	Undecanone	21629	053452-70-3	64
3	2-Undecanone	125963	000112-12-9	64
4	2-Tridecanone	34069	000593-08-8	59
5	2-Pentadecanone	46931	002345-28-0	56



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Library Search Compound Report

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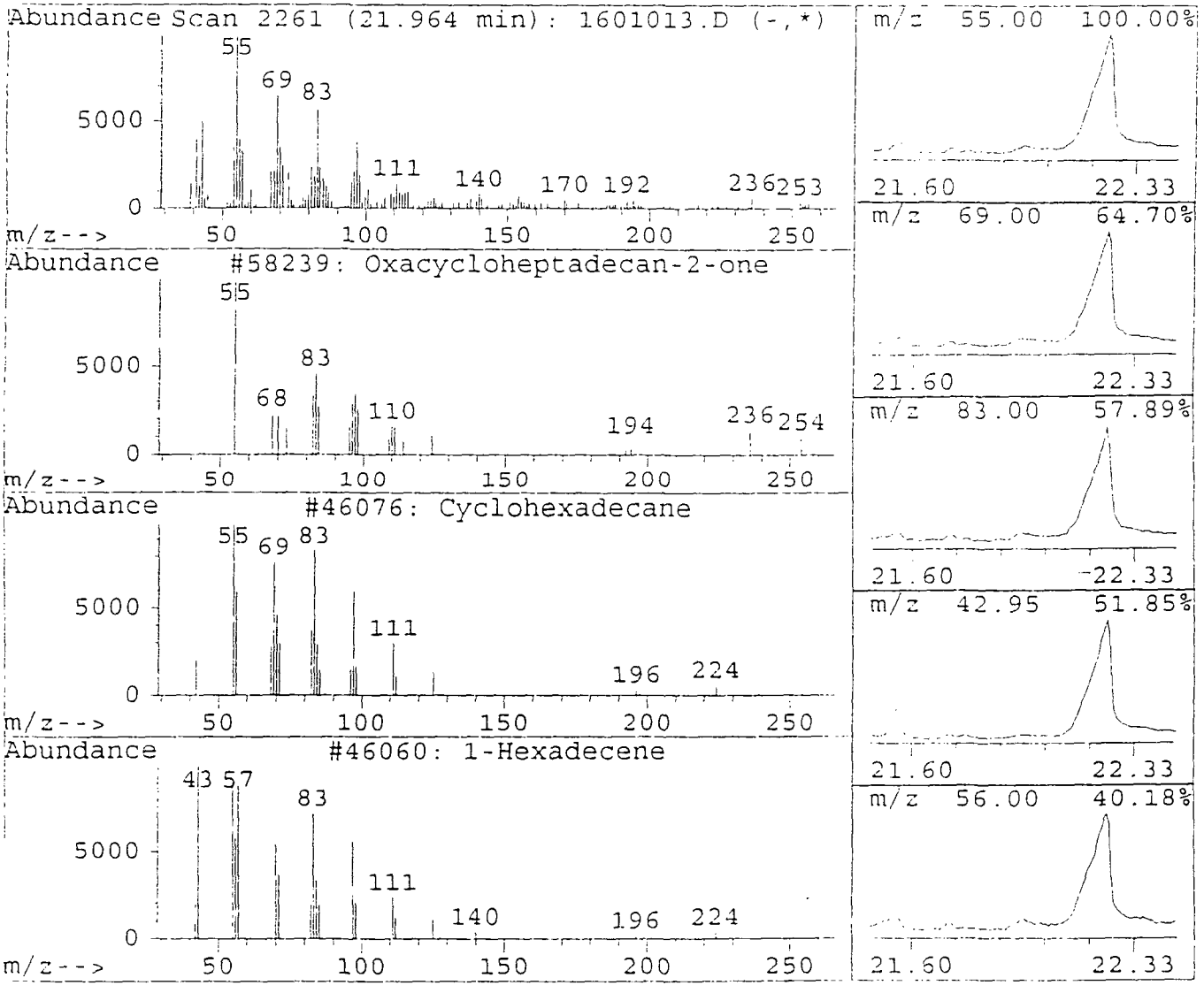
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
21.96	16.76 ug/L	1492488	Phenanthrene-D10	20.48

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Oxacycloheptadecan-2-one	58239	000109-29-5	83
2	Cyclohexadecane	46076	000295-65-8	83
3	1-Hexadecene	46060	000629-73-2	78
4	1-Hexadecene	130027	000629-73-2	70
5	9-Hexadecenoic acid	58215	002091-29-4	70



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Library Search Compound Report

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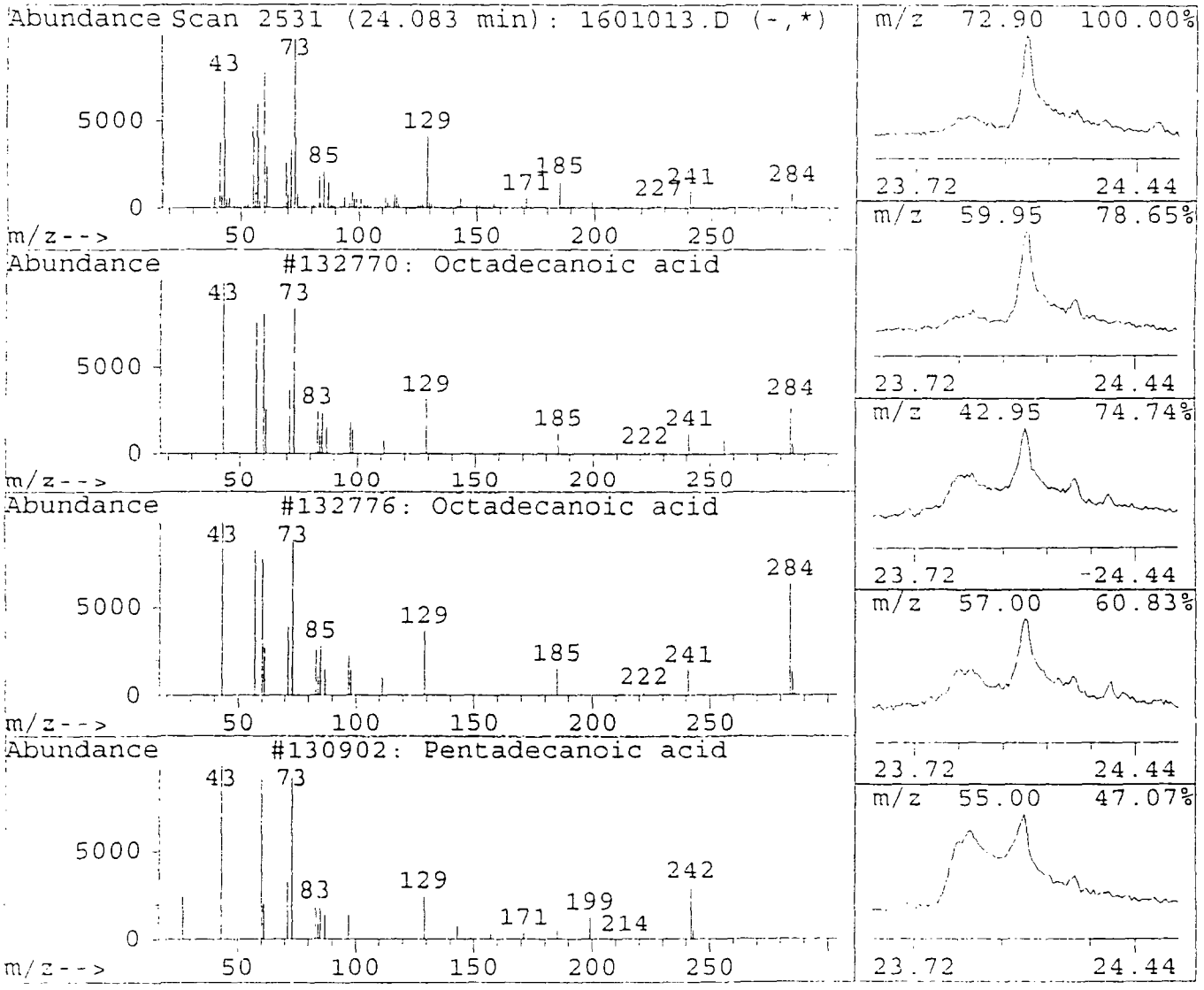
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
24.08	114.61 ug/L	5366634	Chrysene-D12	26.84

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Octadecanoic acid	132770	000057-11-4	94
2	Octadecanoic acid	132776	000057-11-4	87
3	Pentadecanoic acid	130902	001002-84-2	83
4	Octadecanoic acid	132772	000057-11-4	81
5	Pentadecanoic acid	130901	001002-84-2	80



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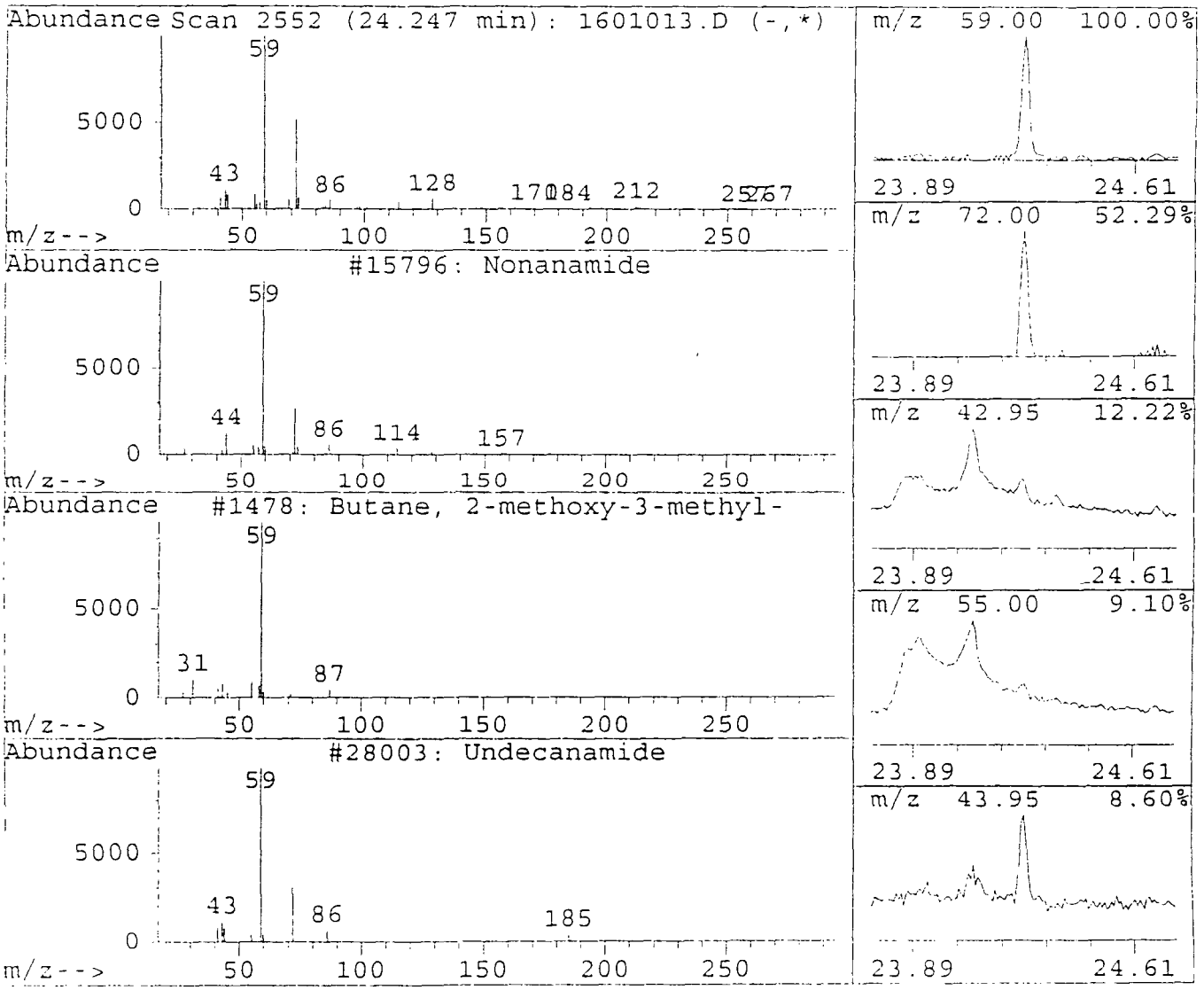
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
24.25	144.88 ug/L	6783937	Chrysene-D12	26.84

Hit# of 18	Tentative ID	Ref#	CAS#	Qual
1	Nonanamide	15796	001120-07-6	50
2	Butane, 2-methoxy-3-methyl-	1478	062016-49-3	43
3	Undecanamide	28003	000000-00-0	42
4	Hexadecanamide	58558	000629-54-9	38
5	3-Tetradecanone	129223	000629-23-2	38



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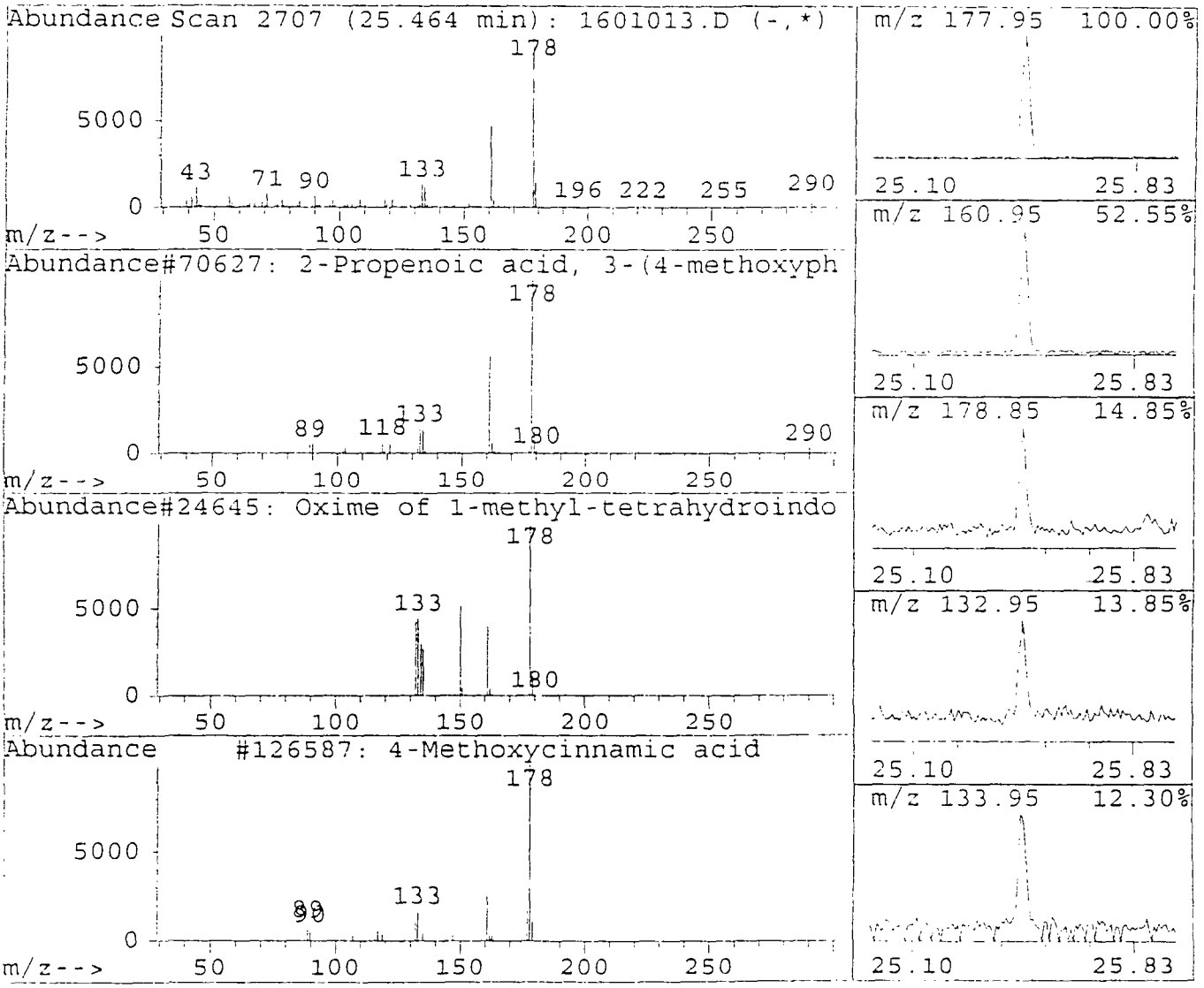
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
25.46	36.82 ug/L	1724175	Chrysene-D12	26.84

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	2-Propenoic acid, 3-(4-methoxypheny	70627	005466-77-3	93
2	Oxime of 1-methyl-tetrahydroindol-2	24645	078942-43-5	45
3	4-Methoxycinnamic acid	126587	000830-09-1	45
4	4-Methoxycinnamic acid	126586	000830-09-1	45
5	Anthracene	126658	000120-12-7	43



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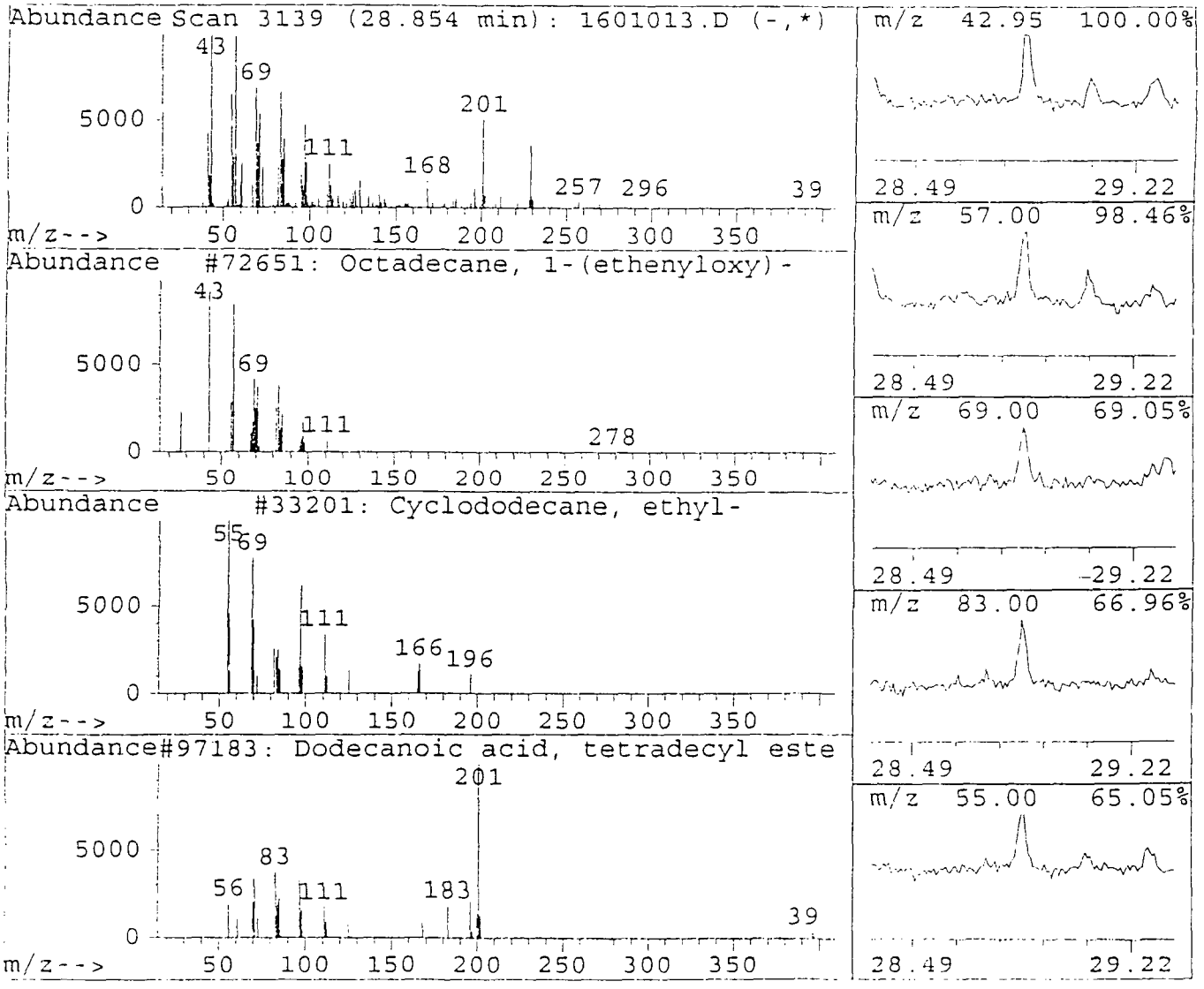
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
28.85	16.22 ug/L	495063	Perylene-D12	30.01

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Octadecane, 1-(ethenyloxy)-	72651	000930-02-9	78
2	Cyclododecane, ethyl-	33201	028981-49-9	70
3	Dodecanoic acid, tetradecyl ester	97183	022412-97-1	58
4	1-Tetradecene	128055	001120-36-1	55
5	Cyclododecane	125805	000294-62-2	53



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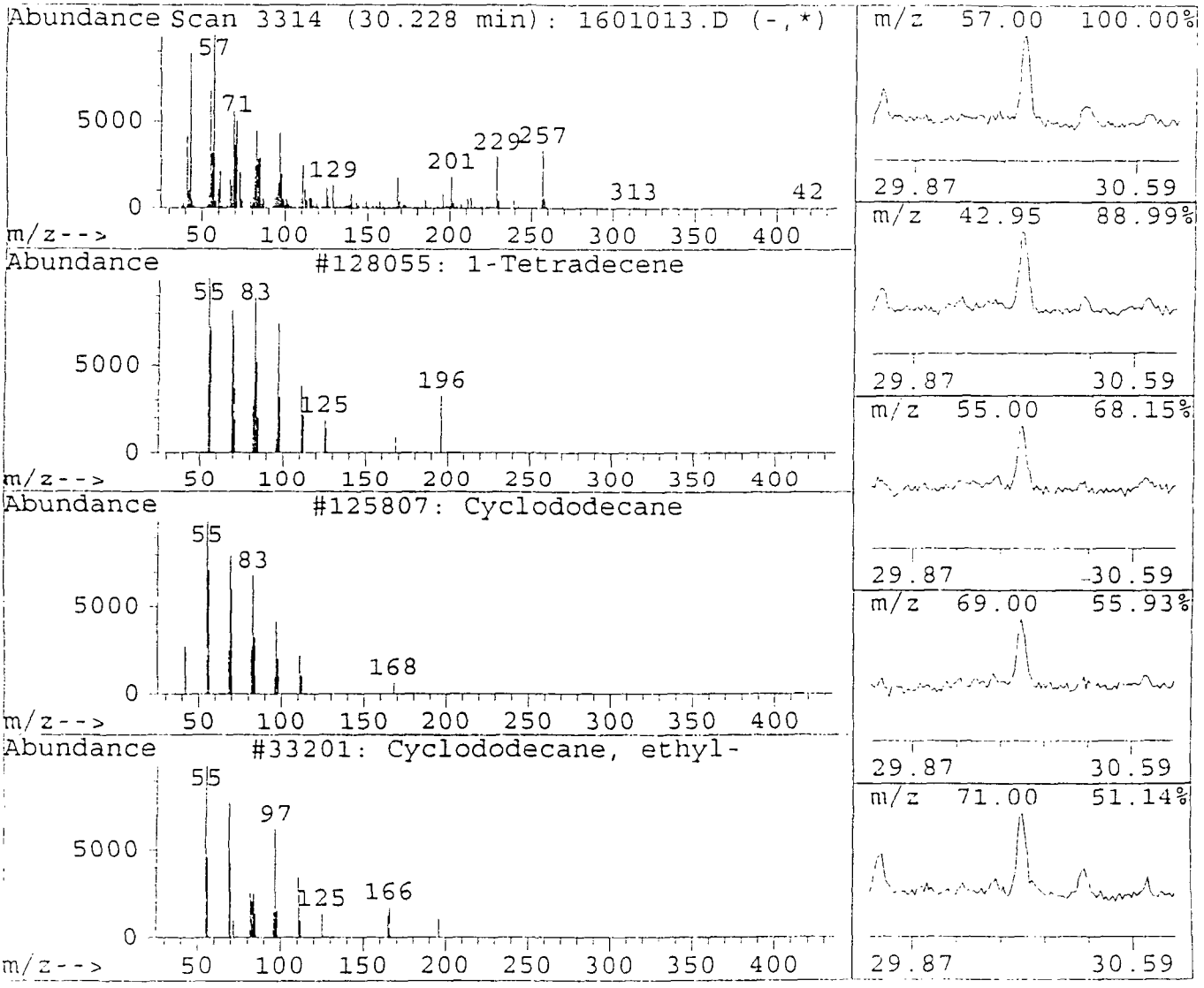
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
30.23	36.34 ug/L	1109109	Perylene-D12	30.01

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1-Tetradecene	128055	001120-36-1	90
2	Cyclododecane	125807	000294-62-2	64
3	Cyclododecane, ethyl-	33201	028981-49-9	55
4	1-Hexadecene	130027	000629-73-2	55
5	1-Hexadecanol	130925	036653-82-4	53



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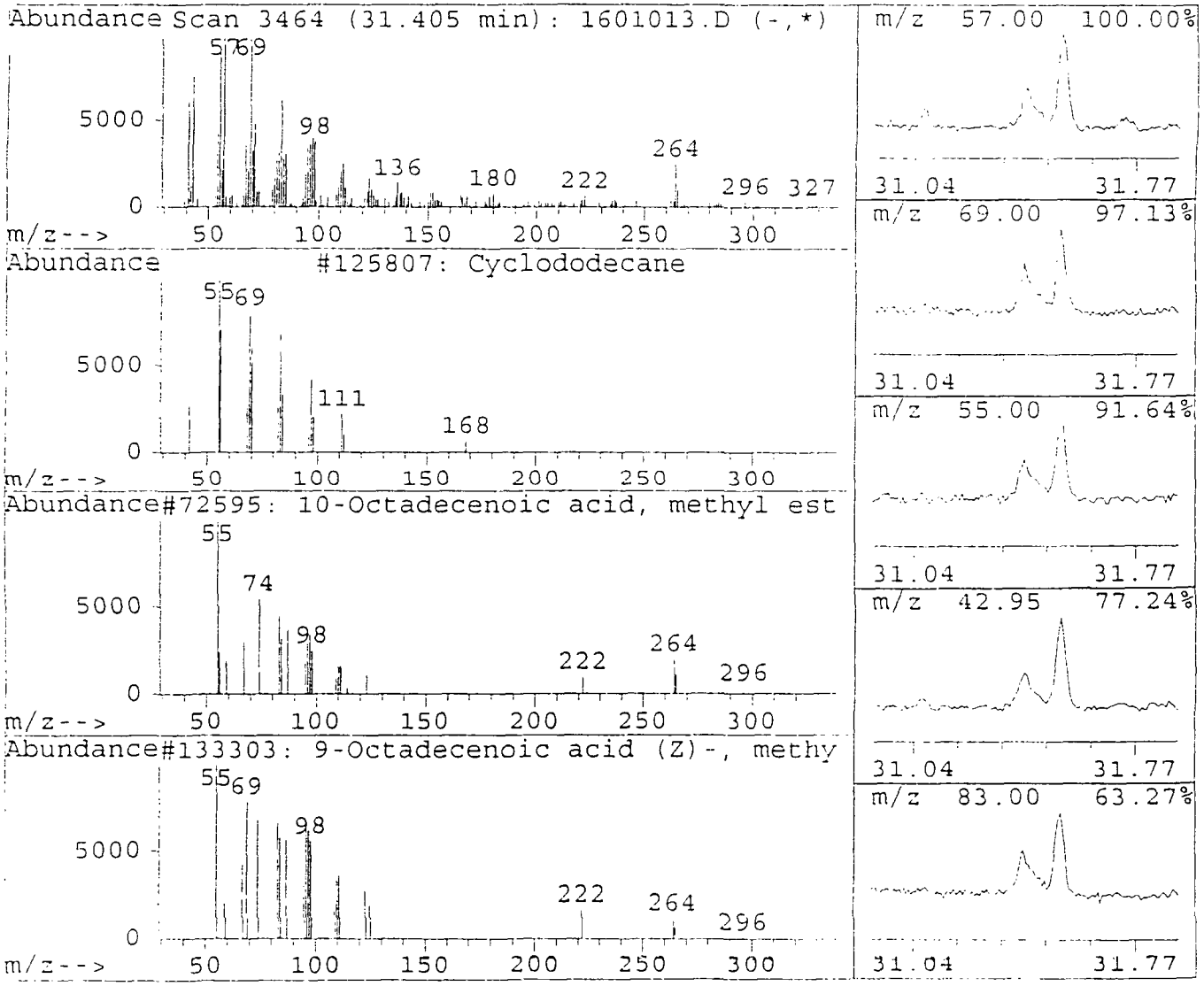
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
31.40	30.97 ug/L	945171	Perylene-D12	30.01

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Cyclododecane	125807	000294-62-2	78
2	10-Octadecenoic acid, methyl ester	72595	013481-95-3	64
3	9-Octadecenoic acid (Z)-, methyl es	133303	000112-62-9	60
4	9-Octadecenoic acid, methyl ester	133302	000112-62-9	49
5	11-Octadecenoic acid, methyl ester	72598	052380-33-3	46



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Library Search Compound Report

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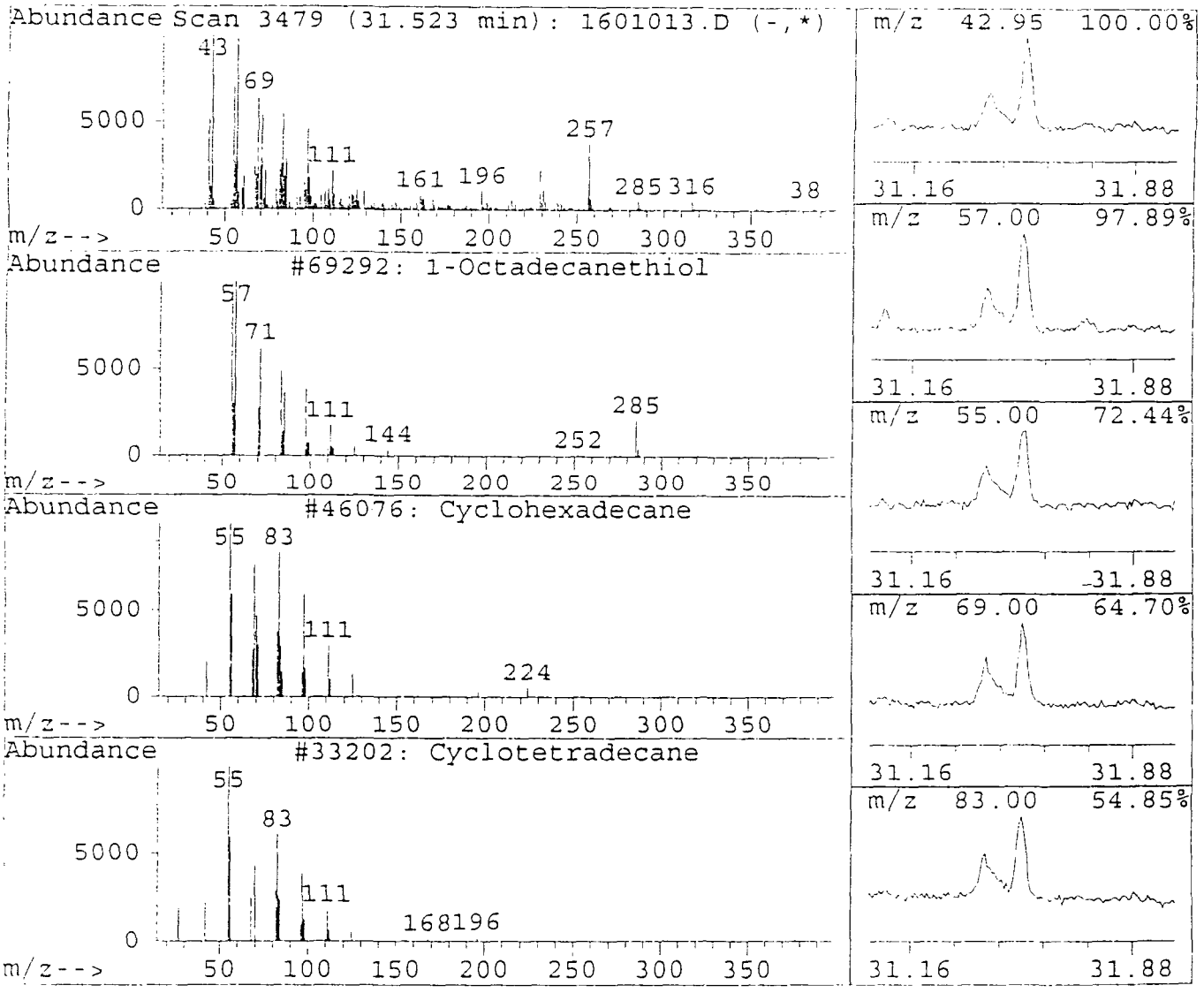
Misc : s,29.3842,54.0,10,8/15/97

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0825.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
31.52	75.73 ug/L	2311242	Perylene-D12	30.01

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1-Octadecanethiol	69292	002885-00-9	90
2	Cyclohexadecane	46076	000295-65-8	89
3	Cyclotetradecane	33202	000295-17-0	89
4	Cyclododecane, ethyl-	33201	028981-49-9	78
5	1-Dotriacontanol	106313	006624-79-9	64



946470295

Garden State Laboratories, Inc.

Bacteriological and Chemical Testing

410 Hillside Avenue
Hillside, New Jersey 07205

Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS
VOLATILE ORGANIC COMPOUNDS

TO: PASSAIC VALLEY
SEWERAGE COMMISSION
600 WILSON AVENUE
NEWARK NJ 07105
ATT: MR. ED RYS

REPORT # 970806063.4
CLIENT # PAS02
DATE SUBMITTED: 8/6/97

SAMPLE TYPE: SLUDGE
SAMPLE ID: P.O.#173949 GRAB FILTER PRESS CAKE HSFC-107 SILO
SAMPLE LOCATION: @ PVSC

DATE SAMPLED: 8/6/97 TIME SAMPLED: 2:40PM

COMPOUND	RESULT	COMPOUND	RESULT
Chloromethane	<0.1	1,1,2 Trichloroethane	<0.1
Bromomethane	<0.1	cis-1,3 Dichloropropylene	<0.1
Dichlorodifluoromethane	<0.1	Benzene	0.3
Vinyl Chloride	<0.1	2-Chloroethylvinyl ether	<0.1
Chloroethane	<0.1	Bromoform	<0.1
Methylene Chloride	<0.1	1,1,2,2 Tetrachloroethane	<0.1
Trichlorofluoromethane	<0.1	Tetrachloroethylene	0.4
1,1 Dichloroethylene	<0.1	Toluene	0.8
1,1 Dichloroethane	<0.1	Chlorobenzene	<0.1
trans-1,2 Dichloroethylene	<0.1	Ethylbenzene	0.1
Chloroform	<0.1	p-Xylene	---
1,2 Dichloroethane	<0.1	m-Xylene	---
1,1,1 Trichloroethane	<0.1	o-Xylene	0.3
Carbon Tetrachloride	<0.1	1,2 Dichlorobenzene	<0.1
Bromodichloromethane	<0.1	1,3 Dichlorobenzene	<0.1
1,2 Dichloropropane	<0.1	1,4 Dichlorobenzene	0.5
trans-1,3 Dichloropropene	<0.1	cis-1,2 Dichloroethylene	<0.1
Trichloroethylene	<0.1	M,P-Xylene	0.4
Dibromochloromethane	<0.1	Acrolein	<1.0
Methyl tert-Butyl Ether	<0.1	Acrylonitrile	<1.0
Isopropyl Ether	<0.1	Date of Analysis	8/7/97

RESULTS ARE IN MG/KG DRY WT.

<=LESS THAN, NONE DETECTED. ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY USEPA METHOD 8240.

THE LIABILITY OF GARDEN STATE LABORATORIES, INC. FOR SERVICES RENDERED SHALL IN NO EVENT EXCEED THE AMOUN

Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health and N.J.D.E.P. - Lab #2

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Bromomethane	<0.1	cis-1,3 Dichloropropylene	<0.1
Dichlorodifluoromethane	<0.1	Benzene	0.3
Vinyl Chloride	<0.1	2-Chloroethylvinyl ether	<0.1
Chloroethane	<0.1	Bromoform	<0.1
Methylene Chloride	<0.1	1,1,2,2 Tetrachloroethane	<0.1
Trichlorofluoromethane	<0.1	Tetrachloroethylene	0.4
1,1 Dichloroethylene	<0.1	Toluene	0.8
1,1 Dichloroethane	<0.1	Chlorobenzene	<0.1
trans-1,2 Dichloroethylene	<0.1	Ethylbenzene	0.1
Chloroform	<0.1	p-Xylene	---
1,2 Dichloroethane	<0.1	m-Xylene	---
1,1,1 Trichloroethane	<0.1	o-Xylene	0.3
Carbon Tetrachloride	<0.1	1,2 Dichlorobenzene	<0.1
Bromodichloromethane	<0.1	1,3 Dichlorobenzene	<0.1
1,2 Dichloropropane	<0.1	1,4 Dichlorobenzene	0.5
trans-1,3 Dichloropropene	<0.1	cis-1,2 Dichloroethylene	<0.1
Trichloroethylene	<0.1	M,P-Xylene	0.4
Dibromochloromethane	<0.1	Acrolein	<1.0
Methyl tert-Butyl Ether	<0.1	Acrylonitrile	<1.0
Isopropyl Ether	<0.1	Date of Analysis	8/7/97

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Chloroethane	<0.1	Bromoform	<0.1
Methylene Chloride	<0.1	1,1,2,2 Tetrachloroethane	<0.1
Trichlorofluoromethane	<0.1	Tetrachloroethylene	0.4
1,1 Dichloroethylene	<0.1	Toluene	0.8
1,1 Dichloroethane	<0.1	Chlorobenzene	<0.1
trans-1,2 Dichloroethylene	<0.1	Ethylbenzene	0.1
Chloroform	<0.1	p-Xylene	---
1,2 Dichloroethane	<0.1	m-Xylene	---
1,1,1 Trichloroethane	<0.1	o-Xylene	0.3
Carbon Tetrachloride	<0.1	1,2 Dichlorobenzene	<0.1
Bromodichloromethane	<0.1	1,3 Dichlorobenzene	<0.1
1,2 Dichloropropane	<0.1	1,4 Dichlorobenzene	0.5
trans-1,3 Dichloropropene	<0.1	cis-1,2 Dichloroethylene	<0.1
Trichloroethylene	<0.1	M,P-Xylene	0.4
Dibromochloromethane	<0.1	Acrolein	<1.0
Methyl tert-Butyl Ether	<0.1	Acrylonitrile	<1.0
Isopropyl Ether	<0.1	Date of Analysis	8/7/97

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SEP 16 1997

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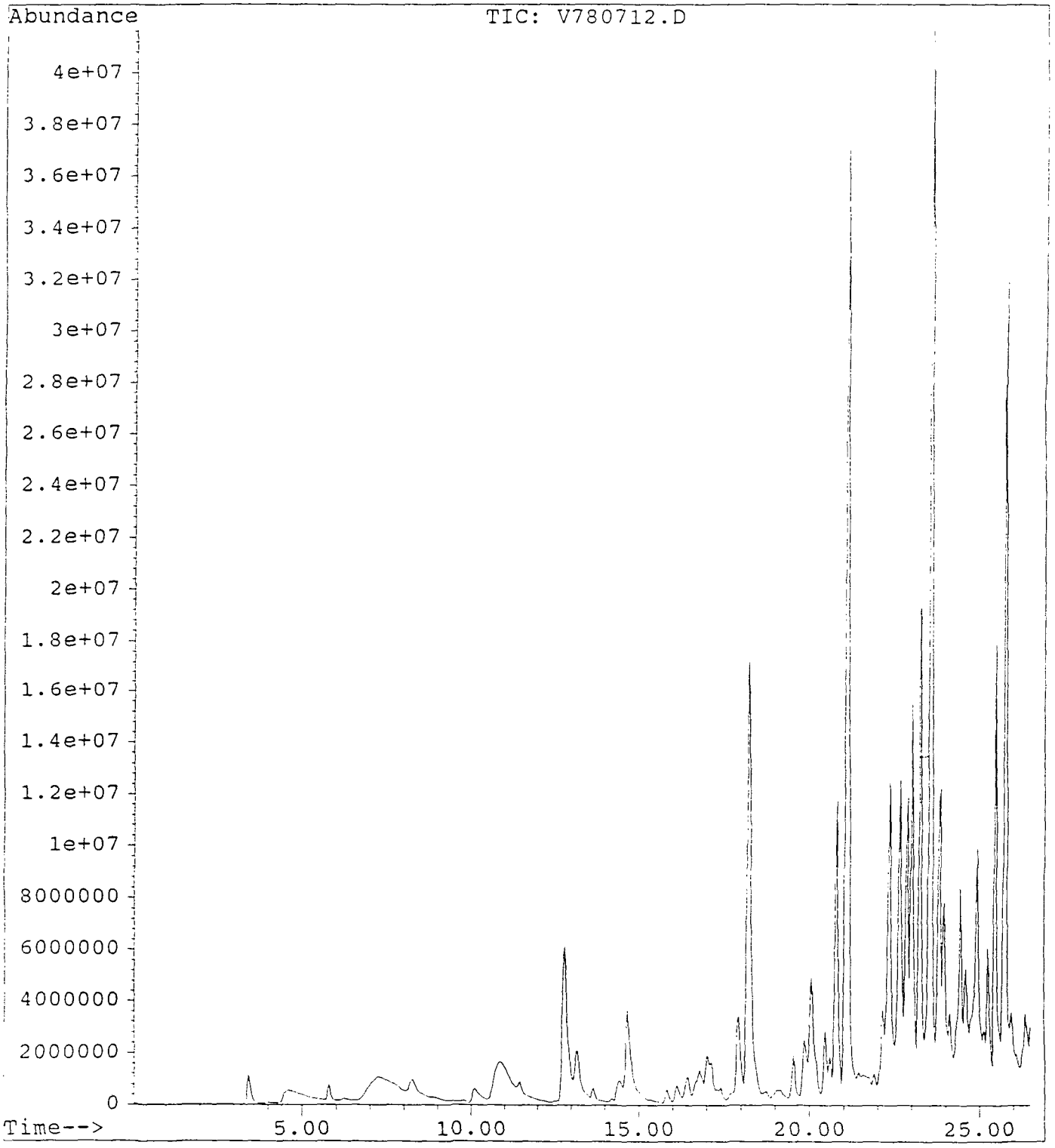
946470298

File : C:\HPCHEM\1\DATA\970807\V780712.D
Operator : ssc
Acquired : 7 Aug 97 4:52 pm using AcqMethod 8260V718
Instrument : 5971 - In
Sample Name: Passaic valley C063 8-6-97
Misc Info : s,.4815
Vial Number: 4



946470299

Library Search Compound Report

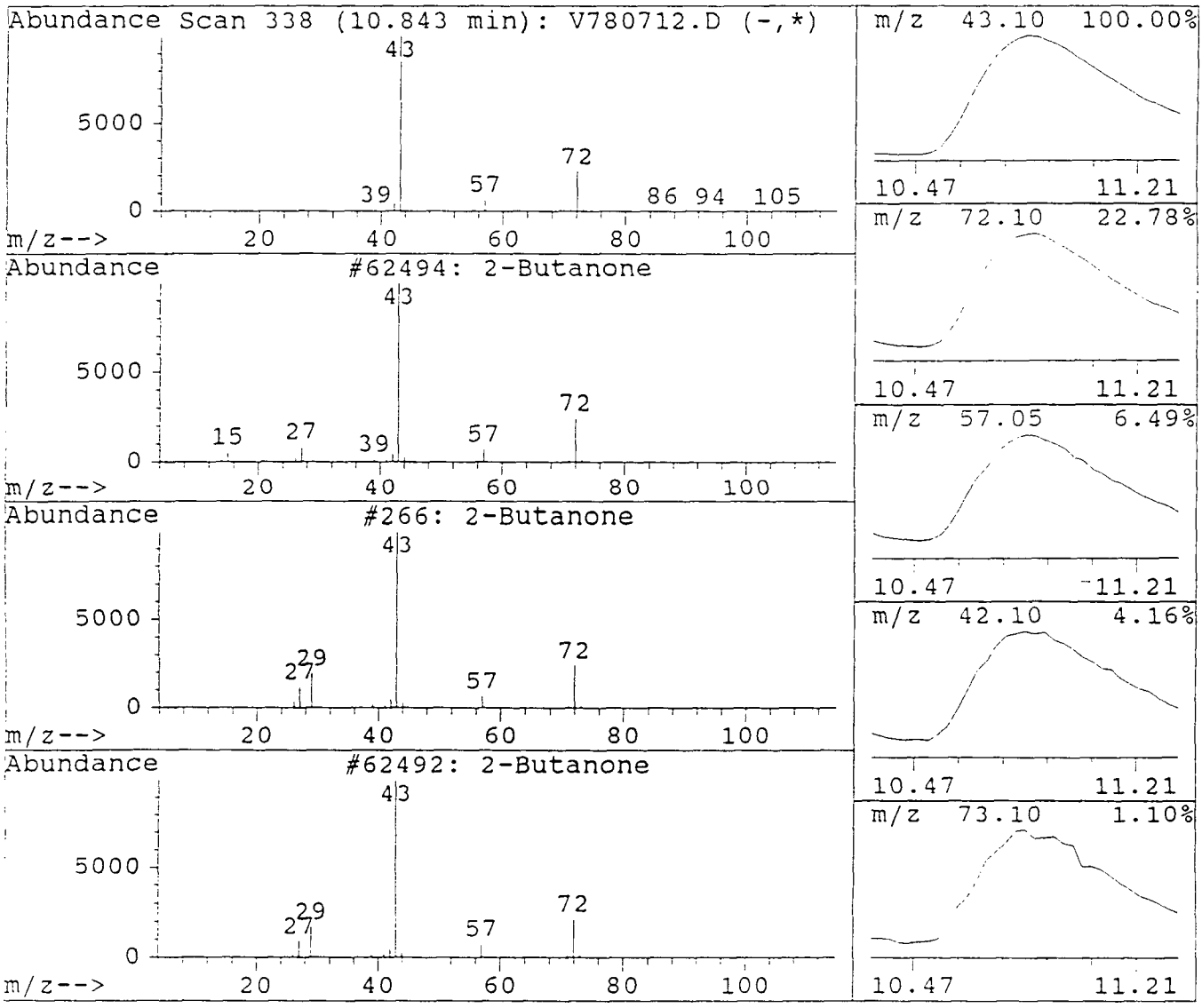
Data File : C:\HPCHEM\1\DATA\970807\V780712.D
Acq Time : 7 Aug 97 4:52 pm
Sample : Passaic valley C063 8-6-97
Misc : s,.4815

Operator: ssc
Inst : 5971 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\V624804.M
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
10.84	70.85 ug/L	48609804	Bromochloromethane	11.45

Hit# of 4	Tentative ID	Ref#	CAS#	Qual
1	2-Butanone	62494	000078-93-3	72
2	2-Butanone	266	000078-93-3	72
3	2-Butanone	62492	000078-93-3	50
4	2-Butanone	62491	000078-93-3	50



946470300

Library Search Compound Report

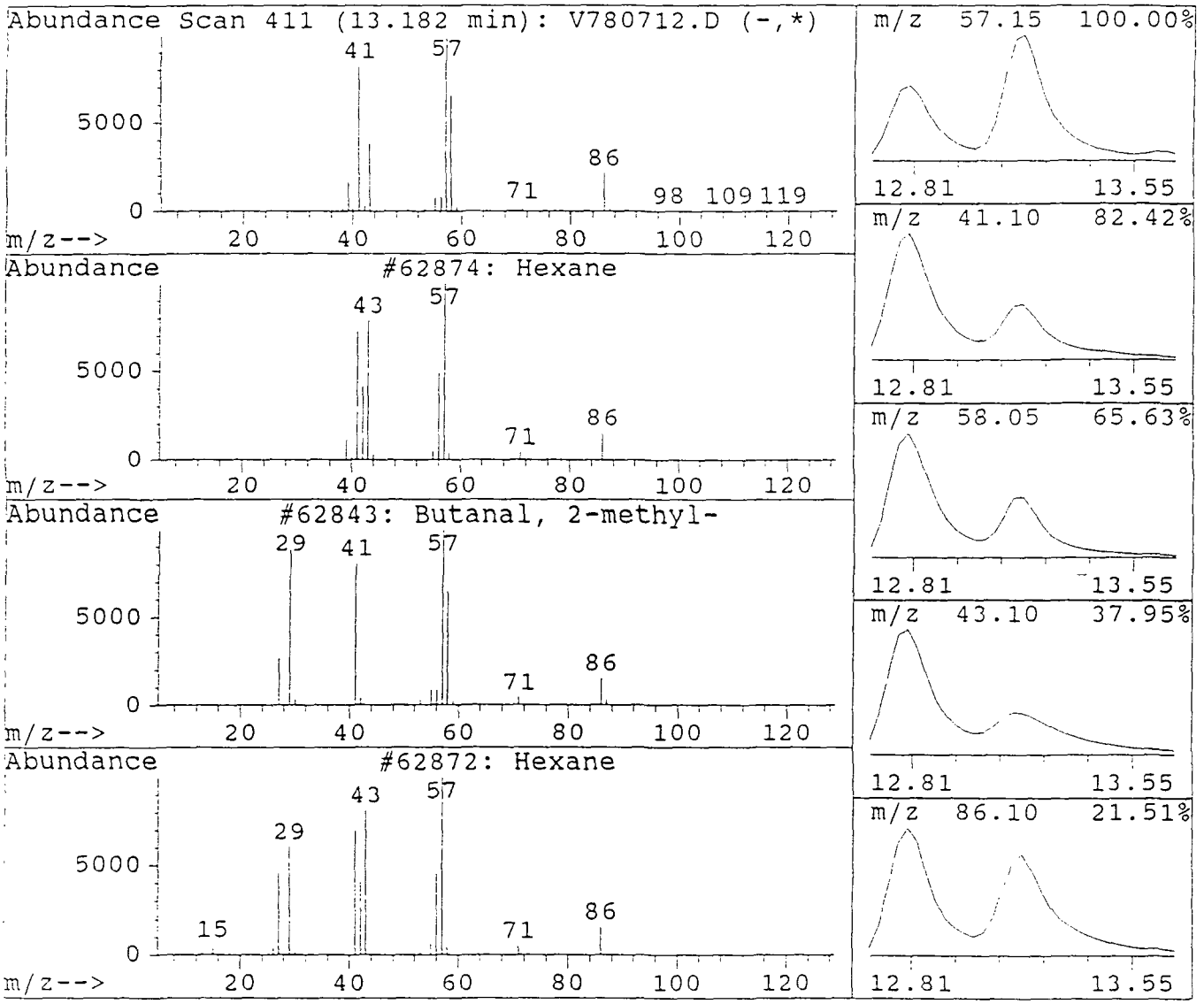
Data File : C:\HPCHEM\1\DATA\970807\V780712.D
Acq Time : 7 Aug 97 4:52 pm
Sample : Passaic valley C063 8-6-97
Misc : s,.4815

Operator: ssc
Inst : 5971 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\V624804.M
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
13.18	105.46 ug/L	23661937	1,4-DIFLUOROBENZENE-D4	13.66

Hit# of 4	Tentative ID	Ref#	CAS#	Qual
1	Hexane	62874	000110-54-3	43
2	Butanal, 2-methyl-	62843	000096-17-3	33
3	Hexane	62872	000110-54-3	25
4	Pentanal, 2,3-dimethyl-	64177	032749-94-3	23



946470301

Library Search Compound Report

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Sample : Passaic valley C063 8-6-97
Misc : s,.4815

Operator: ssc
Inst : 5971 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\V624804.M
Title : Method 624
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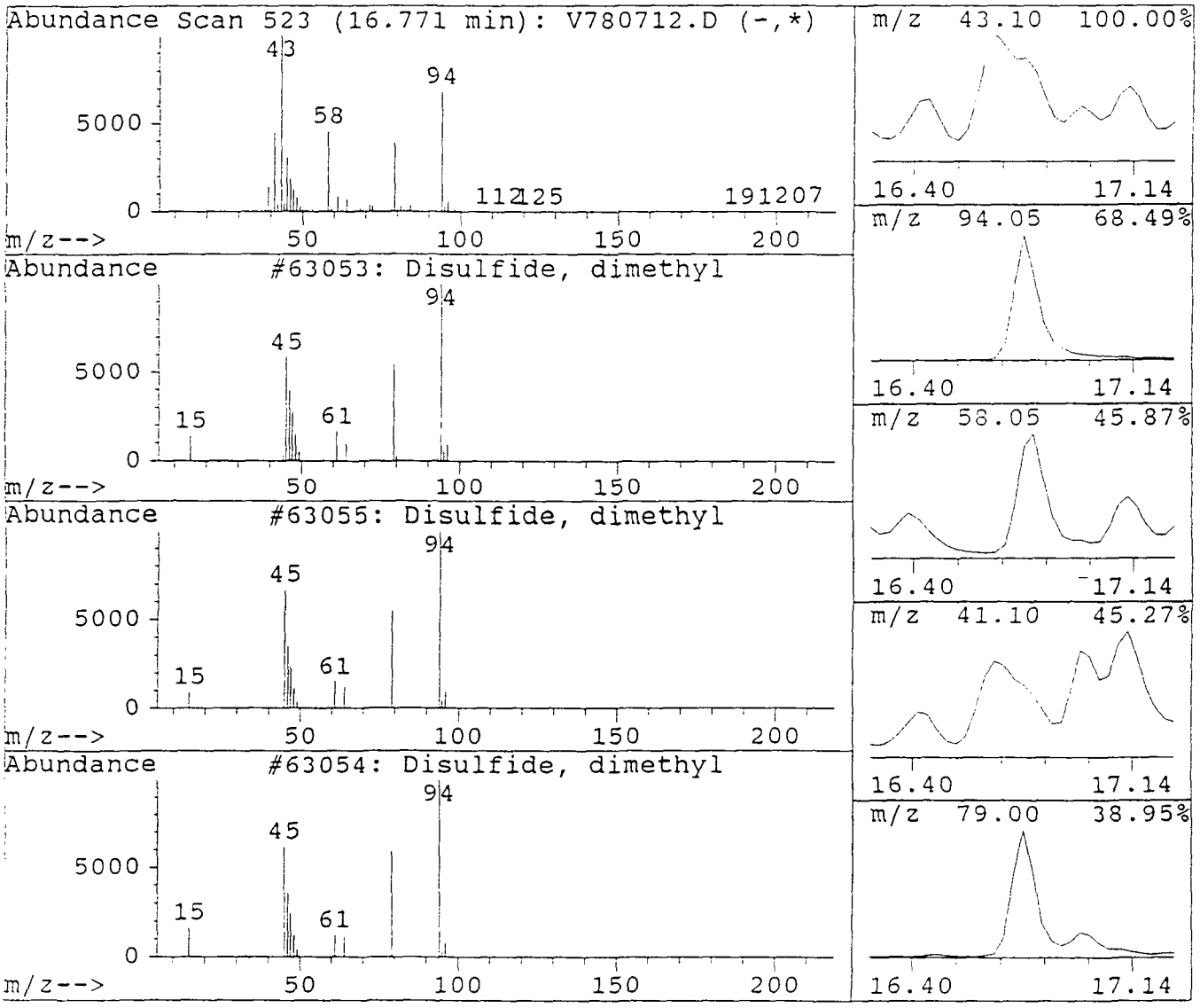
R.T.	Conc	Area	Relative to ISTD	R.T.
16.77	53.44 ug/L	11989596	1,4-DIFLUOROBENZENE-D4	13.66

Hit# of 10	Tentative ID	Ref#	CAS#	Qual
1	Disulfide, dimethyl	63053	000624-92-0	93
2	Disulfide, dimethyl	63055	000624-92-0	76
3	Disulfide, dimethyl	63054	000624-92-0	76
4	Disulfide, dimethyl	988	000624-92-0	76
5	Sinalbin	55482	027299-07-6	10



046470302

Library Search Compound Report

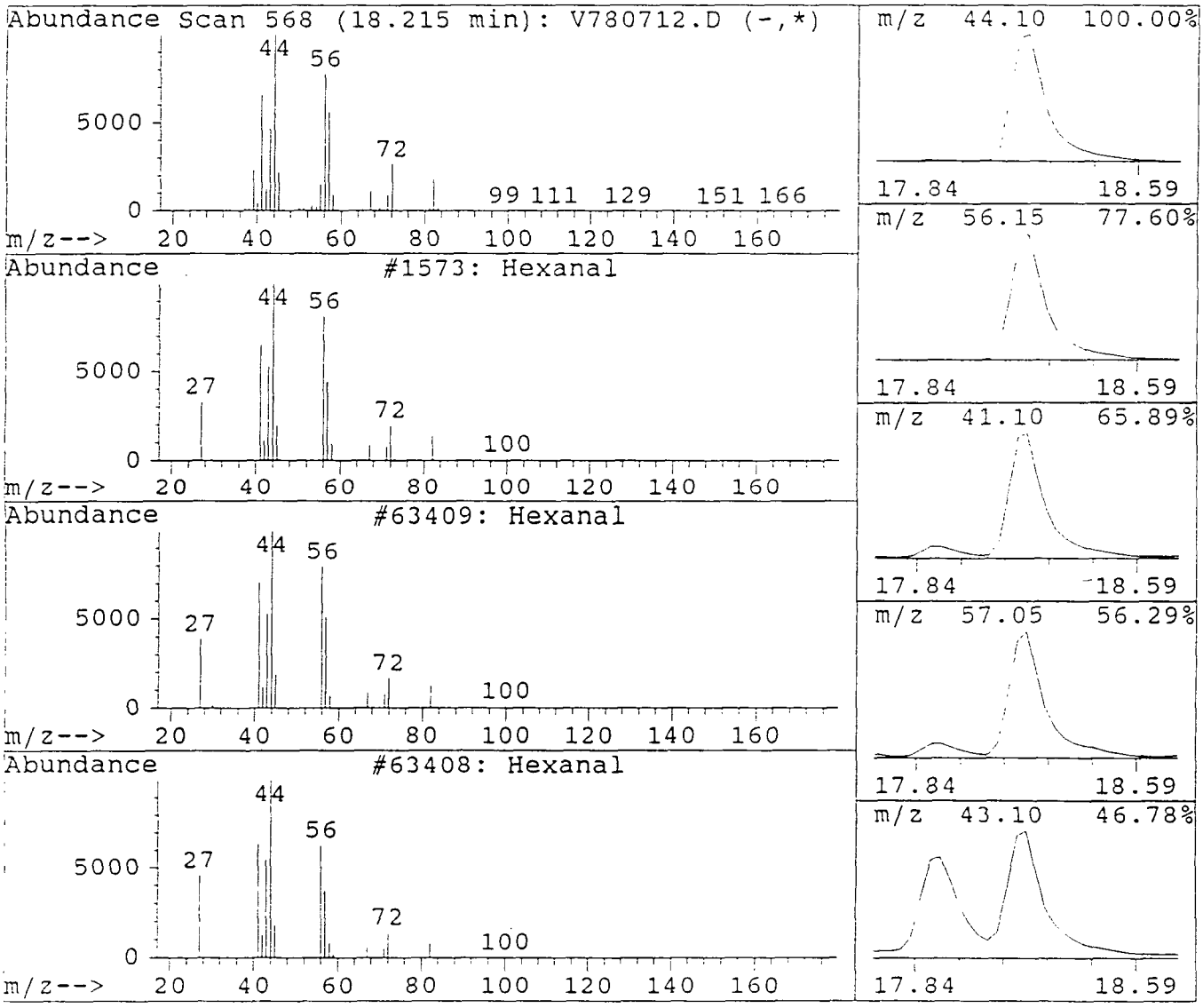
Data File : C:\HPCHEM\1\DATA\970807\V780712.D
Acq Time : 7 Aug 97 4:52 pm
Sample : Passaic valley C063 8-6-97
Misc : s,.4815

Operator: ssc
Inst : 5971 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\V624804.M
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
18.21	155.11 ug/L	143561122	CHLOROBENZENE-D5	19.88

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Hexanal	1573	000066-25-1	90
2	Hexanal	63409	000066-25-1	90
3	Hexanal	63408	000066-25-1	90
4	Cyclobutanol, 2-ethyl-	1521	035301-43-0	72
5	Hexanal	63410	000066-25-1	72



946470303

Library Search Compound Report

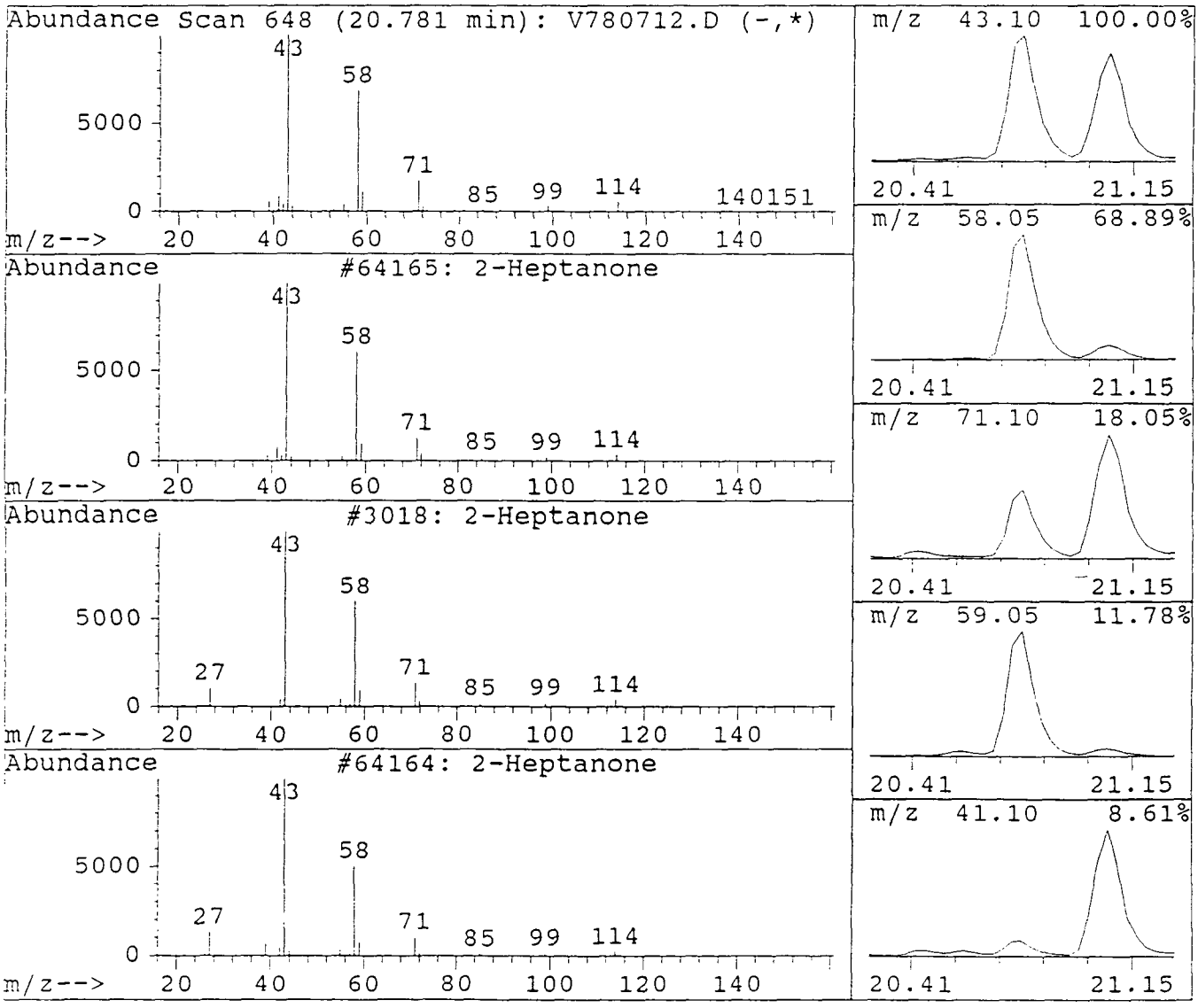
Data File : C:\HPCHEM\1\DATA\970807\V780712.D
Acq Time : 7 Aug 97 4:52 pm
Sample : Passaic valley C063 8-6-97
Misc : s,.4815

Operator: ssc
Inst : 5971 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\V624804.M
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
20.78	75.95 ug/L	70298832	CHLOROBENZENE-D5	19.88

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	2-Heptanone	64165	000110-43-0	91
2	2-Heptanone	3018	000110-43-0	90
3	2-Heptanone	64164	000110-43-0	90
4	2-Heptanone	64163	000110-43-0	86
5	2-Heptanone	64162	000110-43-0	86



946470304

Library Search Compound Report

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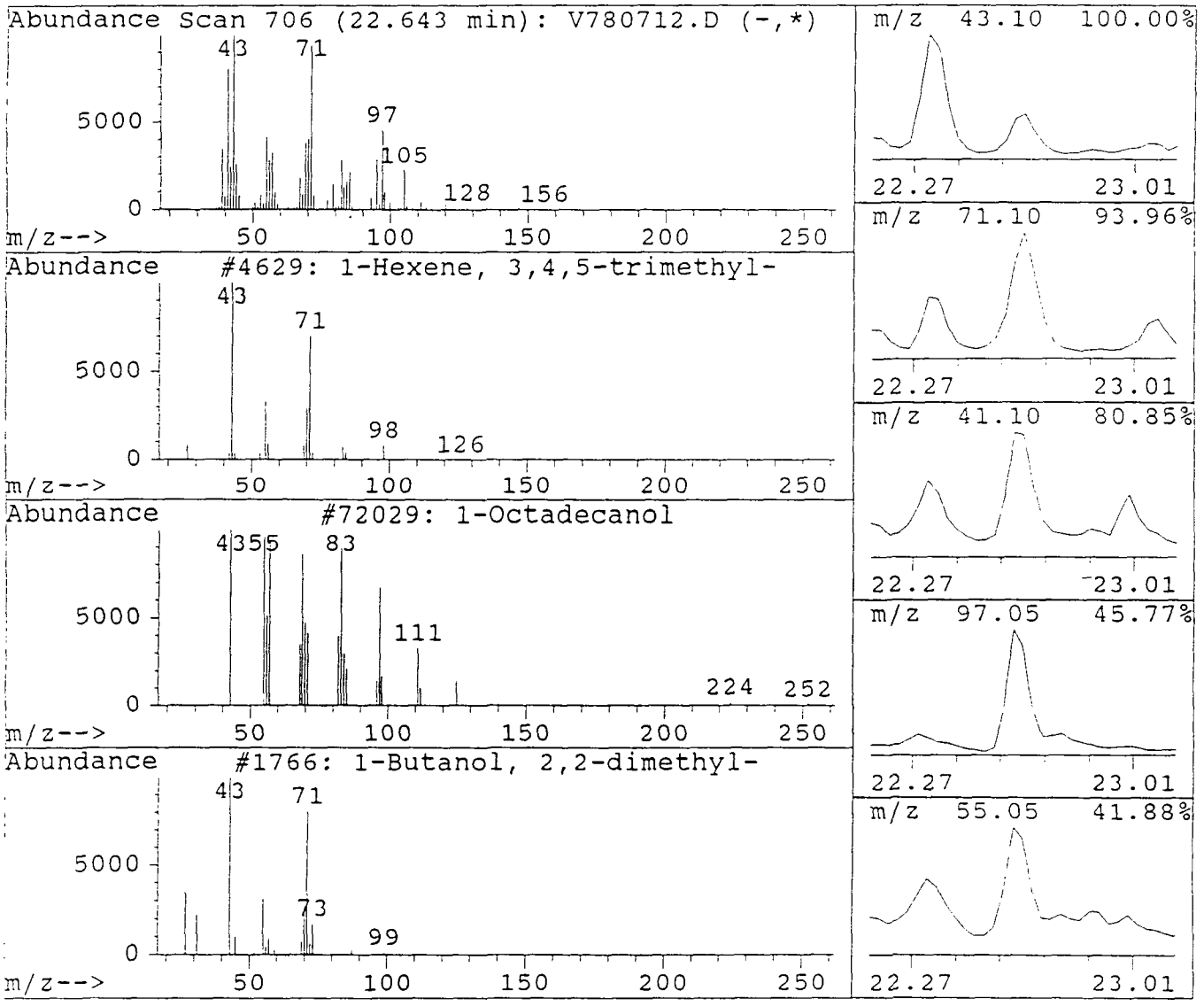
Acq Time : 7 Aug 97 4:52 pm
Sample : Passaic valley C063 8-6-97
Misc : s,.4815

Operator: ssc
Inst : 5971 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\V624804.M
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
22.64	95.26 ug/L	88162988	CHLOROBENZENE-D5	19.88

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1-Hexene, 3,4,5-trimethyl-	4629	056728-10-0	38
2	1-Octadecanol	72029	000112-92-5	32
3	1-Butanol, 2,2-dimethyl-	1766	001185-33-7	25
4	1-Butanol, 2,2-dimethyl-	63537	001185-33-7	25
5	Cyclopentanol, 1-methyl-	1511	001462-03-9	22



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Multiplr: 1.00

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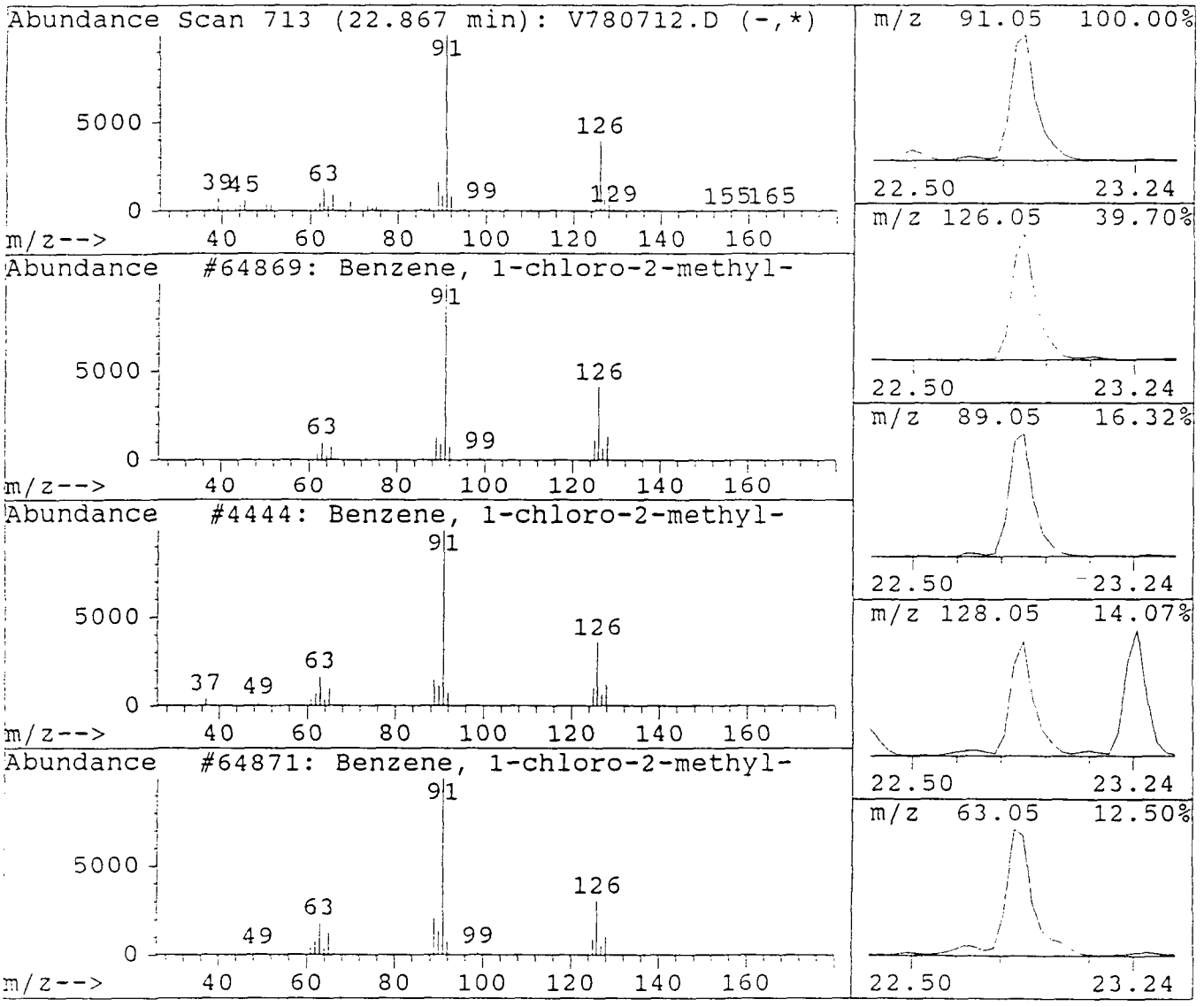
R.T.	Conc	Area	Relative to ISTD	R.T.
22.87	73.30 ug/L	67841529	CHLOROBENZENE-D5	19.88

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Benzene, 1-chloro-2-methyl-	64869	000095-49-8	96
2	Benzene, 1-chloro-2-methyl-	4444	000095-49-8	95
3	Benzene, 1-chloro-2-methyl-	64871	000095-49-8	95
4	Benzene, 1-chloro-3-methyl-	4446	000108-41-8	94
5	Benzene, 1-chloro-2-methyl-	64870	000095-49-8	94



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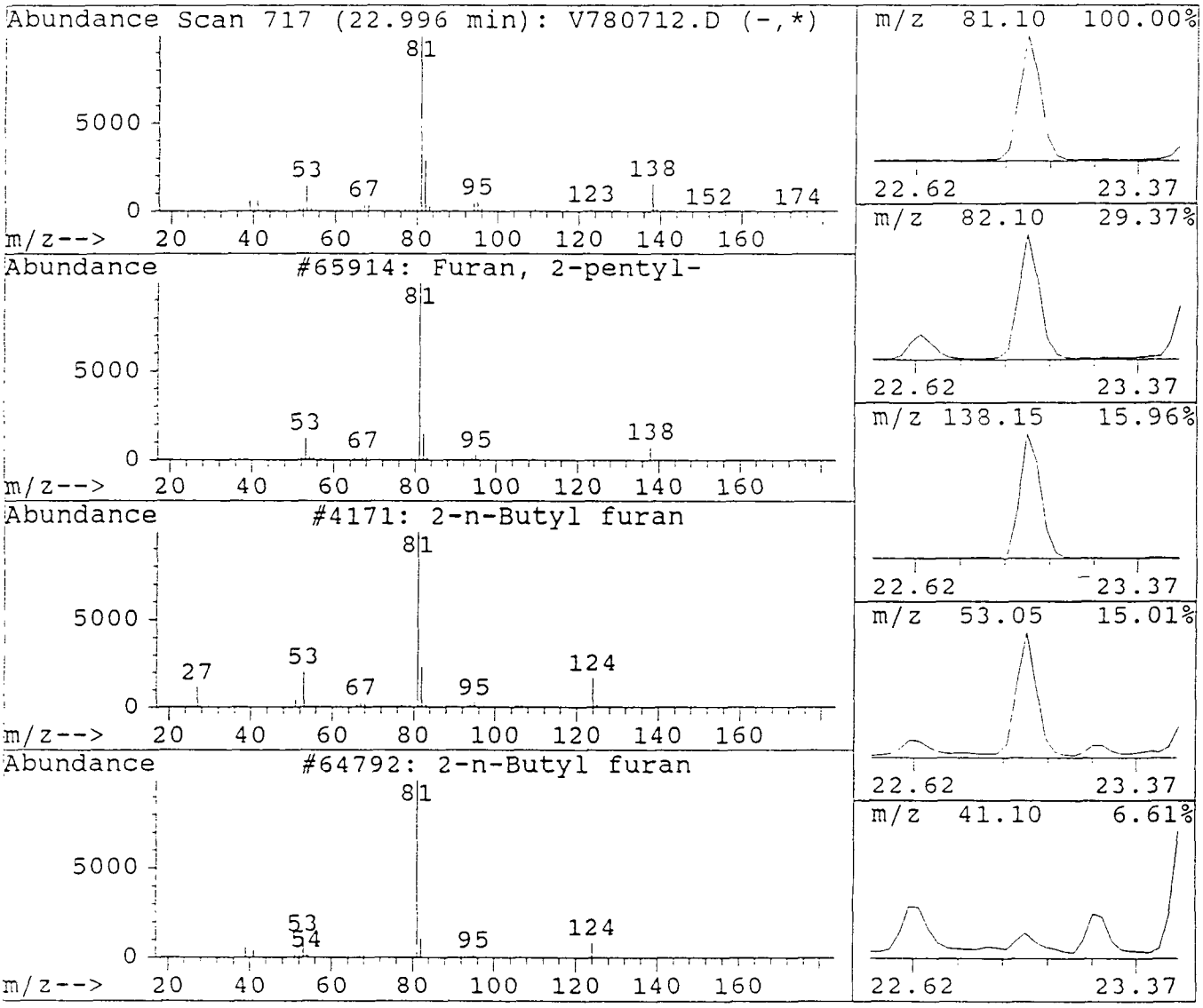
R.T.	Conc	Area	Relative to ISTD	R.T.
23.00	88.50 ug/L	81907365	CHLOROBENZENE-D5	19.88

Hit# of 10	Tentative ID	Ref#	CAS#	Qual
1	Furan, 2-pentyl-	65914	003777-69-3	80
2	2-n-Butyl furan	4171	004466-24-4	50
3	2-n-Butyl furan	64792	004466-24-4	42
4	2,4-Hexadienal, (E,E)-	63121	000142-83-6	42
5	Furan, 2-pentyl-	6987	003777-69-3	41



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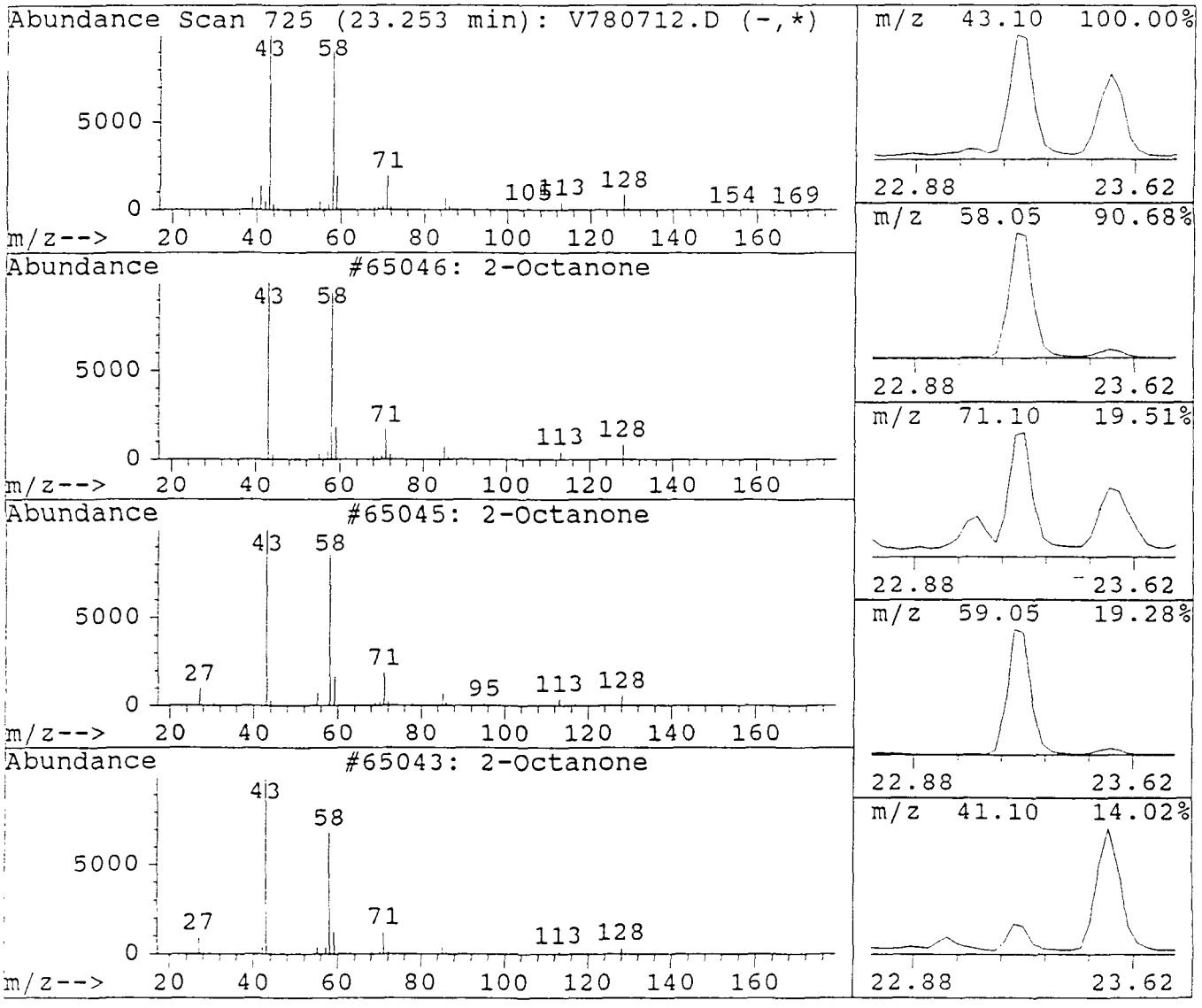
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\V624804.M
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
23.25	118.01 ug/L	109224538	CHLOROBENZENE-D5	19.88

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	2-Octanone	65046	000111-13-7	91
2	2-Octanone	65045	000111-13-7	91
3	2-Octanone	65043	000111-13-7	91
4	2-Octanone	65044	000111-13-7	80
5	2-Octanone	5038	000111-13-7	80



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Operator: ssc
Inst : 5971 - In
Multiplr: 1.00

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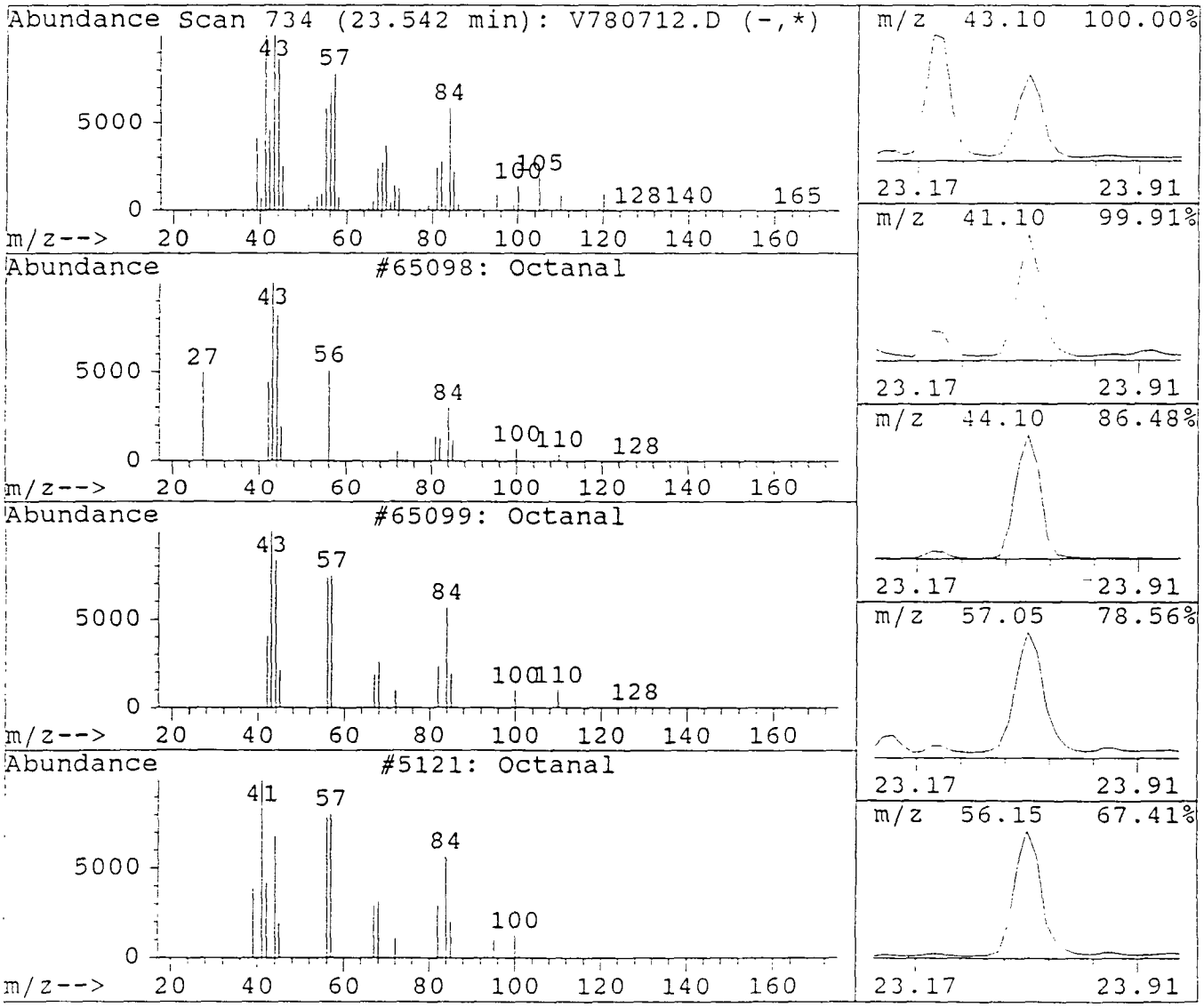
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
23.54	267.75 ug/L	247812851	CHLOROBENZENE-D5	19.88

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Octanal	65098	000124-13-0	95
2	Octanal	65099	000124-13-0	91
3	Octanal	5121	000124-13-0	74
4	Cyclopentanol, 2-methyl-	1539	024070-77-7	38
5	Cyclopentanol, 2-methyl-, cis-	1586	025144-05-2	38



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Misc : s,.4815

Operator: ssc
Inst : 5971 - In
Multiplr: 1.00

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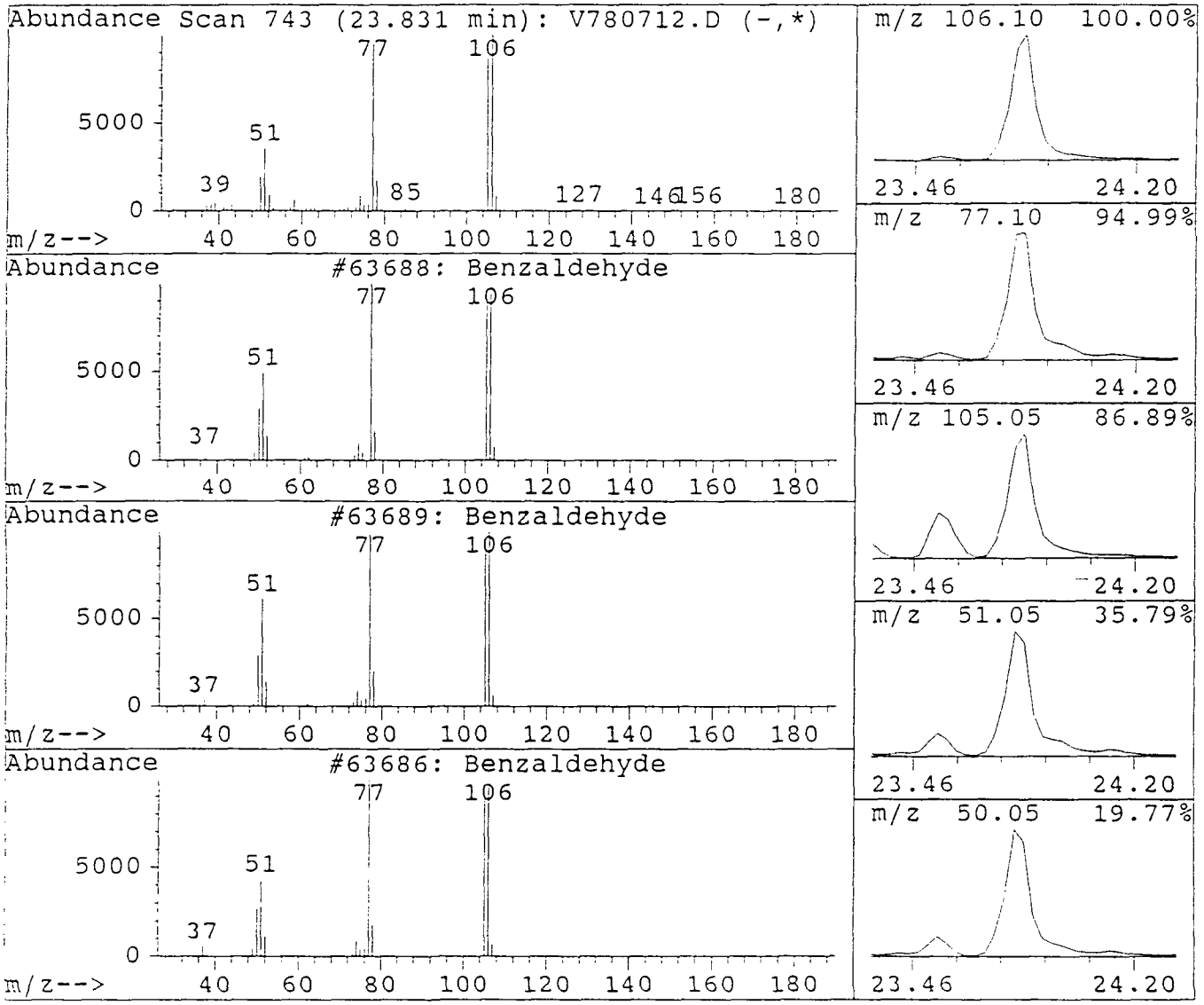
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
23.83	77.29 ug/L	71537899	CHLOROBENZENE-D5	19.88

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Benzaldehyde	63688	000100-52-7	95
2	Benzaldehyde	63689	000100-52-7	95
3	Benzaldehyde	63686	000100-52-7	94
4	Benzaldehyde	63685	000100-52-7	94
5	Benzaldehyde	2020	000100-52-7	94



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Misc : s,.4815

Operator: ssc
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Multiplr: 1.00

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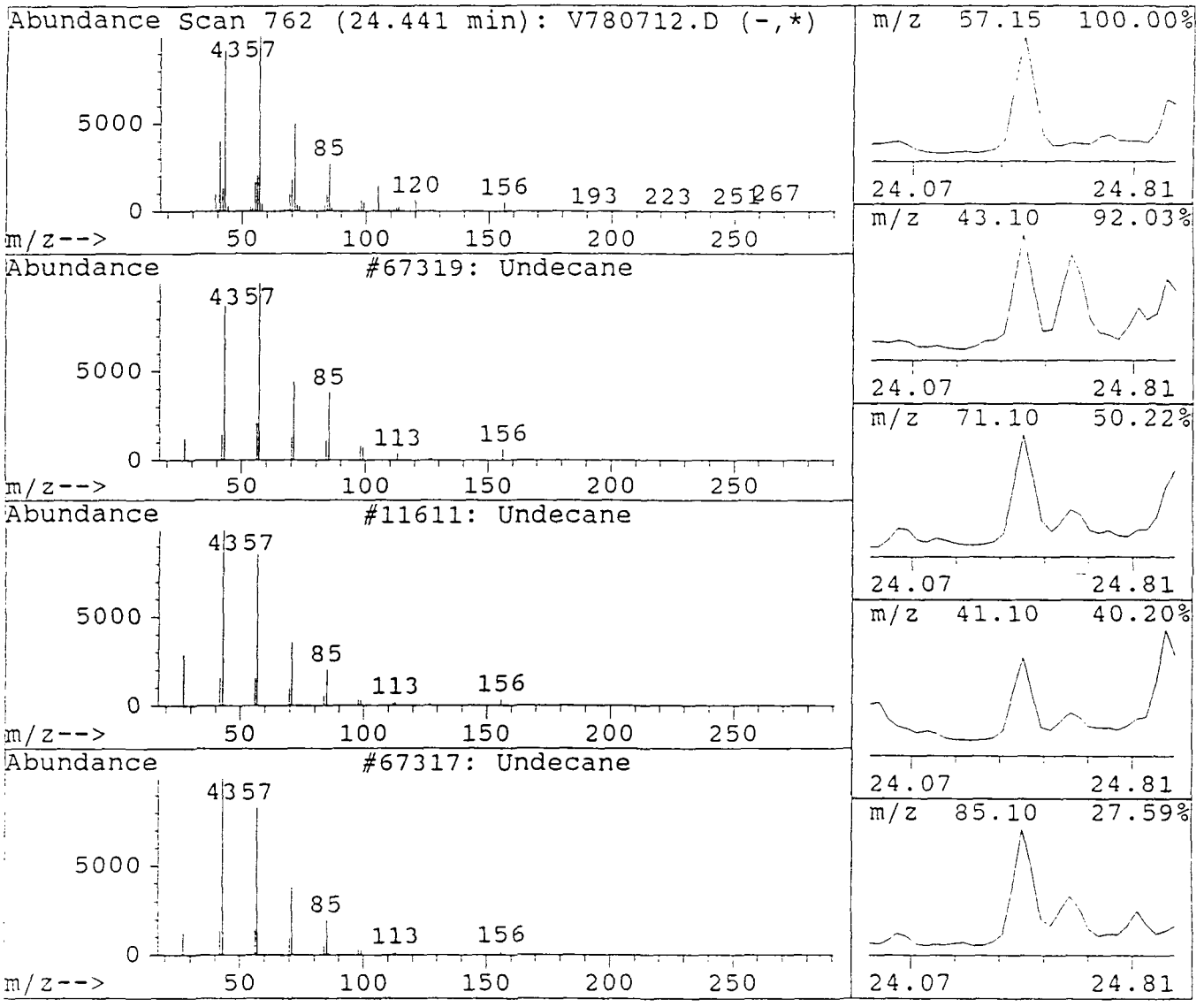
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
24.44	54.11 ug/L	50079073	CHLOROBENZENE-D5	19.88

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Undecane	67319	001120-21-4	93
2	Undecane	11611	001120-21-4	90
3	Undecane	67317	001120-21-4	87
4	Tridecane	69020	000629-50-5	80
5	Dodecane	68254	000112-40-3	80



946470311

Library Search Compound Report

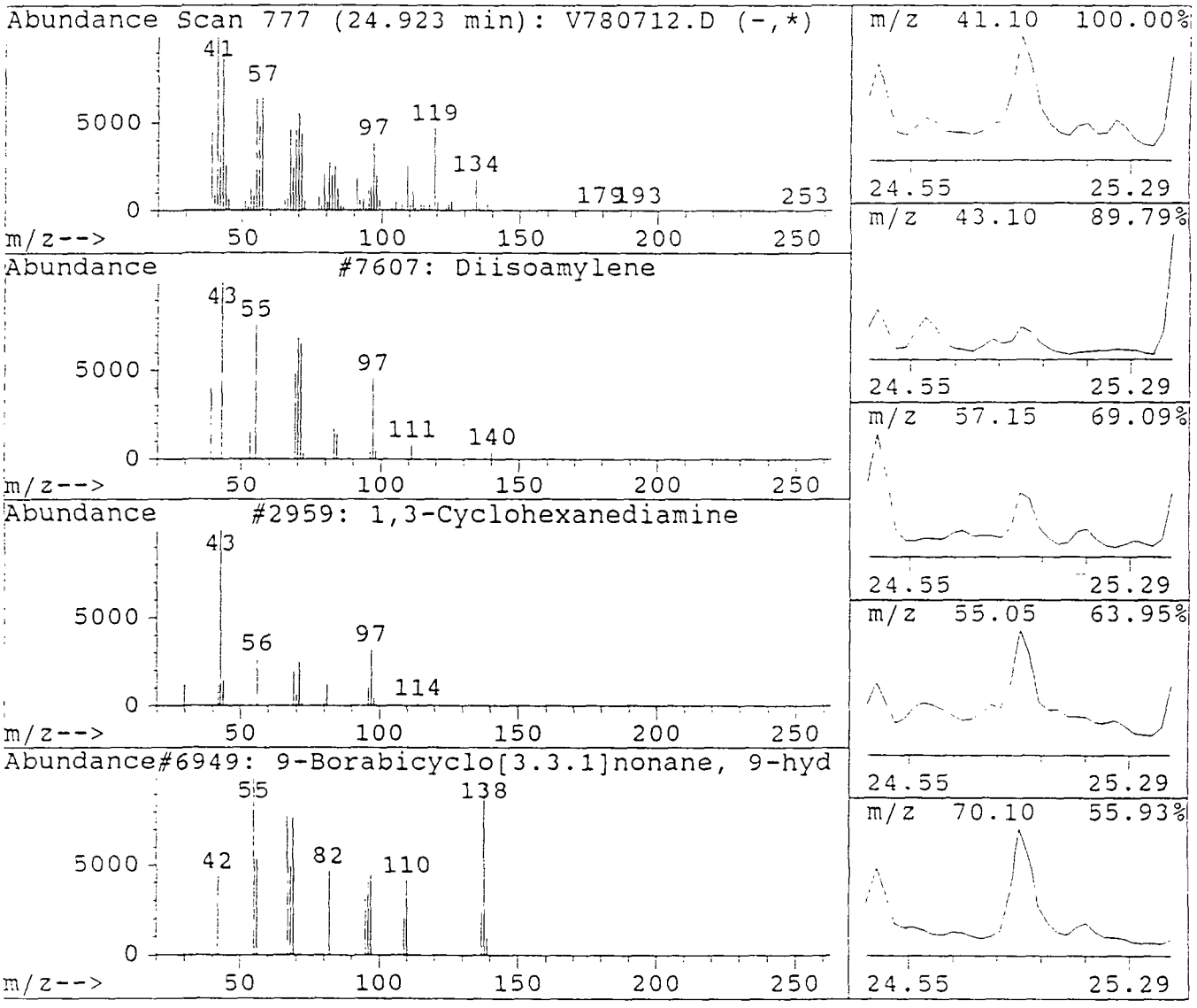
Data File : C:\HPCHEM\1\DATA\970807\V780712.D
Acq Time : 7 Aug 97 4:52 pm
Sample : Passaic valley C063 8-6-97
Misc : s,.4815

Operator: ssc
Inst : 5971 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\V624804.M
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
24.92	77.49 ug/L	71719767	CHLOROBENZENE-D5	19.88

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Diisoamylene	7607	054063-09-1	38
2	1,3-Cyclohexanediamine	2959	003385-21-5	27
3	9-Borabicyclo[3.3.1]nonane, 9-hydro	6949	063366-65-4	25
4	Cyclobutanone, 3-ethyl-	1265	056335-73-0	25
5	Ethanone, 1-(7-oxabicyclo[4.1.0]hep	7390	015121-01-4	22



946470312

Library Search Compound Report

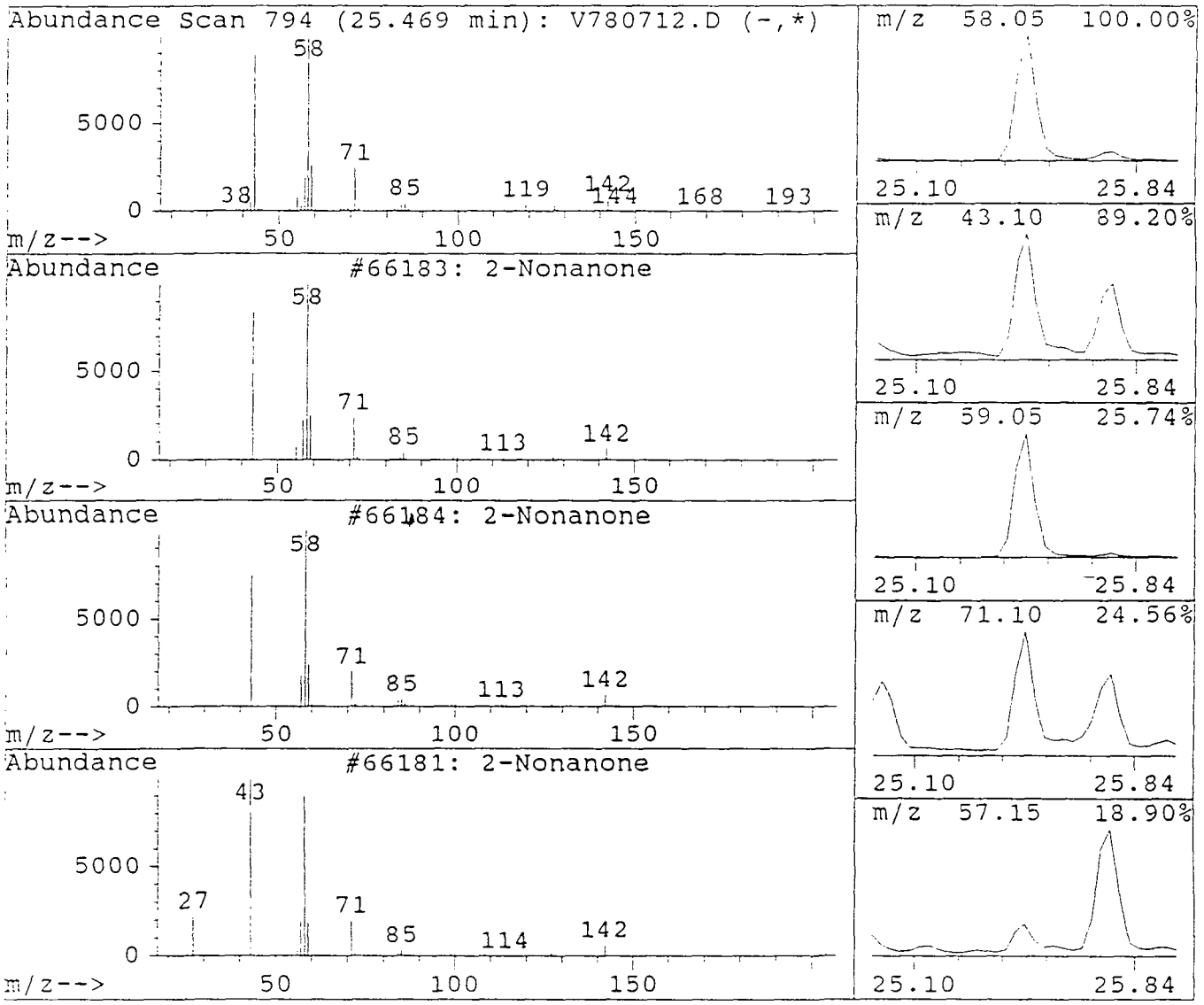
Data File : C:\HPCHEM\1\DATA\970807\V780712.D
Acq Time : 7 Aug 97 4:52 pm
Sample : Passaic valley C063 8-6-97
Misc : s,.4815

Operator: ssc
Inst : 5971 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\V624804.M
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
25.47	90.84 ug/L	84080792	CHLOROBENZENE-D5	19.88

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	2-Nonanone	66183	000821-55-6	97
2	2-Nonanone	66184	000821-55-6	91
3	2-Nonanone	66181	000821-55-6	90
4	2-Nonanone	66182	000821-55-6	74
5	2-Undecanone	15299	000112-12-9	72



946470313

Library Search Compound Report

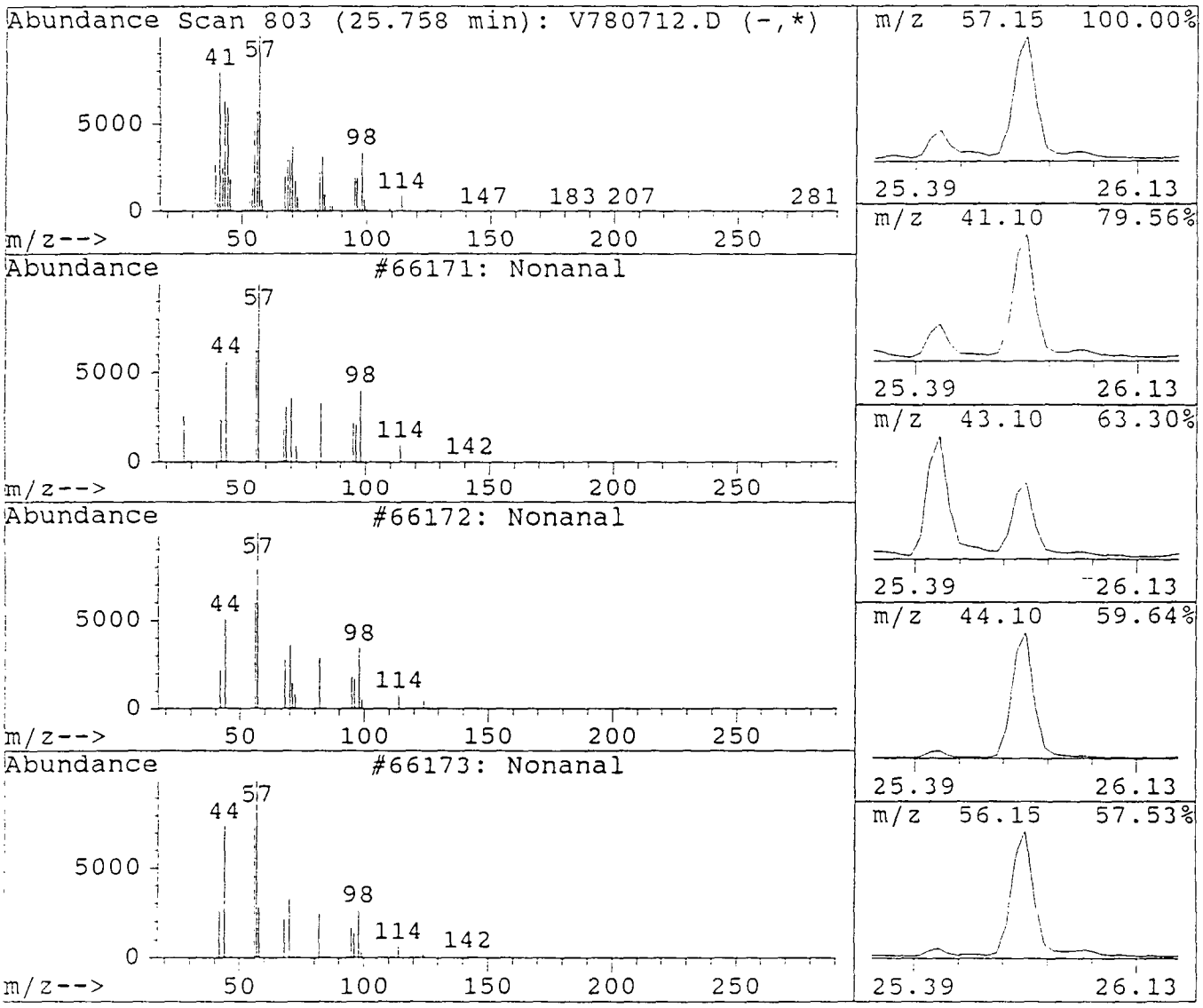
Data File : C:\HPCHEM\1\DATA\970807\V780712.D
Acq Time : 7 Aug 97 4:52 pm
Sample : Passaic valley C063 8-6-97
Misc : s,.4815

Operator: ssc
Inst : 5971 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\V624804.M
Title : Method 624
Library : C:\DATABASE\NBS75K.L

R.T.	Conc	Area	Relative to ISTD	R.T.
25.76	169.52 ug/L	156895574	CHLOROBENZENE-D5	19.88

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Nonanal	66171	000124-19-6	91
2	Nonanal	66172	000124-19-6	87
3	Nonanal	66173	000124-19-6	64
4	Nonanal	8021	000124-19-6	53
5	Hexanal	63409	000066-25-1	27



946470314

Garden State Laboratories, Inc.

Bacteriological and Chemical Testing

410 Hillside Avenue
Hillside, New Jersey 07205

Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

REPORT # 970806063.2
CLIENT # PAS02
DATE SUBMITTED: 8/6/97

TO: Passaic Valley Sew. Commission
600 Wilson Avenue

Newark NJ 07105
ATT: ED RYS

SAMPLE TYPE: SLUDGE
SAMPLE ID: P.O.#173949 GRAB FILTER PRESS CAKE HSFC-107 SILO
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/6/97 TIME SAMPLED: 2:40PM

ANALYSIS	RESULT	UNITS	
Aldrin	<0.28	mg/kg dry weight basis	
alpha-BHC	<0.28	mg/kg dry weight basis	
beta-BHC	<0.28	mg/kg dry weight basis	
delta-BHC	<0.28	mg/kg dry weight basis	
gamma-BHC	<0.28	mg/kg dry weight basis	
Chlordane	<0.28	mg/kg dry weight basis	
4,4'-DDD	<0.28	mg/kg dry weight basis	
4,4'-DDE	<0.28	mg/kg dry weight basis	
4,4'-DDT	<0.28	mg/kg dry weight basis	
Dieldrin	<0.28	mg/kg dry weight basis	
Endosulfan I	<0.28	mg/kg dry weight basis	
Endosulfan II	<0.28	mg/kg dry weight basis	
Endosulfan sulfate	<0.28	mg/kg dry weight basis	
Endrin	<0.28	mg/kg dry weight basis	
Endrin Aldehyde	<0.28	mg/kg dry weight basis	
Heptachlor	<0.28	mg/kg dry weight basis	
Heptachlor Epoxide	<0.28	mg/kg dry weight basis	
Toxaphene	<0.28	mg/kg dry weight basis	
PCB-1016	<0.28	mg/kg dry weight basis	
PCB-1221	<0.28	mg/kg dry weight basis	
PCB-1232	<0.28	mg/kg dry weight basis	
PCB-1242	<0.28	mg/kg dry weight basis	
PCB-1248	<0.28	mg/kg dry weight basis	
PCB-1254	<0.28	mg/kg dry weight basis	
PCB-1260	<0.28	mg/kg dry weight basis	
Methoxychlor	<0.28	mg/kg dry weight basis	

< = less than, not detected.

946470315

RECEIVED SEP 16 1997

THE LIABILITY OF GARDEN STATE LABORATORIES, INC. FOR SERVICES RENDERED SHALL IN NO EVENT EXCEED THE AMOUNT OF THE INVOICE.

Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health and N.J.D.E.P. - Lab #20044

Garden State Laboratories, Inc.

Bacteriological and Chemical Testing

410 Hillside Avenue
Hillside, New Jersey 07205

Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

REPORT # 970806063.1
CLIENT # PAS02
DATE SUBMITTED: 8/6/97

TO: Passaic Valley Sew. Commission
600 Wilson Avenue

Newark NJ 07105

ATT: ED RYS

SAMPLE TYPE: SLUDGE
SAMPLE ID: P.O.#173949 GRAB FILTER PRESS CAKE HSFC-107 SILO
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/6/97 TIME SAMPLED: 2:40PM

ANALYSIS	RESULT	UNITS	
Arsenic	5.28	mg/kg dry weight basis	
Cadmium	26.7	mg/kg dry weight basis	
Chromium	378	mg/kg dry weight basis	
Copper	969	mg/kg dry weight basis	
Lead	185	mg/kg dry weight basis	
Mercury	3.33	mg/kg dry weight basis	
Nickel	57.6	mg/kg dry weight basis	
Zinc	2230	mg/kg dry weight basis	
Calcium	14100	mg/kg dry weight basis	
Magnesium	3480	mg/kg dry weight basis	
Potassium	659	mg/kg dry weight basis	
Beryllium	0.39	mg/kg dry weight basis	
Iron	13800	mg/kg dry weight basis	
Selenium	2.19	mg/kg dry weight basis	
Molybdenum	35.0	mg/kg dry weight basis	
Fluoride	7.94	mg/kg dry weight basis	
Chloride	74.1	mg/kg dry weight basis	
Nitrate Nitrogen	7.04	mg/kg dry weight basis	
Total Kjeldahl Nitrogen	12400	mg/kg dry weight basis	
Ammonia Nitrogen	1090	mg/kg dry weight basis	
Oil and Grease	204000	mg/kg dry weight basis	
Phenols	57.2	mg/kg dry weight basis	
Total Phosphorus as P	14600	mg/kg dry weight basis	
Cyanide	4.33	mg/kg dry weight basis	
Total Solids	54.0	% as received	

< = less than, not detected.

946470316

RECEIVED SEP 16 1997

THE LIABILITY OF GARDEN STATE LABORATORIES, INC. FOR SERVICES RENDERED SHALL IN NO EVENT EXCEED THE AMOUNT OF THE INVOICE.

Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health and N.J.D.E.P. - Lab #20044

Garden State Laboratories, Inc.

Bacteriological and Chemical Testing

410 Hillside Avenue
Hillside, New Jersey 07205

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Fax 908-688-8966

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

REPORT # 970806063.5
CLIENT # PAS02
DATE SUBMITTED: 8/6/97

TO: Passaic Valley Sew. Commission
600 Wilson Avenue

Newark NJ 07105
ATT: ED RYS

SAMPLE TYPE: SLUDGE
SAMPLE ID: P.O.#173949 GRAB FILTER PRESS CAKE HSFC-107 SILO
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/6/97 TIME SAMPLED: 2:40PM

ANALYSIS	RESULT	UNITS	
Arsenic	5.28	mg/kg dry weight basis	
Antimony	<0.75	mg/kg dry weight basis	
Beryllium	0.39	mg/kg dry weight basis	
Cadmium	26.7	mg/kg dry weight basis	
Chromium	378	mg/kg dry weight basis	
Copper	969	mg/kg dry weight basis	
Lead	185	mg/kg dry weight basis	
Mercury	3.33	mg/kg dry weight basis	
Nickel	57.6	mg/kg dry weight basis	
Selenium	2.19	mg/kg dry weight basis	
Silver	55.6	mg/kg dry weight basis	
Thallium	<0.35	mg/kg dry weight basis	
Zinc	2230	mg/kg dry weight basis	
Iron	13800	mg/kg dry weight basis	
Barium	1590	mg/kg dry weight basis	
Manganese	357	mg/kg dry weight basis	
Aluminum	21400	mg/kg dry weight basis	
Cyanide	4.33	mg/kg dry weight basis	
Phenols	57.2	mg/kg dry weight basis	
Total Solids	54.0	% as received	

< = less than, not detected.

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THE LIABILITY OF GARDEN STATE LABORATORIES, INC. FOR SERVICES RENDERED SHALL IN NO EVENT EXCEED THE AMOUNT OF THE INVOICE.

Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health and N.J.D.E.P. - Lab #20044