SDMS Document
94648

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/1998

Document order #33

946480001

IRENE G. ALMEIDA
CHAIRMAN

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VICE CHAIRMAN

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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

946480002

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0021016	01	1998	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:	26605.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	10.5
2. Average Daily Sludge Production	(Gallons/Day)	B2:	245727.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	107.81

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	56.7
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	1903
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	107.90
4. pH of Sludge Removed	(Standard Units)	C9:	5.9

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	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

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A. Martinelli	Chief Chemist	Arthur A. Martinelli	9/25/98

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480003

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.

946480004

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

946480005

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

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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.

946480007

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

946480008

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	1998	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:	31450.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	10.5
2. Average Daily Sludge Production	(Gallons/Day)	B2:	245727.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	107.81

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	56.7
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	190.3
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	107.90
4. pH of Sludge Removed	(Standard Units)	C9:	5.9

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	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
2/20/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480009

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 8	THRU	0 2 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 01/98

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

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

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

NPDES DISCHARGE MONITORING 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 3/24/98

PRINCIPAL EXECUTIVE OFFICER or
DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 3/24/98

946480010

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: 01/05/98

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 98 01 01 TO YEAR MO DAY 98 01 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011998 (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	**********	**********	*******	**********	6.38	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	187,831	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,960	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	525	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	952	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,130	**********	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 03 24 (YEAR MO DAY)

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

946480012

NATIONAL 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: 01/05/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 01 01	98 01 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011998 (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	**********	**********	*******	**********	72.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	10.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	24.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.11	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.35	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	789	**********	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 03 24 (YEAR MO DAY)

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

946480013

NATIONAL 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: 01/05/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 01 01	98 01 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.52	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.29	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,380	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	159	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	69.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.37	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	322	**********	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 03 24 YEAR MO DAY

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

946480014

NATIONAL 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
98 01 01	98 01 31

CREATED: 01/05/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011998 (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	**********	**********	*******	**********	15,100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.430	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 74.712	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 74.712	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	129.048	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 747.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 74.712	**********	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 03 24 (YEAR MO DAY)

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

946480015

NATIONAL 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: 01/05/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 01 01	98 01 31

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011998

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< 74.712	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.430	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.430	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.430	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.430	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.430	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.950	**********	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 03 24 YEAR MO DAY

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

946480016

NATIONAL 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 011998

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

CREATED: 01/05/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 01 01	98 01 31
(20-21)(22-23)(24-25)	(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)
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.75	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.113	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.264	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.226	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.226	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.264	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.264	**********	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 03 24 (YEAR MO DAY)

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

946480017

NATIONAL 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: 01/05/98

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 98 01 01 TO YEAR MO DAY 98 01 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 011998 (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< 0.113	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.113	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	113.67	**********	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 03 24 (YEAR MO DAY)

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

946480018

T-VWX-008
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 1	1 9 9 8	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	3.11	
Beryllium	01012	0.52	*
Cadmium	61527	8.29	
Chromium	61512	322.	
Copper	61506	789.	
Iron	01045	15100.	
Lead	61503	159.	
Mercury	01260	2.37	
Molybdenum	01062	24.2	
Nickel	61515	69.9	
Selenium	61518	3.35	
Zinc	61509	1380.	
Selected Chemical Parameters			
Total Nitrogen	00625	15960.	
Ammonia	71845	952.	
Nitrate Nitrogen	71850	6.38	
Oil and Grease	00550	187831.	
Phenols	46000	113.67	
Phosphorus	00665	17800.	
Calcium	00916	14600.	
Magnesium	00927	4130.	
Potassium	00937	525.	
Cyanide	00720	3.75	
Fluoride	00951	10.1	
Chloride	00940	72.9	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist		3/23/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480019

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	1998	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	0.113	*
Chlordane	39350	2.264	*
Dieldrin	39380	0.226	*
DDT	39370	0.226	*
Heptachlor	39410	0.113	*
Lindane	39782	0.113	*
PCB's	39516	2.264	*
Toxaphene	39400	2.264	*
Purgeables			
Benzene	34030	1.430	*
Carbon tetrachloride	32102	1.430	*
Chloroform	32106	1.430	*
Methylene Chloride	34423	1.430	*
Tetrachloroethylene	34475	1.430	*
Trichloroethylene	39180	1.430	*
Vinyl chloride	39175	2.950	*
Base/Neutrals and Acids			
Benzidine	39120	747.120	*
Benzo(a)pyrene	34247	74.712	*
Bis(2-ethylhexyl) phthalate	39100	129.048	
Hexachlorobenzene	39700	74.712	*
Hexachlorobutadiene	39702	74.712	*
N-nitrosodimethylamine	34438	74.712	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
2/24/98 — Date

Laboratory Name: Antech Ltd.
Cert No.: 77051

946480020

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

946480021

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0 0 2 1 0 1 6	0 2	1 9 9 8	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:	22404.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	10.2
2. Average Daily Sludge Production	(Gallons/Day)	B2:	3131113.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	133.20

**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:	55.9
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:	238.5
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	133.31
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	00210 16		

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A. Martinelli	Chief Chemist	Arthur A. Martinelli	9/25/98

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480022

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.

946480023

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 8	THRU	0 2 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 01/98

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

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

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

NPDES DISCHARGE MONITORING 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 3/24/98

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Robert J. Davenport

Title *(Printed)* Executive Director

Signature

Date 3/24/98

946480024

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																

946480025

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 2	1 9 9 8	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:	2 7 6 6 8

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

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

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	5 5 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:	2 3 8 5
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 3 3 3 1
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

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	[signature]	3/24/98

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480027

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.

946480028

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 3 9 8	THRU	0 3 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 02/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 4/23/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 4/24/98

946480029

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	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																
Others	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	

946480030

NATIONAL 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: 01/05/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 02 01	98 02 28
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021998

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	**********	**********	*******	**********	13.2	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	183,363	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,088	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	828	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,035	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,630	**********	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 04 23 YEAR MO DAY

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

946480031

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 01/05/98

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
98 02 01	98 02 28
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021998

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	**********	**********	*******	**********	73.4	**********	MG/KG		1/30	COMP.
00942 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	12.6	**********	MG/KG		1/30	COMP.
00949 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO)	SAMPLE MEASUREMENT	**********	**********	*******	**********	38.0	**********	MG/KG		1/30	COMP.
78465 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P)	SAMPLE MEASUREMENT	**********	**********	*******	**********	19,000	**********	MG/KG		1/30	COMP.
78478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.97	**********	MG/KG		1/30	COMP.
01003 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.43	**********	MG/KG		1/30	COMP.
01148 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	831	**********	MG/KG		1/30	COMP.
46394 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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 04 23 YEAR MO DAY

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

946480032

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 01/05/98

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
98	02	01	98	02	28

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE)	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.56	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	10.4	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,160	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	159	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	52.5	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.36	**********	MG/KG		1/30	COMP.
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	409	**********	MG/KG		1/30	COMP.
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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 04 23 (YEAR MO DAY)

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

946480033

NATIONAL 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
98 02 01	98 02 28

CREATED: 01/05/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021998 (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	**********	**********	*******	**********	12,900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 60.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 60.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 60.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 600.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 60.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR 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 04 23 YEAR MO DAY

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

946480034

NATIONAL 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: 01/05/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 02 01	98 02 28

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021998 (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< 60.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	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 04 23 (YEAR MO DAY)

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

946480035

NATIONAL 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: 01/05/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 02 01	98 02 28

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 021998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

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CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.57	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.110	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.220	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.220	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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EXECUTIVE DIRECTOR

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

DATE: 98 04 23 (YEAR MO DAY)

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

946480036

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS:
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NEWARK, NJ 07105

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

DMR NUMBER: NJ0021016 SQ 5E 021998

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

CREATED: 01/05/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 02 01	98 02 28
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

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LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.110	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.110	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	88.55	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 04 23 (YEAR MO DAY)

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

946480037

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	02	1998	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	2.97	
Beryllium	01012	0.56	*
Cadmium	61527	10.4	
Chromium	61512	409.	
Copper	61506	831.	
Iron	01045	12900.	
Lead	61503	159.	
Mercury	01260	3.36	
Molybdenum	01062	38.0	
Nickel	61515	52.5	
Selenium	61518	3.43	
Zinc	61509	1160.	
Selected Chemical Parameters			
Total Nitrogen	00625	14088.	
Ammonia	71845	1035.	
Nitrate Nitrogen	71850	13.2	
Oil and Grease	00550	18336.	
Phenols	46000	88.55	
Phosphorus	00665	19000.	
Calcium	00916	13300.	
Magnesium	00927	3630.	
Potassium	00937	828.	
Cyanide	00720	3.57	
Fluoride	00951	12.6	
Chloride	00940	734	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
4/21/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480038

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	1998	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	0.110	*
Chlordane	39350	1.100	*
Dieldrin	39380	0.220	*
DDT	39370	0.220	*
Heptachlor	39410	0.110	*
Lindane	39782	0.110	*
PCB's	39516	1.000	*
Toxaphene	39400	2.200	*
Purgeables			
Benzene	34030	1.000	*
Carbon tetrachloride	32102	1.000	*
Chloroform	32106	1.000	*
Methylene Chloride	34423	1.000	*
Tetrachloroethylene	34475	1.000	*
Trichloroethylene	39180	1.000	*
Vinyl chloride	39175	1.000	*
Base/Neutrals and Acids			
Benzidine	39120	600.000	*
Benzo(a)pyrene	34247	60.000	*
Bis(2-ethylhexyl) phthalate	39100	60.000	*
Hexachlorobenzene	39700	60.000	*
Hexachlorobutadiene	39702	60.000	*
N-nitrosodimethylamine	34438	60.000	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
4/20/98 — Date

Laboratory Name:
Cert No.:

946480039

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

946480040

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0 0 2 1 0 1 6	0 3	1 9 9 8	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:	2 5 4 1 1 .

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 6 9 3 5 5 .
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1 2 4 . 8 0

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	5 5 . 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:	2 2 3 . 4
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 2 4 . 9 0
4. pH of Sludge Removed	(Standard Units)	C9:	5 . 8

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	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

946480041

	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 = $\frac{\text{VS before — VS after}}{\text{VS before — (VS before X VS after)}}$ 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.

946480042

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 3 9 8	THRU	0 3 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 02/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 4/23/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 4/24/98

946480043

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	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																
Others	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	

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-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0021016	03	1998	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:	29940.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	11.1
2. Average Daily Sludge Production	(Gallons/Day)	B2:	269355.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	124.80

*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:	55.9
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:	223.4
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	124.90
4. pH of Sludge Removed	(Standard Units)	C9:	5.8

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

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

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

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

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	4/22/98

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480046

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.

946480047

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 4 9 8	THRU	0 4 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 03/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 5/20/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
Date 5/21/98

946480048

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																

946480049

NATIONAL 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: 01/05/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 03 01	98 03 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 031998 (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	**********	**********	*******	**********	2.76	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	194,991	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	27,292	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	715	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,488	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,170	**********	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.)

Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 05 21 (YEAR MO DAY)

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

946480050

NATIONAL 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
98 03 01	98 03 31

CREATED: 01/05/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 031998 (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	**********	**********	*******	**********	89.8	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.16	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	41.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8,820	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.80	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.03	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	903	**********	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.)

Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 05 21 (YEAR MO DAY)

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

946480051

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 01/05/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 03 01	98 03 31

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 031998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE)	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.54	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	12.1	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,220	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	148	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	46.1	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.69	**********	MG/KG		1/30	COMP.
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	420	**********	MG/KG		1/30	COMP.
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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: 98 05 21
YEAR MO DAY

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

946480052

NATIONAL 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 031998 (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
98 03 01	98 03 31

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

CREATED: 01/05/98

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)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 590.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	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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Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 05 21
YEAR MO DAY

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

946480053

NATIONAL 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
98 03 01	98 03 31

CREATED: 01/05/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 031998 (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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 11.000	**********	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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Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 05 21 (YEAR MO DAY)

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

946480054

NATIONAL 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
98 03 01	98 03 31

CREATED: 01/05/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 031998 (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)
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.38	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	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.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	973 344-1800 AREA CODE / NUMBER	98 05 21 YEAR MO DAY

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

946480055

NATIONAL 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: 01/05/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 03 01	98 03 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 031998 (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< 0.090	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	89.41	**********	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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Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 05 21 (YEAR MO DAY)

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

946480056

T-VWX-008
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 3	1 9 9 8	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	2.80	
Beryllium	01012	0.54	*
Cadmium	61527	12.1	
Chromium	61512	420.	
Copper	61506	903.	
Iron	01045	14000.	
Lead	61503	148.	
Mercury	01260	1.69	
Molybdenum	01062	41.7	
Nickel	61515	46.1	
Selenium	61518	3.03	
Zinc	61509	1220.	
Selected Chemical Parameters			
Total Nitrogen	00625	27292.	
Ammonia	71845	1488.	
Nitrate Nitrogen	71850	2.76	
Oil and Grease	00550	19499.	
Phenols	46000	89.41	
Phosphorus	00665	882.	
Calcium	00916	14800.	
Magnesium	00927	4170.	
Potassium	00937	715.	
Cyanide	00720	7.38	
Fluoride	00951	9.16	
Chloride	00940	89.8	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	5/11/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480057

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	03	1998	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	0.090	*
Chlordane	39350	1.800	*
Dieldrin	39380	0.180	*
DDT	39370	0.180	*
Heptachlor	39410	0.090	*
Lindane	39782	0.090	*
PCB's	39516	1.800	*
Toxaphene	39400	1.800	*
Purgeables			
Benzene	34030	11.000	*
Carbon tetrachloride	32102	11.000	*
Chloroform	32106	11.000	*
Methylene Chloride	34423	11.000	*
Tetrachloroethylene	34475	11.000	*
Trichloroethylene	39180	11.000	*
Vinyl chloride	39175	11.000	*
Base/Neutrals and Acids			
Benzidine	39120	59.000	*
Benzo(a)pyrene	34247	59.000	*
Bis(2-ethylhexyl) phthalate	39100	590.000	*
Hexachlorobenzene	39700	59.000	*
Hexachlorobutadiene	39702	59.000	*
N-nitrosodimethylamine	34438	59.000	*

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
5/19/98 — Date

Laboratory Name: Antech Ltd.
Cert No.: 77051

946480058

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

946480059

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0 0 2 1 0 1 6	0 4	1 9 9 8	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 0 0 .

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 2 0 3 6 3 .
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1 1 5 . 1 4

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	5 7 . 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 0 1 . 8
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 1 5 . 2 3
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	Chief Chemist		9/25/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480060

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.

946480061

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 4 9 8	THRU	0 4 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 03/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 5/20/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
Date 5/21/98

946480062

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 4	1 9 9 8	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 9 1 9 3

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 2 0 3 6 3
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1 1 5 1 4

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	5 7 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 0 1 8
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 1 5 2 3
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

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A. Martinelli	Chief Chemist	Arthur A. Martinelli	5/21/98

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480065

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.

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 5 9 8	THRU	0 5 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 04/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 6/24/9

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 6/24/98

946480067

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																

946480068

NATIONAL 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: 04/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
98	04	01	98	04	30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041998 (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	**********	**********	*******	**********	6.56	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	179,510	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,739	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	913	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	796	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,300	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,350	**********	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 06 24 YEAR MO DAY

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

946480069

NATIONAL 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: 04/02/98

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
	98	04	01		98	04	30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041998 (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	**********	**********	*******	**********	177	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.91	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	29.8	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18,200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.64	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.49	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	890	**********	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 06 24
YEAR MO DAY

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

946480070

NATIONAL 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
98 04 01	98 04 30

CREATED: 04/02/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE)	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.56	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	10.2	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,380	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	177	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	64.2	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.22	**********	MG/KG		1/30	COMP.
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	360	**********	MG/KG		1/30	COMP.
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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 06 24 (YEAR MO DAY)

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

946480071

NATIONAL 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 041998

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

CREATED: 04/02/98

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	04	01	TO	98	04	30
	(20-21)	(22-23)	(24-25)		(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)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,700	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 580.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 580.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 580.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 5,800.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 580.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR 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 06 24 YEAR MO DAY

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

946480072

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 04/02/98

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 98 04 01 TO YEAR MO DAY 98 04 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041998 (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< 580.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.300	**********	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 06 24 (YEAR MO DAY)

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

946480073

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 04/02/98

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 98 04 01 TO YEAR MO DAY 98 04 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041998 (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	**********	**********	*******	**********	5.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.088	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	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 06 24
YEAR MO DAY

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

946480074

NATIONAL 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: 04/02/98

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	04	01	TO	98	04	30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 041998 (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< 0.088	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.088	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	54.55	**********	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 06 24 YEAR MO DAY

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

946480075

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 4	1 9 9 8	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	2.64	
Beryllium	01012	0.56	*
Cadmium	61527	10.2	
Chromium	61512	360.	
Copper	61506	890.	
Iron	01045	14700.	
Lead	61503	177.	
Mercury	01260	3.22	
Molybdenum	01062	29.8	
Nickel	61515	64.2	
Selenium	61518	4.49	
Zinc	61509	1380.	
Selected Chemical Parameters			
Total Nitrogen	00625	13739.	
Ammonia	71845	796.	
Nitrate Nitrogen	71850	6.56	
Oil and Grease	00550	17951 0.	
Phenols	46000	54.55	
Phosphorus	00665	18200.	
Calcium	00916	15300.	
Magnesium	00927	4350.	
Potassium	00937	913.	
Cyanide	00720	5.25	
Fluoride	00951	7.91	
Chloride	00940	177.	

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A. Martinelli	Chief Chemist	Arthur A. Martinelli	6/18/98

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480076

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	04	1998	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	0.088	*
Chlordane	39350	1.800	*
Dieldrin	39380	0.180	*
DDT	39370	0.180	*
Heptachlor	39410	0.088	*
Lindane	39782	0.088	*
PCB's	39516	1.800	*
Toxaphene	39400	1.800	*
Purgeables			
Benzene	34030	1.100	*
Carbon tetrachloride	32102	1.100	*
Chloroform	32106	1.100	*
Methylene Chloride	34423	1.100	*
Tetrachloroethylene	34475	1.100	*
Trichloroethylene	39180	1.100	*
Vinyl chloride	39175	2.300	*
Base/Neutrals and Acids			
Benzidine	39120	5800.000	*
Benzo(a)pyrene	34247	580.000	*
Bis(2-ethylhexyl) phthalate	39100	580.000	*
Hexachlorobenzene	39700	580.000	*
Hexachlorobutadiene	39702	580.000	*
N-nitrosodimethylamine	34438	580.000	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
5/28/98 — Date

Laboratory Name: Antech Ltd
Cert No.: 77051

946480077

Antech Ltd.

One Triangle Drive • Export, Pennsylvania 15632 • Phone: (724) 733-1161 • Fax: (724) 327-7793

May 27, 1998

Mr. Ed Rys
Passaic Valley Sewerage Commissioners
600 Wilson Avenue
Newark, NJ 07105

Waste Characterization; Purchase Order No. 178896
Contract No. A135; Monthly Sludge
Antech Ltd. Project No. 98-2807

Dear Mr. Rys:

Enclosed are analytical results for the sample submitted by Passaic Valley Sewerage Commissioners. The sample was received and logged in for analysis on May 6, 1998.

Appropriate U.S. Environmental Protection Agency methods were used and are indicated accordingly on the data table. Appropriate quality assurance/quality control analyses were performed in accordance with Antech Ltd.'s Statement of Qualifications. If you have any questions, please call me.

Sincerely,

Penelope J. Morris
Project Coordinator

PJM:vt

Enclosures

RECEIVED
MAY 28 1998
PVSC
LABORATORY

ANTECH LTD.
CASE NARRATIVE

I. PROJECT LOGIN INFORMATION:

A: PROJECT NUMBERS:

ANTECH LTD.: 98-2807
CLIENT: Purchase Order Number: 178896

B: SAMPLE IDENTIFICATIONS:

ANTECH LTD.: 9805-0482
CLIENT: EZFC-67

C: SHIPPING/RECEIVING COMMENTS:

None

II. PREPARATION/ANALYSIS COMMENTS:

A: ORGANICS:

1. VOLATILES:
The detection limits have been elevated as a result of dilution required for the high level of background interferences present in the sample.

2. SEMIVOLATILES:
The detection limits have been elevated as the result of a dilution required for the high level of background interferences present.

3. PESTICIDES/PCBS:
None

III. GENERAL COMMENTS:

Trailing zeroes and decimal places appearing on the data should not be interpreted as precision of the analytical procedure, but rather as a result of reporting format.

RECEIVED
MAY 28 1998
PVSC
LABORATORY

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

946480080

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

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

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 3 5
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2 2 8 6 0 4
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1 2 8 4 9

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	5 7 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 5 6
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 2 8 5 1
4. pH of Sludge Removed	(Standard Units)	C9:	5 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

946480081

CHECK IF ACTIVE [ ] 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 = $\frac{\text{VS before — VS after}}{\text{VS before — (VS before X VS after)}}$ 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.

946480082

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 5 9 8	THRU	0 5 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 04/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 6/24/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 6/24/98

946480083

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																

946480084

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 5	1 9 9 8	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 Contribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	37469.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	13.5
2. Average Daily Sludge Production	(Gallons/Day)	B2:	228604.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	128.49

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	57.0
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	225.6
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	128.51
4. pH of Sludge Removed	(Standard Units)	C9:	5.0

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
6/22/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480086

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.

946480087

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 6 9 8	THRU	0 6 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 05/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #8004998
Signature
Date 7/24/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 7/24/98

946480088

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																

946480089

NATIONAL 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: 04/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
98	05	01	98	05	31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 051998 (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	**********	**********	*******	**********	15.3	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	184,210	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	39,145	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	811	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,350	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,700	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,580	**********	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 07 24 YEAR MO DAY

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

946480090

NATIONAL 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: 04/02/98

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
98 05 01	98 05 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 051998 (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	**********	**********	*******	**********	178	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	18,500	**********	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	**********	**********	*******	**********	2.25	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	911	**********	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 07 24 YEAR MO DAY

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

946480091

NATIONAL 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: 04/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 05 01	98 05 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 051998 (20-21)(22-23)(24-25) (28-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE)	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.44	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.29	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,390	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	151	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	52.8	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.28	**********	MG/KG		1/30	COMP.
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	364	**********	MG/KG		1/30	COMP
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 07 24
YEAR MO DAY

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

946480092

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

CREATED: 04/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 05 01	98 05 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 051998 (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	**********	**********	*******	**********	14,600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 57.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 57.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 57.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 57.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 57.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 07 24 (YEAR MO DAY)

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

946480093

NATIONAL 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: 04/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 05 01	98 05 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 051998

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< 57.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 07 24
YEAR MO DAY

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

946480094

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 04/02/98

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 98 05 01 TO YEAR MO DAY 98 05 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 051998 (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	**********	**********	*******	**********	3.51	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.087	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 57.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.170	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.170	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 57.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 57.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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 07 24
YEAR MO DAY

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

946480095

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

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

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

CREATED: 04/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 05 01	98 05 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 051998 (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	**********	**********	*******	**********	0.098	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.120	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15.10	**********	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 07 24 YEAR MO DAY

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

946480096

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 5	1 9 9 8	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	0.44	*
Cadmium	61527	9.29	
Chromium	61512	364.	
Copper	61506	911.	
Iron	01045	14600.	
Lead	61503	151.	
Mercury	01260	3.28	
Molybdenum	01062	20.9	
Nickel	61515	52.8	
Selenium	61518	2.25	
Zinc	61509	1390.	
Selected Chemical Parameters			
Total Nitrogen	00625	39145.	
Ammonia	71845	1350.	
Nitrate Nitrogen	71850	15.3	
Oil and Grease	00550	18421 0.	
Phenols	46000	15.10	
Phosphorus	00665	18500.	
Calcium	00916	14700.	
Magnesium	00927	4580.	
Potassium	00937	811.	
Cyanide	00720	3.51	
Fluoride	00951	13.3	
Chloride	00940	178.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
7/23/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480097

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 5	1 9 9 8	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	0.087	*
Chlordane	39350	57.000	*
Dieldrin	39380	0.170	*
DDT	39370	0.170	*
Heptachlor	39410	0.120	
Lindane	39782	0.098	
PCB's	39516	57.000	*
Toxaphene	39400	57.000	*
Purgeables			
Benzene	34030	1.100	*
Carbon tetrachloride	32102	1.100	*
Chloroform	32106	1.100	*
Methylene Chloride	34423	1.100	*
Tetrachloroethylene	34475	1.100	*
Trichloroethylene	39180	1.100	*
Vinyl chloride	39175	1.100	*
Base/Neutrals and Acids			
Benzidine	39120	57.000	*
Benzo(a)pyrene	34247	57.000	*
Bis(2-ethylhexyl) phthalate	39100	57.000	*
Hexachlorobenzene	39700	57.000	*
Hexachlorobutadiene	39702	57.000	*
N-nitrosodimethylamine	34438	57.000	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature — Date: 7/23/98

Laboratory Name: Antech Ltd
Cert No.: 77051

946480098

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

946480099

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0021016	06	1998	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:	36697.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	15.5
2. Average Daily Sludge Production	(Gallons/Day)	B2:	204492.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	131.73

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	57.6
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:	228.9
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	131.83
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
9/25/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480100

CHECK IF REVISED | DISCHARGE PERMIT NO. | Mo. | Yr. | Side 2

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.

946480101

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 6 9 8	THRU	0 6 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 05/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #8004998
Signature [signature]
Date 7/24/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature [signature]
Date 7/24/98

946480102

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

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

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
5/85

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0 0 2 1 0 1 6	0 6	1 9 9 8	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:	4 2 9 3 3

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 5 5
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2 0 4 4 9 2
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1 3 1 7 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:	5 7 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 2 8 9
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 3 1 8 3
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	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
7/23/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480105

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

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.

946480106

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR
0 0 2 1 0 1 6	0 7 9 8	THRU	0 7 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 06/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 8/20/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 8/20/98

946480107

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																

946480108

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 04/02/98

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 98 06 01 TO YEAR MO DAY 98 06 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061998 (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	**********	**********	*******	**********	ND< 34.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	207,465	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	16,602	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	716	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,008	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,600	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,050	**********	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 08 20
YEAR MO DAY

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

946480109

NATIONAL 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: 04/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 06 01	98 06 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061998 (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)
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	175	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.29	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	25.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.33	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.34	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	803	**********	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 08 20 (YEAR MO DAY)

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

946480110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 04/02/98

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 98 06 01 TO YEAR MO DAY 98 06 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.64	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.05	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,460	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	168	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	71.4	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.14	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	347	**********	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 08 20 (YEAR MO DAY)

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

946480111

NATIONAL 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
98 06 01	98 06 30

CREATED: 04/02/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061998 (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	**********	**********	*******	**********	14,700	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 58.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 58.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	180.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 58.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 58.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Robert J. Davenport SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	973 344-1800 AREA CODE / NUMBER	98 08 20 YEAR MO DAY
TYPED OR PRINTED				

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

946480112

NATIONAL 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: 04/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 06 01	98 06 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061998 (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< 58.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.300	**********	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 08 20 (YEAR MO DAY)

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

946480113

NATIONAL 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: 04/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 06 01	98 06 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061998 (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	**********	**********	*******	**********	4.34	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.440	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 88.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.880	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.880	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 88.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.800	**********	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 08 20 (YEAR MO DAY)

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

946480114

NATIONAL 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: 04/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 06 01	98 06 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 061998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.440	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.440	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	158.42	**********	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 08 20 (YEAR MO DAY)

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

946480115

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 6	1 9 9 8	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	3.33	
Beryllium	01012	0.64	*
Cadmium	61527	8.05	
Chromium	61512	347.	
Copper	61506	803.	
Iron	01045	14700.	
Lead	61503	168.	
Mercury	01260	4.14	
Molybdenum	01062	25.3	
Nickel	61515	71.4	
Selenium	61518	2.34	
Zinc	61509	1460.	
Selected Chemical Parameters			
Total Nitrogen	00625	16602.	
Ammonia	71845	1008.	
Nitrate Nitrogen	71850	34.9	*
Oil and Grease	00550	20746 5.	
Phenols	46000	158.42	
Phosphorus	00665	15400.	
Calcium	00916	13600.	
Magnesium	00927	4050.	
Potassium	00937	716.	
Cyanide	00720	4.34	
Fluoride	00951	5.29	
Chloride	00940	175.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist		8/11/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480116

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 6	1 9 9 8	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	0.440	*
Chlordane	39350	88.000	*
Dieldrin	39380	0.880	*
DDT	39370	0.880	*
Heptachlor	39410	0.440	*
Lindane	39782	0.440	*
PCB's	39516	8.800	*
Toxaphene	39400	88.000	*
Purgeables			
Benzene	34030	2.300	*
Carbon tetrachloride	32102	2.300	*
Chloroform	32106	2.300	*
Methylene Chloride	34423	2.300	*
Tetrachloroethylene	34475	2.300	*
Trichloroethylene	39180	2.300	*
Vinyl chloride	39175	2.300	*
Base/Neutrals and Acids			
Benzidine	39120	58.000	*
Benzo(a)pyrene	34247	58.000	*
Bis(2-ethylhexyl) phthalate	39100	180.000	
Hexachlorobenzene	39700	58.000	*
Hexachlorobutadiene	39702	58.000	*
N-nitrosodimethylamine	34438	58.000	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
7/23/98 — Date

Laboratory Name: Antech Ltd.
Cert No.: 77051

946480117

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 7 9 8	THRU	0 7 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 06/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 8/20/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 8/20/98

946480118

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

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

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-VV.X-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 8	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 5 2 2 3 .

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 4 . 3
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2 2 3 4 9 5 .
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1 3 3 . 0 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 5 . 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:	2 3 8 . 3
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 3 3 . 1 8
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	Chief Chemist	[signature]	8/17/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480121

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

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.

946480122

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 8 9 8	THRU	0 8 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 07/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0008998
Signature
Date 9/24/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
Date 9/24/98

946480123

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																

946480124

NATIONAL 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: 07/06/98

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 98 07 01 TO YEAR MO DAY 98 07 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071998 (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	**********	**********	*******	**********	ND< 9.03	**********	MG/KG		1/30 ONCE/ MONTH	COMP. COMPOS
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	202,268	**********	MG/KG		1/30 ONCE/ MONTH	COMP. COMPOS
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	16,313	**********	MG/KG		1/30 ONCE/ MONTH	COMP. COMPOS
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	661	**********	MG/KG		1/30 ONCE/ MONTH	COMP. COMPOS
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	916	**********	MG/KG		1/30 ONCE/ MONTH	COMP. COMPOS
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,600	**********	MG/KG		1/30 ONCE/ MONTH	COMP. COMPOS
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,350	**********	MG/KG		1/30 ONCE/ MONTH	COMP. COMPOS
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				

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
98 09 23
YEAR MO DAY

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

946480125

NATIONAL 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: 07/06/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 07 01	98 07 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071998 (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	**********	**********	*******	**********	242	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	19,300	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.86	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.93	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	715	**********	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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Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 09 23
YEAR MO DAY

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

946480126

NATIONAL 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: 07/06/98

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 98 07 01 TO YEAR MO DAY 98 07 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.53	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.92	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,430	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	135	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	53.4	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.92	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	309	**********	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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Robert J. Davenport
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 09 23
YEAR MO DAY

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

946480127

NATIONAL 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: 07/06/98

MAJOR

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
98	07	01	98	07	31

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071998

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	**********	**********	*******	**********	14,400	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	140.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	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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Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 09 23
YEAR MO DAY

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

946480128

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CREATED: 07/06/98

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
98 07 01	98 07 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071998 (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< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 2.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR 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	973 344-1800 AREA CODE / NUMBER	98 09 23 YEAR MO DAY

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

946480129

NATIONAL 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: 07/06/98

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	07	01	TO	98	07	31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071998 (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	**********	**********	*******	**********	3.35	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	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.)

Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 09 23 (YEAR MO DAY)

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

946480130

NATIONAL 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: 07/06/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 07 01	98 07 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 071998 (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< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	91.23	**********	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.)

Robert J. Davenport

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 09 23
YEAR MO DAY

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

946480131

T-VWX-008
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 7	1 9 9 8	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	3.86	
Beryllium	01012	0.53	*
Cadmium	61527	7.92	
Chromium	61512	309.	
Copper	61506	715.	
Iron	01045	14400.	
Lead	61503	135.	
Mercury	01260	3.92	
Molybdenum	01062	19.1	
Nickel	61515	53.4	
Selenium	61518	1.93	
Zinc	61509	1430.	
Selected Chemical Parameters			
Total Nitrogen	00625	16313.	
Ammonia	71845	916.	
Nitrate Nitrogen	71850	9.03	*
Oil and Grease	00550	20226 8.	
Phenols	46000	91.23	
Phosphorus	00665	19300.	
Calcium	00916	13600.	
Magnesium	00927	3350.	
Potassium	00937	661.	
Cyanide	00720	3.35	
Fluoride	00951	9.1	
Chloride	00940	242.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist	[signature]	9/2/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480132

T-VWX-009
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 7	1 9 9 8	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	0.090	*
Chlordane	39350	1.800	*
Dieldrin	39380	0.180	*
DDT	39370	0.180	*
Heptachlor	39410	0.090	*
Lindane	39782	0.090	*
PCB's	39516	1.800	*
Toxaphene	39400	1.800	*
Purgeables			
Benzene	34030	2.000	*
Carbon tetrachloride	32102	2.000	*
Chloroform	32106	2.000	*
Methylene Chloride	34423	2.000	*
Tetrachloroethylene	34475	2.000	*
Trichloroethylene	39180	2.000	*
Vinyl chloride	39175	2.000	*
Base/Neutrals and Acids			
Benzidine	39120	59.000	*
Benzo(a)pyrene	34247	59.000	*
Bis(2-ethylhexyl) phthalate	39100	140.000	
Hexachlorobenzene	39700	59.000	*
Hexachlorobutadiene	39702	59.000	*
N-nitrosodimethylamine	34438	59.000	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
9/2/98 — Date

Laboratory Name: Antech Ltd.
Cert No.: 77051

946480133

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 8 9 8	THRU	0 8 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 07/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0003998
Signature
Date 9/24/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
9/24/98

946480134

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

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

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 8	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 Contribution	(% of influent)	A2:	18.
3. Average Daily Septage Treated	(Gallons/Day)	A3:	35384.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	122
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2206 95.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	112.28

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	57.3
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:	1961
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	112.37
4. pH of Sludge Removed	(Standard Units)	C9:	5.0

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	00210 16		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
9/24/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480137

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.

946480138

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 9 9 8	THRU	0 9 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 08/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

	YES	NO
DYE TESTING		
TEMPORARY BYPASSING		
DISINFECTION INTERRUPTION		
MONITORING MALFUNCTIONS		
UNITS OUT OF OPERATION		
OTHER	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 this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 10/23/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
10/23/98

946480139

OPERATING EXCEPTIONS DETAILED

OTHER

DOMESTIC WASTEWATER SLUDGE REPORT (T-VWX-007)

Section A3, Average Daily Septage Treated (Gallons/Day) is currently unavailable. It will be reported in a revised T-VWX-007 for September 1998, when it becomes available.

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: 07/06/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 08 01	98 08 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081998 (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	**********	**********	*******	**********	48.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	473,000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	642	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	885	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	15,500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,920	**********	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 10 23 (YEAR MO DAY)

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

946480141

NATIONAL 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 081998

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 08 01	98 08 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/06/98

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)
CHLORIDE, SLUDGE, TOTAL, DRY WEIGHT 00942 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	223	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.06	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	26.4	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	11,400	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.81	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.76	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	920	**********	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 10 23 YEAR MO DAY

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

946480142

NATIONAL 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
98 08 01	98 08 31

CREATED: 07/06/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE) 61524 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.70	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT 61527 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.61	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN) 78467 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,590	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB) 78468 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	146	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI) 78469 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	66.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG) 78471 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.94	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR) 78473 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	351	**********	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 10 23 (YEAR MO DAY)

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

946480143

NATIONAL 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: 07/06/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 08 01	98 08 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081998 (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	**********	**********	*******	**********	15,200	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 56.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 56.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	98.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 56.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 56.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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EXECUTIVE DIRECTOR

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

DATE: 98 10 23 (YEAR MO DAY)

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

946480144

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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Address: 600 WILSON AVENUE
NEWARK, NJ 07105

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

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

CREATED: 07/06/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 08 01	98 08 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

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HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 56.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

DATE: 98 10 23 (YEAR MO DAY)

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

946480145

NATIONAL 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: 07/06/98

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 98 08 01 TO YEAR MO DAY 98 08 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

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CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.57	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.100	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.100	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	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 10 23
YEAR MO DAY

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

946480146

NATIONAL 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
98 08 01	98 08 31

CREATED: 07/06/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 081998 (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< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	29.3	**********	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	98 10 23
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR MO DAY

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

946480147

New Jersey Department of Environmental Protection
Division of Water Resources

METALS AND SELECTED CHEMICAL PARAMETERS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 8	1 9 9 8	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	3.81	
Beryllium	01012	0.70	*
Cadmium	61527	8.61	
Chromium	61512	351.	
Copper	61506	920.	
Iron	01045	15200.	
Lead	61503	146.	
Mercury	01260	4.94	
Molybdenum	01062	26.4	
Nickel	61515	66.7	
Selenium	61518	1.76	*
Zinc	61509	1590.	
Selected Chemical Parameters			
Total Nitrogen	00625	13500.	
Ammonia	71845	885.	
Nitrate Nitrogen	71850	4.81	
Oil and Grease	00550	47300.	
Phenols	46000	29.3	
Phosphorus	00665	11400.	
Calcium	00916	15500.	
Magnesium	00927	3920.	
Potassium	00937	642.	
Cyanide	00720	3.57	
Fluoride	00951	5.06	
Chloride	00940	223.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
10/23/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480148

New Jersey Department of Environmental Protection
Division of Water Resources

TOXIC ORGANIC COMPOUNDS REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	0 8	1 9 9 8	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	0.050	*
Chlordane	39350	1.000	*
Dieldrin	39380	0.100	*
DDT	39370	0.100	*
Heptachlor	39410	0.050	*
Lindane	39782	0.050	*
PCB's	39516	1.000	*
Toxaphene	39400	1.000	*
Purgeables			
Benzene	34030	1.100	*
Carbon tetrachloride	32102	1.100	*
Chloroform	32106	1.100	*
Methylene Chloride	34423	1.100	*
Tetrachloroethylene	34475	1.100	*
Trichloroethylene	39180	1.100	*
Vinyl chloride	39175	1.100	*
Base/Neutrals and Acids			
Benzidine	39120	56.000	*
Benzo(a)pyrene	34247	56.000	*
Bis(2-ethylhexyl) phthalate	39100	98.000	
Hexachlorobenzene	39700	56.000	*
Hexachlorobutadiene	39702	56.000	*
N-nitrosodimethylamine	34438	56.000	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
9/24/98 — Date

Laboratory Name: Antech Ltd.
Cert No.: 77051

946480149

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
FRANK J. CALANDRIELLO
DOMINIC W. CUCCINELLO
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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

November 9, 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 September 1998 Domestic Wastewater Sludge Report (T-VWX-007). Be advised that section A.3, Average Daily Septage Treated has been reported. It was previously unavailable. 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 235 317 668

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

946480150

IRENE G. ALMEIDA
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ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

REVISED

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

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
00210116	09	1998	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:	37645

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	132
2. Average Daily Sludge Production	(Gallons/Day)	B2:	22234
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	122.52

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	56.2
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	
Total Solids of 2.b.i.	(% by weight)	C5:	
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	218.2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	122.62
4. pH of Sludge Removed	(Standard Units)	C9:	4.6

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	00210116		

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
10/27/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480152

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

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

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

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion; or

B. Aerobic Digestion; complete the following:

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

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

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

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

EQUATIONS

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

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

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

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

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

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

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

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 9 9 8	THRU	0 9 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 08/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

	YES	NO
DYE TESTING		
TEMPORARY BYPASSING		
DISINFECTION INTERRUPTION		
MONITORING MALFUNCTIONS		
UNITS OUT OF OPERATION		
OTHER	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 this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 10/23/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
10/23/98

946480154

OPERATING EXCEPTIONS DETAILED

OTHER

DOMESTIC WASTEWATER SLUDGE REPORT (T-VWX-007)

Section A3, Average Daily Septage Treated (Gallons/Day) is currently unavailable. It will be reported in a revised T-VWX-007 for September 1998, when it becomes available.

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																

946480155

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
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DOMINIC W. CUCCINELLO
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ANGELINA M. PASERCHIA
THOMAS J. POWELL
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Passaic Valley
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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		
0021016	09	1998	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:	.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	132
2. Average Daily Sludge Production	(Gallons/Day)	B2:	222934.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	122.52

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	56.2
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	218.2
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	122.62
4. pH of Sludge Removed	(Standard Units)	C9:	4.6

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
10/23/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480157

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.

946480158

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
FRANK J. CALANDRIELLO
DOMINIC W. CUCCINELLO
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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

946480159

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0021016	10	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:	33911.

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
9/25/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480160

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.

946480161

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 1	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:	2 8 9 6 7 .

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

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

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	5 8 . 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 0 7 . 3
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 2 0 . 2 1
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

946480162

		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.

946480163

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0021016	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

946480164

		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.

946480165

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	01	1998	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:	26605.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	105
2. Average Daily Sludge Production	(Gallons/Day)	B2:	245727.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	107.81

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	56.7
b. Complete ONE of the following:			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	190.3
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	107.90
4. pH of Sludge Removed	(Standard Units)	C9:	5.9

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	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

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	9/25/98

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480166

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.

946480167

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	02	1998	51	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:	22404.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	10.2
2. Average Daily Sludge Production	(Gallons/Day)	B2:	3131113.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	133.20

**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:	55.9
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:	238.5
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	133.31
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
9/25/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480168

		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.

946480169

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

REVISED

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0021016	03	1998	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:	25411.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	11.1
2. Average Daily Sludge Production	(Gallons/Day)	B2:	269355.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	124.80

**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:	55.9
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:	223.4
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	124.90
4. pH of Sludge Removed	(Standard Units)	C9:	5.8

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

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

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

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

CERTIFICATE OF AUTHENTICITY

Name of Authorized Agent (Print)	Title	Signature	Date
Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	9/25/98

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480170

CHECK IF ADDED [ ] 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.

946480171

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0021016	04	1998	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:	33900.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	125
2. Average Daily Sludge Production	(Gallons/Day)	B2:	220363.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	115.14

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	57.1
b. *Complete ONE of the following:*			
i. Average Daily Sludge Removal	(Gallons/Day)	C4:	.
Total Solids of 2.b.i.	(% by weight)	C5:	.
ii. Average Daily Sludge Removal	(Wet Cu. Yds/Day)	C6:	.
iii. Average Daily Sludge Removal	(Wet Tons/Day)	C7:	201.8
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	115.23
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	Chief Chemist		9/25/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480172

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.

946480173

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

REVISED

DOMESTIC WASTEWATER SLUDGE REPORT

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

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 3 . 5
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2 2 8 6 0 4 .
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1 2 8 . 4 9

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	.
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	.
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	5 7 . 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 5 . 6
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 2 8 . 5 1
4. pH of Sludge Removed	(Standard Units)	C9:	5 . 0

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

METHOD CODE	HAULER REGISTRY	FACILITY/OPERATION	PERMIT NO.
5	1 9 3 1 6	O U T O F S T A T E	

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
9/25/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480174

		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.

T-WX-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	06	1998	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:	36697.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	15.5
2. Average Daily Sludge Production	(Gallons/Day)	B2:	204492.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	131.73

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	57.6
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:	228.9
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	131.83
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
9/25/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480176

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.

946480177

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	1 0 9 8	THRU	1 0 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 09/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 11/24/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 11/25/98

946480178

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: 07/06/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 09 01	98 09 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091998 (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	**********	**********	*******	**********	38.6	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	457,000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	14,500	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	630	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	899	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3,990	**********	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 11 24 (YEAR MO DAY)

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

946480180

NATIONAL 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: 07/06/98

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	09	01	TO	98	09	30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091998 (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	**********	**********	*******	**********	89.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.59	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	27.9	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	7,320	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.98	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.20	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	952	**********	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 11 24 (YEAR MO DAY)

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

946480181

NATIONAL 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
98 09 01	98 09 30

CREATED: 07/06/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE)	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.70	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.30	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,660	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	154	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	58.9	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.02	**********	MG/KG		1/30	COMP
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	400	**********	MG/KG		1/30	COMP
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 11 24 (YEAR MO DAY)

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

946480182

NATIONAL 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: 07/06/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 09 01	98 09 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091998

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	**********	**********	*******	**********	18,000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	80.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 11 24 (YEAR MO DAY)

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

946480183

NATIONAL 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
98 09 01	98 09 30

CREATED: 07/06/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091998 (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< 59.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.900	**********	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 11 24 YEAR MO DAY

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

946480184

NATIONAL 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 091998

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 09 01	98 09 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 07/06/98

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)
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.37	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 9.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.180	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 20.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 20.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 11 24 (YEAR MO DAY)

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

946480185

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

CREATED: 07/06/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 09 01	98 09 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 091998 (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< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.090	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17.1	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT J. DAVENPORT EXECUTIVE DIRECTOR 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 11 24 YEAR MO DAY

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

946480186

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	
00210116	09	1998	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	5.98	
Beryllium	01012	0.70	
Cadmium	61527	8.30	
Chromium	61512	400.	
Copper	61506	952.	
Iron	01045	18000.	
Lead	61503	154.	
Mercury	01260	3.02	
Molybdenum	01062	27.9	
Nickel	61515	58.9	
Selenium	61518	4.20	
Zinc	61509	1660.	
Selected Chemical Parameters			
Total Nitrogen	00625	14500.	
Ammonia	71845	899.	
Nitrate Nitrogen	71850	38.6	
Oil and Grease	00550	45700.	
Phenols	46000	17.1	
Phosphorus	00665	7320.	
Calcium	00916	13800.	
Magnesium	00927	3990.	
Potassium	00937	630.	
Cyanide	00720	1.37	
Fluoride	00951	5.59	
Chloride	00940	89.3	

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli	Chief Chemist	Arthur A. Martinelli	11/23/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480187

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 8	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	0.090	*
Chlordane	39350	9.000	*
Dieldrin	39380	0.180	*
DDT	39370	0.180	*
Heptachlor	39410	0.090	*
Lindane	39782	0.090	*
PCB's	39516	20.000	*
Toxaphene	39400	20.000	*
Purgeables			
Benzene	34030	0.900	*
Carbon tetrachloride	32102	0.900	*
Chloroform	32106	0.900	*
Methylene Chloride	34423	0.900	*
Tetrachloroethylene	34475	0.900	*
Trichloroethylene	39180	0.900	*
Vinyl chloride	39175	0.900	*
Base/Neutrals and Acids			
Benzidine	39120	59.000	*
Benzo(a)pyrene	34247	59.000	*
Bis(2-ethylhexyl) phthalate	39100	80.100	
Hexachlorobenzene	39700	59.000	*
Hexachlorobutadiene	39702	59.000	*
N-nitrosodimethylamine	34438	59.000	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
10/27/98 — Date

Laboratory Name: Antech Ltd.
Cert No.: 77051

946480188

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	1 1 9 8	THRU	1 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 10/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature Phil Habrukowich
Date 12/22/98

946480189

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
Date 12/22/98

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																

946480190

NATIONAL 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: 10/02/98

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 98 10 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 98 10 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101998

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	**********	**********	*******	**********	41.3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	201,413	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	17,519	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	826	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	746	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20,000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,920	**********	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 12 22
YEAR MO DAY

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

946480191

NATIONAL 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: 10/02/98

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 98 10 01 TO YEAR MO DAY 98 10 31
(20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101998

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	**********	**********	*******	**********	88.3	**********	MG/KG		1/30	COMP
00942 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.58	**********	MG/KG		1/30	COMP
00949 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO)	SAMPLE MEASUREMENT	**********	**********	*******	**********	39.3	**********	MG/KG		1/30	COMP
78465 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P)	SAMPLE MEASUREMENT	**********	**********	*******	**********	9,330	**********	MG/KG		1/30	COMP
78478 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.84	**********	MG/KG		1/30	COMP
01003 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.02	**********	MG/KG		1/30	COMP
01148 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	971	**********	MG/KG		1/30	COMP
46394 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 12 22 (YEAR MO DAY)

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

946480192

NATIONAL 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 101998 (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
98 10 01	98 10 31

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

CREATED: 10/02/98

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)	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 68	**********	MG/KG		1/30	COMP
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	9 58	**********	MG/KG		1/30	COMP
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,886	**********	MG/KG		1/30	COMP
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	231	**********	MG/KG		1/30	COMP
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	54 9	**********	MG/KG		1/30	COMP
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	3 82	**********	MG/KG		1/30	COMP
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	430	**********	MG/KG		1/30	COMP
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 12 22 (YEAR MO DAY)

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

946480193

NATIONAL 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: 10/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 10 01	98 10 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101998

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	**********	**********	*******	**********	21,442	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 66.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 66.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 66.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 66.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 66.000	**********	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 12 22 (YEAR MO DAY)

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

946480194

NATIONAL 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: 10/02/98

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	10	01	TO	98	10	31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101998 (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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 66.000	**********	MG/KG		1/30 ONCE/ MONTH	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30 ONCE/ MONTH	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30 ONCE/ MONTH	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.200	**********	MG/KG		1/30 ONCE/ MONTH	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30 ONCE/ MONTH	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30 ONCE/ MONTH	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30 ONCE/ MONTH	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********				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 12 22
YEAR MO DAY

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

946480195

NATIONAL 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
98 10 01	98 10 31

CREATED: 10/02/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101998 (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	**********	**********	*******	**********	88.0	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.100	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.100	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.000	**********	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 12 22 (YEAR MO DAY)

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

946480196

NATIONAL 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: 10/02/98

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 98 10 01 TO YEAR MO DAY 98 10 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 101998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Average	Quantity or Loading (54-61) Maximum	Unit	(4 Card Only) (38-45) Minimum	Quality or Concentration (46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	88.0	**********	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 12 22
YEAR MO DAY

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

946480197

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	1 0 9 8	THRU	1 0 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 09/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 11/24/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 11/25/98

946480198

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																

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

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

Passaic Valley
Sewerage Commissioners

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

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

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

946480200

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY		
0 0 2 1 0 1 6	1 0	1 9 9 8	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 2 6 6

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	1 5 8
2. Average Daily Sludge Production	(Gallons/Day)	B2:	1 7 9 2 4 0
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	1 1 8 2 2

**C. INFORMATION ON SLUDGE REMOVED FOR ULTIMATE MANAGEMENT

1. Complete ONLY If Liquid Sludge Is Removed			
a. Total Solids of Liquid Sludge	(% by weight)	C1:	
b. Average Daily Sludge Removal	(Gallons/Day)	C2:	
2. Complete ONLY If Dewatered Sludge Is Removed			
a. Total Solids of Dewatered Sludge	(% by weight)	C3:	5 6 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 0 5
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	1 1 8 3 2
4. pH of Sludge Removed	(Standard Units)	C9:	4 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
11/23/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480201

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 = $\frac{\text{VS before} - \text{VS after}}{\text{VS before} - (\text{VS before X VS after})}$ 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.

946480202

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 8	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	8.84	
Beryllium	01012	0.68	*
Cadmium	61527	9.58	
Chromium	61512	430.	
Copper	61506	971.	
Iron	01045	21442.	
Lead	61503	231.	
Mercury	01260	3.82	
Molybdenum	01062	39.3	
Nickel	61515	54.9	
Selenium	61518	5.02	
Zinc	61509	1886.	
Selected Chemical Parameters			
Total Nitrogen	00625	17519.	
Ammonia	71845	746.	
Nitrate Nitrogen	71850	41.3	
Oil and Grease	00550	20141 3.	
Phenols	46000	88.0	
Phosphorus	00665	9330.	
Calcium	00916	20000.	
Magnesium	00927	4920.	
Potassium	00937	826.	
Cyanide	00720	88.0	
Fluoride	00951	4.58	
Chloride	00940	88.3	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist		11/25/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480203

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	1998	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	0.050	*
Chlordane	39350	1.000	*
Dieldrin	39380	0.100	*
DDT	39370	0.100	*
Heptachlor	39410	0.050	*
Lindane	39782	0.050	*
PCB's	39516	1.000	*
Toxaphene	39400	1.000	*
Purgeables			
Benzene	34030	1.100	*
Carbon tetrachloride	32102	1.100	*
Chloroform	32106	1.100	*
Methylene Chloride	34423	1.200	
Tetrachloroethylene	34475	1.100	*
Trichloroethylene	39180	1.100	*
Vinyl chloride	39175	1.100	*
Base/Neutrals and Acids			
Benzidine	39120	66.000	*
Benzo(a)pyrene	34247	66.000	*
Bis(2-ethylhexyl) phthalate	39100	66.000	*
Hexachlorobenzene	39700	66.000	*
Hexachlorobutadiene	39702	66.000	*
N-nitrosodimethylamine	34438	66.000	*

CERTIFICATE OF AUTHENTICITY

Arthur A. Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
11/25/98 — Date

Laboratory Name: Antech Ltd.
Cert No.: 77051

946480204

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	1 1 9 8	THRU	1 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 10/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature Phil Habrukowich
Date 12/22/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
Date 12/22/98

946480205

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																

946480206

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

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

Passaic Valley
Sewerage Commissioners

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

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

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

946480207

T-VWX-007
5/89

New Jersey Department of Environmental Protection
Division of Water Resources

DOMESTIC WASTEWATER SLUDGE REPORT

DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY	
0 0 2 1 0 1 6	1 1	1 9 9 8	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:	271000.

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	140
2. Average Daily Sludge Production	(Gallons/Day)	B2:	2062332.
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	120.22

**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:	58.1
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:	207.1
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	120.31
4. pH of Sludge Removed	(Standard Units)	C9:	4.4

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

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

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
12/22/98 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480208

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

ULTIMATE SLUDGE MANAGEMENT METHOD CODE

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

PATHOGEN REDUCTION METHOD CODE (Appropriate sections must be completed)

A. Anaerobic Digestion; or

B. Aerobic Digestion; complete the following:

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

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

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

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

EQUATIONS

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

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

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

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

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

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

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

946480209

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	1 2 9 8	THRU	1 2 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 11/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR **946480210**

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 1/22/99

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 1/22/99

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																

946480211

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 10/02/98

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 11 01	98 11 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 111998 (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	**********	**********	*******	**********	ND< 34.7	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	252,151	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	10,943	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	641	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	577	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20,506	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,924	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 99 01 22 (YEAR MO DAY)

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

946480212

NATIONAL 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: 10/02/98

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
98 11 01	98 11 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 111998

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	**********	**********	*******	**********	172	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.45	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	46.4	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,470	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.15	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	3.47	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,046	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 99 01 22 (YEAR MO DAY)

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

946480213

NATIONAL 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: 10/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 11 01	98 11 30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 111998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE)	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.52	**********	MG/KG		1/30	COMP.
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	13.6	**********	MG/KG		1/30	COMP.
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	2,021	**********	MG/KG		1/30	COMP.
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	164	**********	MG/KG		1/30	COMP.
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	56.8	**********	MG/KG		1/30	COMP.
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.67	**********	MG/KG		1/30	COMP.
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	410	**********	MG/KG		1/30	COMP.
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 99 01 22
YEAR MO DAY

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

946480214

NATIONAL 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 111998

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 11 01	98 11 30

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

CREATED: 10/02/98

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)
IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	13,895	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 50.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 50.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 50.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 50.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 50.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 99 01 22 (YEAR MO DAY)

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

946480215

NATIONAL 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 111998

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

CREATED: 10/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 11 01	98 11 30
(20-21)(22-23)(24-25)	(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)
HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 50.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.800	**********	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	99 01 22 YEAR MO DAY

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

946480216

NATIONAL 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 111998

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 11 01	98 11 30
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 10/02/98

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)
CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.64	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLORDANE (TECH MIX & METABS), DRY WEIGHT 39351 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.0	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 99 01 22
YEAR MO DAY

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

946480217

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CREATED: 10/02/98

MAJOR

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

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

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	11	01	TO	98	11	30

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 111998 (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< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	90.5	**********	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: 99 01 22
YEAR MO DAY

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

946480218

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 1	1 9 9 8	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	3.15	
Beryllium	01012	0.52	
Cadmium	61527	13.6	
Chromium	61512	410.	
Copper	61506	1046.	
Iron	01045	13895.	
Lead	61503	164.	
Mercury	01260	2.67	
Molybdenum	01062	46.4	
Nickel	61515	56.8	
Selenium	61518	3.47	
Zinc	61509	2021.	
Selected Chemical Parameters			
Total Nitrogen	00625	10943.	
Ammonia	71845	577.	
Nitrate Nitrogen	71850	34.7	*
Oil and Grease	00550	25215 1.	
Phenols	46000	90.5	
Phosphorus	00665	4470.	
Calcium	00916	20506.	
Magnesium	00927	4924.	
Potassium	00937	641.	
Cyanide	00720	4.64	
Fluoride	00951	8.45	
Chloride	00940	172.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist	[signature]	12/28/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480219

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	1998	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	0.050	*
Chlordane	39350	1.0	*
Dieldrin	39380	1.0	*
DDT	39370	1.0	*
Heptachlor	39410	0.050	*
Lindane	39782	0.050	*
PCB's	39516	1.0	*
Toxaphene	39400	1.0	*
Purgeables			
Benzene	34030	1.800	*
Carbon tetrachloride	32102	1.800	*
Chloroform	32106	1.800	*
Methylene Chloride	34423	1.800	*
Tetrachloroethylene	34475	1.800	*
Trichloroethylene	39180	1.800	*
Vinyl chloride	39175	1.800	*
Base/Neutrals and Acids			
Benzidine	39120	50.000	*
Benzo(a)pyrene	34247	50.000	*
Bis(2-ethylhexyl) phthalate	39100	50.000	*
Hexachlorobenzene	39700	50.000	*
Hexachlorobutadiene	39702	50.000	*
N-nitrosodimethylamine	34438	50.000	*

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist,		12/28/98
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Antech Ltd.

Cert No.: 77051

946480220

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	1 2 9 8	THRU	1 2 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 11/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR **946480221**

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 1/22/99

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature
Date 1/22/99

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

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

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.

946480223

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	1998	51	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:	22835

B. INFORMATION ON SLUDGE PRODUCED IN TREATMENT PROCESS

1. Average Total Solids of Sludge	(% by weight)	B1:	142
2. Average Daily Sludge Production	(Gallons/Day)	B2:	200284
3. Average Daily Sludge Production	(Dry Tons/Day)	B3:	118.75

**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:	211.1
3. Total Average Daily Sludge Removal	(Dry Tons/Day)	C8:	118.85
4. pH of Sludge Removed	(Standard Units)	C9:	4.5

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

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

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

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

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist — Title
Signature
1/22/99 — Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480224

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.

946480225

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

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

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

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

FORMS ATTACHED (Indicate Quantity of Each)

SLUDGE REPORTS - SANITARY
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1 EPA Form 3320-1 For Reporting Period 12/98

SLUDGE REPORTS - INDUSTRIAL
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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
___ 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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AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR **946480226**

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

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

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

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	98	12	01		98	12	31

CREATED: 10/02/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 121998 (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	**********	**********	*******	**********	89.6	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
OIL & GREASE, SLUDGE, TOTAL, DRY WEIGHT 61568 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	232,682	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, SLUDGE, TOTAL, DRY WEIGHT (AS N) 78470 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	12,785	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POTASSIUM, SLUDGE, TOTAL, DRY WEIGHT (AS K) 78472 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	326	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA, SLUDGE, TOTAL,DRY WEIGHT 82294 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	602	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CALCIUM, DRY WEIGHT 00917 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	20,953	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MAGNESIUM, DRY WEIGHT 00924 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4,747	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 99 02 24 (YEAR MO DAY)

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

946480228

NATIONAL 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: 10/02/98

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 98 12 01 TO YEAR MO DAY 98 12 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 121998
(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	**********	**********	*******	**********	354	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
FLOURIDE, DRY WEIGHT 00949 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.68	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MOLYBDENUM, SLUDGE, TOTAL,DRY WEIGHT (AS MO) 78465 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	27.8	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHOSPHORUS, SLUDGE, TOTAL, DRY WEIGHT (AS P) 78478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	8,870	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ARSENIC, DRY WEIGHT 01003 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.27	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
SELENIUM, DRY WEIGHT 01148 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.23	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
COPPER, DRY WEIGHT 46394 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	855	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 99 02 24 (YEAR MO DAY)

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

946480229

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

DMR NUMBER: NJ0021016 SQ 5E 121998

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

CREATED: 10/02/98

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)

NORTHERN REGION / ESSEX

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PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
BERYLLIUM, SLUDGE, TOTAL,DRY WEIGHT (AS BE)	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 2	**********	MG/KG		1/30	COMP
61524 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CADMIUM, SLUDGE, TOTAL, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	12 0	**********	MG/KG		1/30	COMP
61527 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ZINC, SLUDGE, TOTAL, DRY WEIGHT (AS ZN)	SAMPLE MEASUREMENT	**********	**********	*******	**********	1,494	**********	MG/KG		1/30	COMP
78467 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
LEAD, SLUDGE, TOTAL, DRY WEIGHT (AS PB)	SAMPLE MEASUREMENT	**********	**********	*******	**********	137	**********	MG/KG		1/30	COMP
78468 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
NICKEL, SLUDGE, TOTAL, DRY WEIGHT (AS NI)	SAMPLE MEASUREMENT	**********	**********	*******	**********	50 0	**********	MG/KG		1/30	COMP
78469 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
MERCURY, SLUDGE, TOTAL, DRY WEIGHT (AS HG)	SAMPLE MEASUREMENT	**********	**********	*******	**********	2 38	**********	MG/KG		1/30	COMP
78471 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHROMIUM, SLUDGE, TOTAL, DRY WEIGHT (AS CR)	SAMPLE MEASUREMENT	**********	**********	*******	**********	389	**********	MG/KG		1/30	COMP
78473 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 99 02 24 (YEAR MO DAY)

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

946480230

NATIONAL 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: 10/02/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 12 01	98 12 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5E 121998 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

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IRON, SLUDGE, TOTAL, DRY WEIGHT (AS FE) 78474 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	12,700	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZENE, DRY WEIGHT 34237 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZO(A)PYRENE, DRY WEIGHT 34250 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 33.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
N-NITROSODIMETHYLAMINE, DRY WEIGHT 34441 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 33.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BIS (2-ETHYLHEXYL) PHTHALATE, DRY WEIGHT 39102 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	45.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
BENZIDINE, DRY WEIGHT 39121 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 33.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEXACHLOROBENZENE, DRY WEIGHT 39701 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 33.000	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROBERT J. DAVENPORT

EXECUTIVE DIRECTOR

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

DATE: 99 02 24 (YEAR MO DAY)

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

946480231

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

Facility: PASSAIC VALLEY SEWERAGE COMM
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DMR NUMBER: NJ0021016 SQ 5E 121998

(2-16)	(17-19)
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MONITORING PERIOD

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CREATED: 10/02/98

MAJOR

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OMB No 2040-0004
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NORTHERN REGION / ESSEX

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HEXACHLOROBUTADIENE, DRY WEIGHT 39705 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 33.000	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CARBON TETRACHLORIDE, DRY WEIGHT 34299 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
CHLOROFORM, DRY WEIGHT 34318 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
METHYLENE CHLORIDE, DRY WEIGHT 34426 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TETRACHLOROETHYLENE, DRY WEIGHT 34478 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TRICHLOROETHYLENE, DRY WEIGHT 34487 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
VINYL CHLORIDE, DRY WEIGHT 34495 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.100	**********	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	99 02 24 YEAR MO DAY

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

946480232

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

DMR NUMBER: NJ0021016 SQ 5E 121998

(2-16)	(17-19)
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MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
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CREATED: 10/02/98

MAJOR

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NORTHERN REGION / ESSEX

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CYANIDE, DRY WEIGHT 00721 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	4 40	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
ALDRIN, DRY WEIGHT 39333 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 050	**********	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 0	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DDT, DRY WEIGHT 39373 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 10	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
DIELDRIN, DRY WEIGHT 39383 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 10	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
TOXAPHENE, DRY WEIGHT 39403 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1 0	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
POLYCHLORINATED BIPHENYLS (PCBS) 39516 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1 0	**********	MG/KG		1/30	COMP
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

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LINDANE, DRY WEIGHT 61491 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
HEPTACHLOR, DRY WEIGHT 75044 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0 050	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS
PHENOLIC COMPOUNDS, SLUDGE, TOTAL,DRY WEIGHT 61565 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	89 3	**********	MG/KG		1/30	COMP.
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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99 02 24
YEAR MO DAY

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

946480234

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	12	1998	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	5.27	
Beryllium	01012	0.2	*
Cadmium	61527	12.0	
Chromium	61512	389.	
Copper	61506	855.	
Iron	01045	12700.	
Lead	61503	13.7.	
Mercury	01260	2.38	
Molybdenum	01062	27.8	
Nickel	61515	50.0	
Selenium	61518	4.23	
Zinc	61509	1494.	
Selected Chemical Parameters			
Total Nitrogen	00625	12785.	
Ammonia	71845	602.	
Nitrate Nitrogen	71850	89.6	
Oil and Grease	00550	23268 2.	
Phenols	46000	89.3	
Phosphorus	00665	8870.	
Calcium	00916	20953.	
Magnesium	00927	4747.	
Potassium	00937	326.	
Cyanide	00720	4.40	
Fluoride	00951	5.68	
Chloride	00940	354.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli	Chief Chemist	Arthur A. Martinelli	2/10/99
Name of Authorized Agent (Print)	Title	Signature	Date

Laboratory Name: Passaic Valley Sewerage Commissioners Cert No. 07250

946480235

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	1998	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	0.050	*
Chlordane	39350	1.0	*
Dieldrin	39380	0.10	*
DDT	39370	0.10	*
Heptachlor	39410	0.050	*
Lindane	39782	0.050	*
PCB's	39516	1.0	*
Toxaphene	39400	1.0	*
Purgeables			
Benzene	34030	1.100	*
Carbon tetrachloride	32102	1.100	*
Chloroform	32106	1.100	*
Methylene Chloride	34423	1.100	*
Tetrachloroethylene	34475	1.100	*
Trichloroethylene	39180	1.100	*
Vinyl chloride	39175	1.100	*
Base/Neutrals and Acids			
Benzidine	39120	33.000	*
Benzo(a)pyrene	34247	33.000	*
Bis(2-ethylhexyl) phthalate	39100	45.000	
Hexachlorobenzene	39700	33.000	*
Hexachlorobutadiene	39702	33.000	*
N-nitrosodimethylamine	34438	33.000	*
		.	
		.	

CERTIFICATE OF AUTHENTICITY

Arthur A.Martinelli — Name of Authorized Agent (Print)
Chief Chemist, — Title
Signature
1/29/99 — Date

Laboratory Name:

Cert No.:

946480236

T-VWX-014

NEW JERSEY DEPTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 2 1 0 1 6	0 1 9 8	THRU	1 2 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
___ T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
1 EPA Form 3320-1 For Reporting Period 08/98

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

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

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

NPDES DISCHARGE MONITORING
___ EPA FORM 3320-1

Operating Exceptions

	YES	NO
DYE TESTING		
TEMPORARY BYPASSING		
DISINFECTION INTERRUPTION		
MONITORING MALFUNCTIONS		
UNITS OUT OF OPERATION		
OTHER	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 this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly resposible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Phil Habrukowich
Grade & Registry No. NJ S-4 #0004998
Signature
Date 9/24/98

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Robert J. Davenport
Title (Printed) Executive Director
Signature Robert J. Davenport
Date 9/24/98

946480237

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																

NATIONAL 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: 01/20/98

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 98 01 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 98 12 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998

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	**********	**********	*******	**********	47.7	**********	MG/KG		1/360	24HC
01078 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
ANTIMONY, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.59	**********	MG/KG		1/360	24HC
01098 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
THALLIUM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.72	**********	MG/KG		1/360	24HC
34480 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
ACENAPHTHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/360	24HC
34203 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
ACENAPHTHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/360	24HC
34208 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
ANTHRACENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/360	24HC
34223 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
BENZO(K)FLUORANTHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/360	24HC
34245 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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.)

Robert J. Davenport
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 09 23
YEAR MO DAY

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

946480239

NATIONAL 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: 01/20/98

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 98 01 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 98 12 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998

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)
BIS(2-CHLOROETHYL) ETHER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34276 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
BIS(2-CHLOROETHOXY) METHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34281 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
BIS(2-CHLOROISOPROPYL) ETHER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34286 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
BUTYL BENZYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34295 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
CHRYSENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34323 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
DIETHYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34339 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
DIMETHYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34344 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	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: 98 09 23
YEAR MO DAY

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

946480240

NATIONAL 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	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 01/20/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 01 01	98 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998

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-DIPHENYLHYDRAZINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34349 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
FLUORANTHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34379 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
FLUORENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34384 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
HEXACHLOROCYCLO-PENTADIENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34389 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
HEXACHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34399 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
INDENO (1,2,3-CD) PYRENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34406 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
N-NITROSODI-N-PROPYLAMINE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34431 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	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: 98 09 23
YEAR MO DAY

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

946480241

NATIONAL 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: 01/20/98

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 98 01 01 TO YEAR MO DAY 98 12 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998 (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)
N-NITROSODIPHENYL-	SAMPLE										
AMINE, DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34436 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	01MOAV	**********				
NAPHTHALENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34445 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	01MOAV	**********				
NITROBENZENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34450 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	01MOAV	**********				
PHENANTHRENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34464 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	01MOAV	**********				
PYRENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34472 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	01MOAV	**********				
BENZO(GHI)PERYLENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34524 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	01MOAV	**********				
BENZO(A)ANTHRACENE,	SAMPLE										
DRY WEIGHT	MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34529 + 0	PERMIT					REPORT				ANNUAL	COMPOS
SLUDGE	REQUIREMENT	**********	**********		**********	01MOAV	**********				

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: 98 09 23
YEAR MO DAY

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

946480242

NATIONAL 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 5B 081998

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

MONITORING PERIOD

FROM YEAR MO DAY (20-21)(22-23)(24-25)	TO YEAR MO DAY (26-27)(28-29)(30-31)
98 01 01	98 12 31

CREATED: 01/20/98

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)
1,2-DICHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34539 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
1,2,4-TRICHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34554 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
DIBENZO (A,H) ANTHRACENE DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34559 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
1,3-DICHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34569 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
1,4-DICHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34574 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
2-CHLORONAPHTHALENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34584 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
DI-N-OCTYL PHTHALATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34599 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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.)	Robert J. Davenport (JP) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	973 344-1800 AREA CODE / NUMBER	98 09 23 YEAR MO DAY

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

946480243

NATIONAL 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: 01/20/98

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 98 01 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 98 12 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998

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< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
2,6-DINITROTOLUENE, DRY WEIGHT 34629 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
3,3'-DICHLOROBENZIDINE, DRY WEIGHT 34634 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
4-BROMOPHENYL PHENYL ETHER, DRY WEIGHT 34639 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
4-CHLOROPHENYL PHENYL ETHER, DRY WEIGHT 34644 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
DI-N-BUTYL PHTHALATE, DRY WEIGHT 39112 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
TRANS-1,3 DICHLORO-PROPENE, DRY WEIGHT 73404 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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.)

Robert J. Davenport
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 09 23
YEAR MO DAY

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

946480244

NATIONAL 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: 01/20/98

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 98 01 01 (20-21)(22-23)(24-25)
TO YEAR MO DAY 98 12 31 (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
3,4 BENZOFLUORANTHENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
79531 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
ACROLEIN, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 17.0	**********	MG/KG		1/ 360	24HC
34213 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
ACRYLONITRILE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 17.0	**********	MG/KG		1/ 360	24HC
34218 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
BROMOFORM, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34290 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
CHLOROBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34304 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
CHLORODIBROMOMETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34309 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
CHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34314 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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.)

Robert J. Davenport
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
973 344-1800
AREA CODE / NUMBER

DATE
98 09 23
YEAR MO DAY

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

946480245

NATIONAL 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: 01/20/98

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 98 01 01 TO YEAR MO DAY 98 12 31

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998 (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)
DICHLOROBROMOMETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34330 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
ETHYLBENZENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34374 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
METHYL BROMIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34416 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
METHYL CHLORIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34421 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
TOLUENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34483 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
1,1-DICHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34499 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
1,1-DICHLOROETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34504 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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.)

Robert J. Davenport (SP)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: 98 09 23 (YEAR MO DAY)

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

946480246

NATIONAL 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	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

CREATED: 01/20/98

MAJOR

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 01 01	98 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998

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< 1.7	**********	MG/KG		1/ 360	24HC
34509 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
1,1,2-TRICHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34514 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
1,1,2,2-TETRACHLORO-ETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34519 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
1,2-DICHLOROETHANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34534 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
1,2-DICHLOROPROPANE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34544 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
1,2-TRANS-DICHLORO-ETHYLENE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34549 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
2-CHLOROETHYL VINYL ETHER, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 1.7	**********	MG/KG		1/ 360	24HC
34579 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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.)	Robert J. Davenport (RJD) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	973 344-1800 AREA CODE / NUMBER	98 09 23 YEAR MO DAY

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

946480247

NATIONAL 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: 01/20/98

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 98 01 01 TO YEAR MO DAY 98 12 31
(20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998

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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)
ISOPHORONE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34411 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
PHENOL, SINGLE COMPOUND, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
34695 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
DELTA-BHC, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
34262 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
ENDOSULFAN SULFATE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
34354 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
B-ENDOSULFAN-BETA	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
34356 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
A-ENDOSULFAN-ALPHA	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
34361 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
ENDRIN ALDEHYDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
34369 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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.)

Robert J. Davenport
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 973 344-1800
AREA CODE / NUMBER

DATE: 98 09 23
YEAR MO DAY

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

946480248

NATIONAL 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	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
98	01	01	98	12	31

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

CREATED: 01/20/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) Quantity or Loading (46-53) Average	(54-61) Maximum	Unit	(4 Card Only) Quality or Concentration (38-45) Minimum	(46-53) Average	(54-61) Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
2,3,7,8 TETRACHLORODI-BENZO-P-DIOXIN, DRY WGT	SAMPLE MEASUREMENT	**********	**********	*******	**********	CODE=E	**********	MG/KG		1/ 360	24HC
34753 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
4,4'-DDT, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
39301 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
4,4'-DDD, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
39311 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
4,4'-DDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
39321 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
HEPTACHLOR EPOXIDE, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
39423 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
PCB-1232, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
39495 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
PCB-1242, DRY WEIGHT	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
39499 + 0 SLUDGE	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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: 98 09 23 (YEAR MO DAY)

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

946480249

NATIONAL 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	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 01 01	98 12 31

CREATED: 01/20/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998 (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)
PCB-1248, DRY WEIGHT 39503 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
PCB-1254, DRY WEIGHT 39507 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
PCB-1260, DRY WEIGHT 39511 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
PCB-1016, DRY WEIGHT 39514 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
PCB-1221, DRY WEIGHT 73155 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
ALPHA-BHC, DRY WEIGHT 73364 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
BETA-BHC, DRY WEIGHT 73365 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	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: 98 09 23
YEAR MO DAY

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

946480250

NATIONAL 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 5B 081998

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

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 01 01	98 12 31
(20-21)(22-23)(24-25)	(26-27)(28-29)(30-31)

CREATED: 01/20/98

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)
ENDRIN, DRY WEIGHT 75048 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 0.9	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
P-CHLORO-M-CRESOL, DRY WEIGHT 34455 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
2-CHLOROPHENOL, DRY WEIGHT 34589 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
2-NITROPHENOL, DRY WEIGHT 34594 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
2,4-DICHLOROPHENOL, DRY WEIGHT 34604 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
2,4-DIMETHYLPHENOL, DRY WEIGHT 34609 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
2,4 DINITROPHENOL, DRY WEIGHT 34619 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 42.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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: 98 09 23
YEAR MO DAY

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

946480251

NATIONAL 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	SQ5B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY	TO YEAR MO DAY
98 01 01	98 12 31

CREATED: 01/20/98

MAJOR

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

NORTHERN REGION / ESSEX

DMR NUMBER: NJ0021016 SQ 5B 081998 (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)
2,4,6 TRICHLOROPHENOL, DRY WEIGHT 34624 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 8.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
4 NITROPHENOL, DRY WEIGHT 34649 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 42.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
PENTACHLOROPHENOL, DRY WEIGHT 39061 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 42.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			ANNUAL	COMPOS
4,6-DINITRO-O-CRESOL, DRY WEIGHT 79533 + 0 SLUDGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	ND< 42.5	**********	MG/KG		1/ 360	24HC
	PERMIT REQUIREMENT	**********	**********		**********	REPORT 01MOAV	**********			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: 98 09 23 (YEAR MO DAY)

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

946480252

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
email: hklein@gslabs.com
Internet: www.gslabs.com

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 # 980805072.3
CLIENT # PAS02
DATE SUBMITTED: 8/5/98

SAMPLE TYPE: SLUDGE CAKE
SAMPLE ID: P.O. #180481 HZFC-142 FILTER PRESS GRAB
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/5/98 TIME SAMPLED: 11:00AM

COMPOUND	RESULT	COMPOUND	RESULT
4-CHLORO-3-METHYLPHENOL	<8.5	4-NITROPHENOL	<42.5
2-CHLOROPHENOL	<8.5	PENTACHLOROPHENOL	<42.5
2,4-DICHLOROPHENOL	<8.5	PHENOL	<8.5
2,4-DIMETHYLPHENOL	<8.5	2,4,6-TRICHLOROPHENOL	<8.5
2,4-DINITROPHENOL	<42.5		
2-METHYL-4,6-DINITROPHENOL	<42.5	DATE EXTRACTED	8/14/98
2-NITROPHENOL	<8.5	DATE ANALYZED	8/28/98

RECEIVED
SEP 4 1998
PVSC
LABORATORY

TEST RESULTS ARE IN MG/KG DRY WEIGHT.
<=LESS THAN, NONE DETECTED.
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3545/8270C.

946480253

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 - Lab # 11550 and N.J.D.E.P. - Lab # 20044

Garden State Laboratories, Inc.

Bacteriological and Chemical Testing

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Hillside, New Jersey 07205

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Fax: 908-688-8966
email: hklein@gslabs.com
Internet: www.gslabs.com

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 # 980814000.0
CLIENT # GSL01
DATE SUBMITTED:

SAMPLE TYPE: BLANK
SAMPLE ID: FOR USE WITH SAMPLES EXTRACTED: 8/14/98
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	8/14/98
2-NITROPHENOL	<0.2	DATE ANALYZED	8/25/98

RECEIVED
SEP 4 1998
PVSC
LABORATORY

TEST RESULTS ARE IN MG/KG DRY WEIGHT.
<=LESS THAN, NONE DETECTED.
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3545/8270C.

946480254

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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 # 980000000.0
CLIENT # GSL01
DATE SUBMITTED:

SAMPLE TYPE: SLUDGE CAKE (FILTER PRESS @ PVSC)
SAMPLE ID: REPORTING DETECTION LIMIT FOR SAMPLE 980805072.3
SAMPLE LOCATION:

DATE SAMPLED: TIME SAMPLED:

COMPOUND	RESULT	COMPOUND	RESULT
4-CHLORO-3-METHYLPHENOL	<8.5	4-NITROPHENOL	<42.5
2-CHLOROPHENOL	<8.5	PENTACHLOROPHENOL	<42.5
2,4-DICHLOROPHENOL	<8.5	PHENOL	<8.5
2,4-DIMETHYLPHENOL	<8.5	2,4,6-TRICHLOROPHENOL	<8.5
2,4-DINITROPHENOL	<42.5		
2-METHYL-4,6-DINITROPHENOL	<42.5	DATE EXTRACTED	8/14/98
2-NITROPHENOL	<8.5	DATE ANALYZED	8/28/98

TEST RESULTS ARE IN MG/KG DRY WEIGHT.
<=LESS THAN, NONE DETECTED.
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3545/8270C.

946480255

THE LIABILITY OF GARDEN STATE LABORATORIES, INC FOR SERVICES RENDERED SHALL IN NO EVENT EXCEED THE AMOUNT OF THE INVOICE.

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Bacteriological and Chemical Testing

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email: hklein@gslabs.com
Internet: www.gslabs.com

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 # 980814000.0
CLIENT # GSL01
DATE SUBMITTED:

SAMPLE TYPE: BLANK
SAMPLE ID: FOR USE WITH SAMPLES EXTRACTED: 8/14/98
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	8/14/98
2-NITROPHENOL	<0.2	DATE ANALYZED	8/25/98

RECEIVED
SEP 4 1998
PVSC
LABORATORY

TEST RESULTS ARE IN MG/KG DRY WEIGHT.
<=LESS THAN, NONE DETECTED.
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3545/8270C.

946480256

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Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 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 # 980814000.0
CLIENT # GSL01
DATE SUBMITTED:

SAMPLE TYPE: BLANK
SAMPLE ID: FOR USE WITH SAMPLES EXTRACTED: 8/14/98
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	8/14/98
2-NITROPHENOL	<0.2	DATE ANALYZED	8/25/98

RECEIVED
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PVSC
LABORATORY

TEST RESULTS ARE IN MG/KG DRY WEIGHT.
<=LESS THAN, NONE DETECTED.
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3545/8270C.

946480257

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Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 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
email: hklein@gslabs.com
Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
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 # 980805072.3
CLIENT # PAS02
DATE SUBMITTED: 8/5/98

SAMPLE TYPE: SLUDGE CAKE
SAMPLE ID: P.O. #180481 HZFC-142 FILTER PRESS GRAB
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/5/98 TIME SAMPLED: 11:00AM

COMPOUND	RESULT	COMPOUND	RESULT
ACENAPHTHENE	<8.5	2,4-DINITROTOLUENE	<8.5
ACENAPHTHYLENE	<8.5	2,6-DINITROTOLUENE	<8.5
ANTHRACENE	<8.5	DI-N-OCTYLPHTHLATE	<8.5
BENZIDINE	<42.5	FLUORANTHENE	<8.5
BENZO(a)ANTHRACENE	<8.5	FLUORENE	<8.5
BENZO(b)FLUORANTHENE	<8.5	HEXACHLOROBENZENE	<8.5
BENZO(k)FLUORANTHENE	<8.5	HEXACHLOROBUTADIENE	<8.5
BENZO(a)PYRENE	<8.5	HEXACHLOROCYCLOPENTADIENE	<8.5
BENZO(ghi)PERYLENE	<8.5	HEXACHLOROETHANE	<8.5
BENZYL BUTYL PHTHALATE	<8.5	INDENO(1,2,3-cd)PYRENE	<8.5
BIS(2-CHLOROETHYL)ETHER	<8.5	ISOPHORONE	<8.5
BIS(2-CHLOROETHOXY)METHANE	<8.5	NAPHTHALENE	<8.5
BIS(2-ETHYLHEXYL)PHTHALATE	28.7	NITROBENZENE	<8.5
BIS(2-CHLOROISOPROPYL)ETHER	<8.5	N-NITROSODIMETHYLAMINE	<8.5
4-BROMOPHENYL PHENYL ETHER	<8.5	N-NITROSODI-N-PROPYLAMINE	<8.5
2-CHLORONAPHTHALENE	<8.5	N-NITROSODIPHENYLAMINE	<8.5
4-CHLOROPHENYLPHENYL ETHER	<8.5	PHENANTHRENE	<8.5
CHRYSENE	<8.5	PYRENE	<8.5
DIBENZO(a,h)ANTHRACENE	<8.5	1,2,4-TRICHLOROBENZENE	<8.5
DI-N-BUTYLPHTHALATE	<8.5	1,2-DIPHENYLHYDRAZINE	<8.5
1,3-DICHLOROBENZENE	<8.5	2,3,7,8 TETRACHLORODIBENZO-P-DIXOIN	ND
1,2-DICHLOROBENZENE	<8.5		
1,4-DICHLOROBENZENE	<8.5		
3,3'-DICHLOROBENZIDINE	<8.5	DATE EXTRACTED	8/14/98
DIETHYL PHTHALATE	<8.5	DATE ANALYZED	8/28/98
DIMETHYL PHTHALATE	<8.5		

RESULTS ARE IN MG/KG DRY WEIGHT.

<= LESS THAN, NONE DETECTED

ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3545/8

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Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS
BASE/NEUTRAL COMPOUNDS

TO: GARDEN STATE LABS.
410 HILLSIDE AVE

HILLSIDE NJ 07205

ATT:

REPORT # 980000000.0
CLIENT # GSL01
DATE SUBMITTED:

SAMPLE TYPE: SLUDGE CAKE (FILTER PRESS @ PVSC)
SAMPLE ID: REPORTING DETECTION LIMIT FOR SAMPLE 980805072.3
SAMPLE LOCATION:

DATE SAMPLED: TIME SAMPLED:

COMPOUND	RESULT	COMPOUND	RESULT
ACENAPHTHENE	<8.5	2,4-DINITROTOLUENE	<8.5
ACENAPHTHYLENE	<8.5	2,6-DINITROTOLUENE	<8.5
ANTHRACENE	<8.5	DI-N-OCTYLPHTHLATE	<8.5
BENZIDINE	<42.5	FLUORANTHENE	<8.5
BENZO(a)ANTHRACENE	<8.5	FLUORENE	<8.5
BENZO(b)FLUORANTHENE	<8.5	HEXACHLOROBENZENE	<8.5
BENZO(k)FLUORANTHENE	<8.5	HEXACHLOROBUTADIENE	<8.5
BENZO(a)PYRENE	<8.5	HEXACHLOROCYCLOPENTADIENE	<8.5
BENZO(ghi)PERYLENE	<8.5	HEXACHLOROETHANE	<8.5
BENZYL BUTYL PHTHALATE	<8.5	INDENO(1,2,3-cd)PYRENE	<8.5
BIS(2-CHLOROETHYL)ETHER	<8.5	ISOPHORONE	<8.5
BIS(2-CHLOROETHOXY)METHANE	<8.5	NAPHTHALENE	<8.5
BIS(2-ETHYLHEXYL)PHTHALATE	<8.5	NITROBENZENE	<8.5
BIS(2-CHLOROISOPROPYL)ETHER	<8.5	N-NITROSODIMETHYLAMINE	<8.5
4-BROMOPHENYL PHENYL ETHER	<8.5	N-NITROSODI-N-PROPYLAMINE	<8.5
2-CHLORONAPHTHALENE	<8.5	N-NITROSODIPHENYLAMINE	<8.5
4-CHLOROPHENYLPHENYL ETHER	<8.5	PHENANTHRENE	<8.5
CHRYSENE	<8.5	PYRENE	<8.5
DIBENZO(a,h)ANTHRACENE	<8.5	1,2,4-TRICHLOROBENZENE	<8.5
DI-N-BUTYLPHTHALATE	<8.5	1,2-DIPHENYLHYDRAZINE	<8.5
1,3-DICHLOROBENZENE	<8.5	2,3,7,8 TETRACHLORODIBENZO-P-DIOXIN	ND
1,2-DICHLOROBENZENE	<8.5		
1,4-DICHLOROBENZENE	<8.5		
3,3'-DICHLOROBENZIDINE	<8.5	DATE EXTRACTED	8/14/98
DIETHYL PHTHALATE	<8.5	DATE ANALYZED	8/28/98
DIMETHYL PHTHALATE	<8.5		

RESULTS ARE IN MG/KG DRY WEIGHT.

<= LESS THAN, NONE DETECTED
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3545/8270C

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Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS
BASE/NEUTRAL COMPOUNDS

TO: GARDEN STATE LABS.
410 HILLSIDE AVE

HILLSIDE NJ 07205

ATT:

REPORT # 980814000.0
CLIENT # GSL01
DATE SUBMITTED:

SAMPLE TYPE: BLANK
SAMPLE ID: FOR USE WITH SAMPLES EXTRACTED: 8/14/98
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	<0.2	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	DATE EXTRACTED	8/14/98
DIETHYL PHTHALATE	<0.2	DATE ANALYZED	8/25/98
DIMETHYL PHTHALATE	<0.2		

RESULTS ARE IN MG/KG DRY WEIGHT.

<= LESS THAN, NONE DETECTED
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3545/827

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Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS
BASE/NEUTRAL COMPOUNDS

TO: GARDEN STATE LABS.
410 HILLSIDE AVE

HILLSIDE NJ 07205

ATT:

REPORT # 980814000.0
CLIENT # GSL01
DATE SUBMITTED:

SAMPLE TYPE: BLANK
SAMPLE ID: FOR USE WITH SAMPLES EXTRACTED: 8/14/98
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	<0.2	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	DATE EXTRACTED	8/14/98
DIETHYL PHTHALATE	<0.2	DATE ANALYZED	8/25/98
DIMETHYL PHTHALATE	<0.2		

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SEP 4 1998
PVSC LABORATORY

RESULTS ARE IN MG/KG DRY WEIGHT.

946480261

<= LESS THAN, NONE DETECTED
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3545/8270C.

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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 # 980814000.0
CLIENT # GSL01
DATE SUBMITTED:

SAMPLE TYPE: BLANK
SAMPLE ID: FOR USE WITH SAMPLES EXTRACTED: 8/14/98
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	<0.2	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	DATE EXTRACTED	8/14/98
DIETHYL PHTHALATE	<0.2	DATE ANALYZED	8/25/98
DIMETHYL PHTHALATE	<0.2		

RESULTS ARE IN MG/KG DRY WEIGHT.

<= LESS THAN, NONE DETECTED
ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY, USEPA METHOD 3545/8270C.

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Garden State Laboratories, Inc.
Peak Search Cover Sheet

PEAK SEARCH FOR: PVSC

DATE SUBMITTED: 8/5/98
TEST REQUIRED: ABN - 25
G.S.L. I.D.: 980805072
COMPUTER I.D.: C:\HPCHEM\1\DATA\80828\0828B11.D
CLIENT I.D.

946480263

RECEIVED
SEP 4 1998
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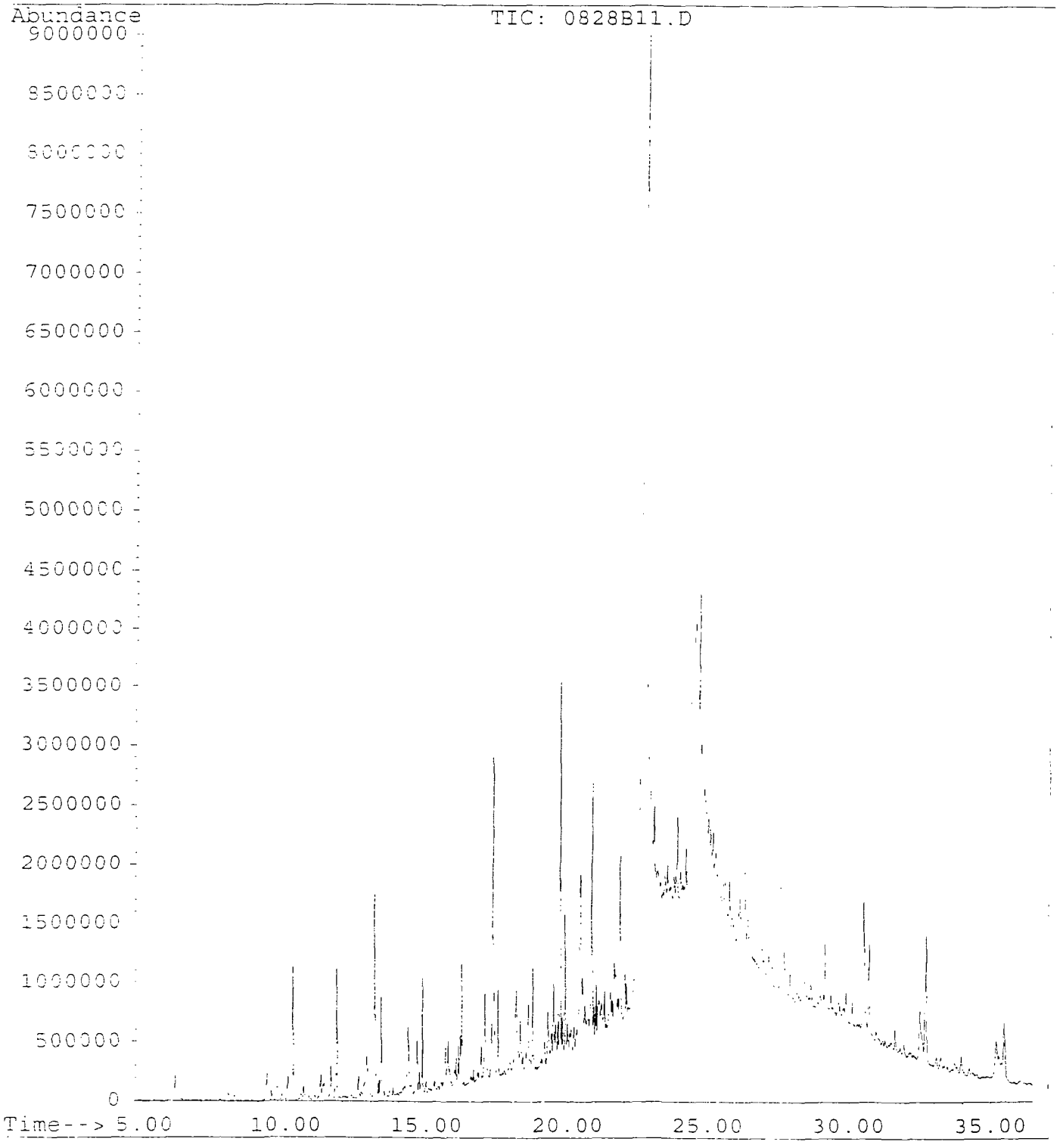
File : C:\HPCHEM\1\DATA\80828\0828B11.D
Operator : spc
Acquired : 28 Aug 98 6:08 pm using AcqMethod BNA0828
Instrument : 5972 - In
Sample Name: PVSC c-72 8/5/98 1:10
Misc Info : s,10.1479,57.9,10,8/14/98
Vial Number: 11



946480264

Library Search Compound Report

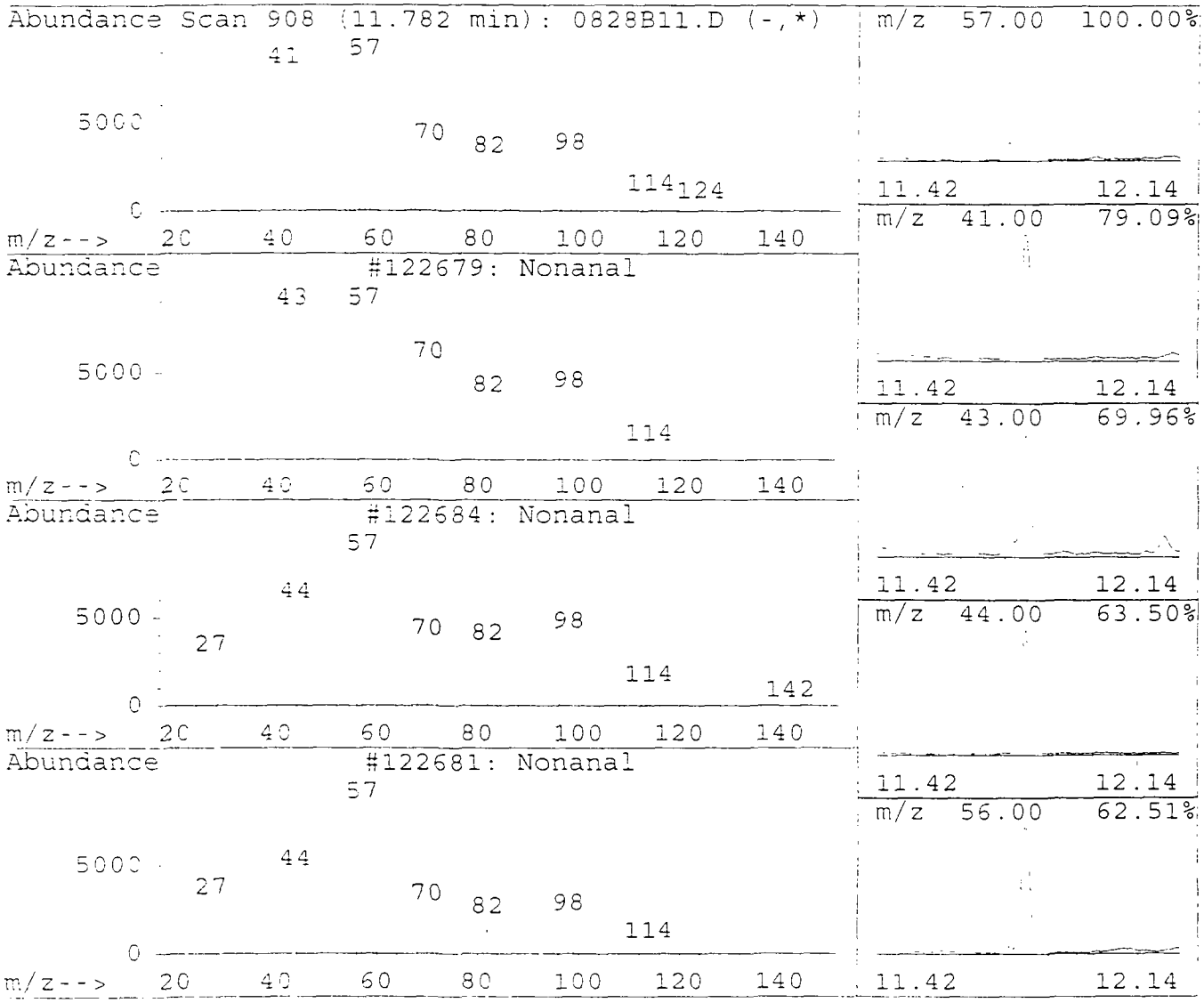
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
11.78	17.95 ng/uL	2238686	Naphthalene-D8	13.13

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Nonanal	122679	000124-19-6	91
2	Nonanal	122684	000124-19-6	91
3	Nonanal	122681	000124-19-6	90
4	Nonanal	122680	000124-19-6	80
5	Nonanal	10162	000124-19-6	64



946480265

Library Search Compound Report

Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

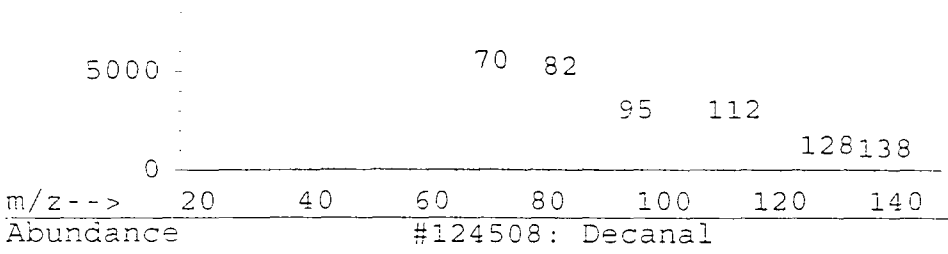
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
13.36	13.64 ng/uL	1701504	Naphthalene-D8	13.13

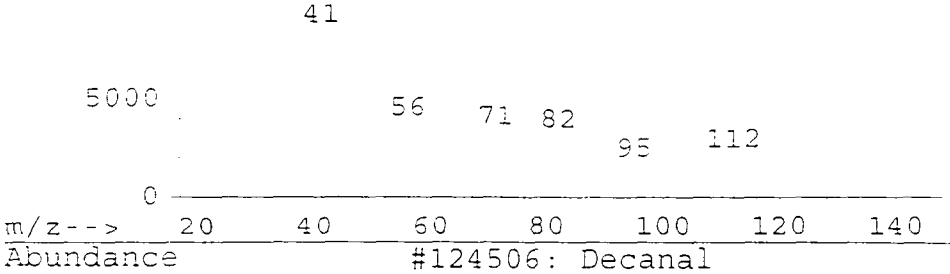
Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Decanal	124508	000112-31-2	91
2	Decanal	124506	000112-31-2	87
3	Decanal	124504	000112-31-2	80
4	Decanal	124505	000112-31-2	58
5	Decanal	15512	000112-31-2	47

Abundance Scan 1109 (13.360 min): 0828B11.D (-,*) m/z 43.00 100.00%



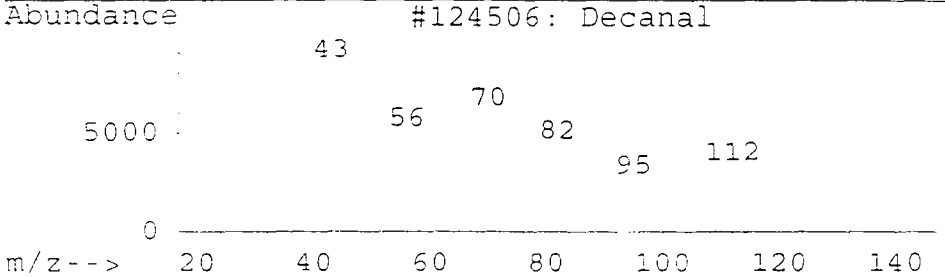
13.00 13.72
m/z 57.00 96.31%

Abundance #124508: Decanal



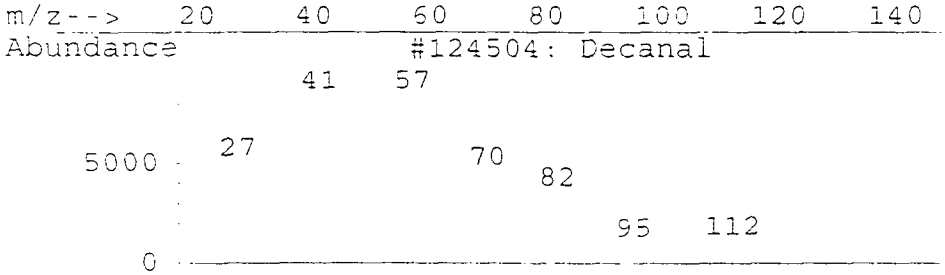
13.00 13.72
m/z 41.00 87.97%

Abundance #124506: Decanal



13.00 13.72
m/z 55.00 65.70%

Abundance #124504: Decanal



13.00 13.72
m/z 44.00 57.19%

13.00 13.72

0828B11.D BNA0828.M Wed Sep 02 16:33:32 1998

946480266

Library Search Compound Report

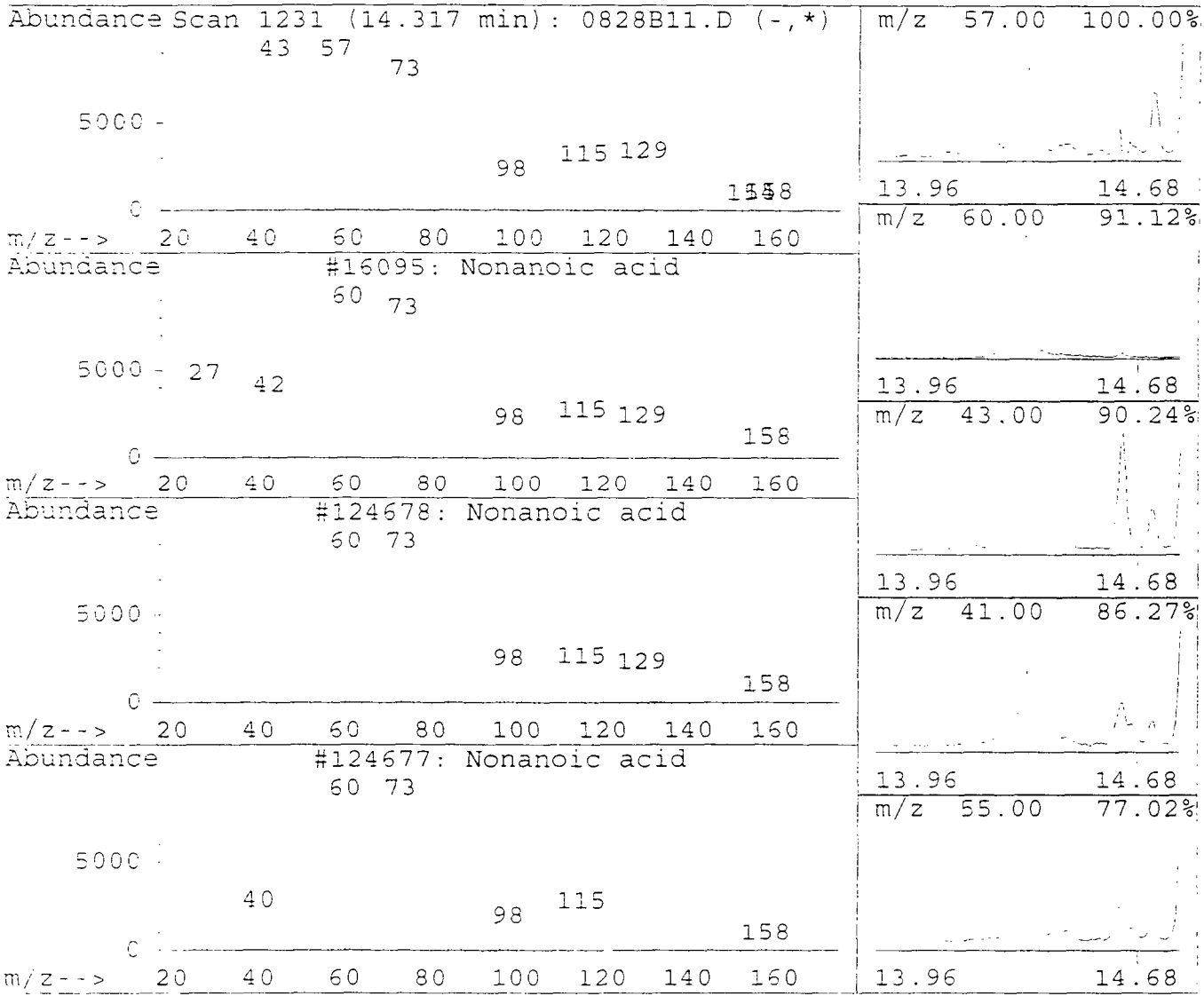
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
14.32	14.06 ng/uL	1753505	Naphthalene-D8	13.13

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Nonanoic acid	16095	000112-05-0	64
2	Nonanoic acid	124678	000112-05-0	49
3	Nonanoic acid	124677	000112-05-0	47
4	Cyclopropane, nonyl-	20748	074663-85-7	18
5	Cycloheptane, methyl-	2728	004126-78-7	18



946480267

Library Search Compound Report

Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

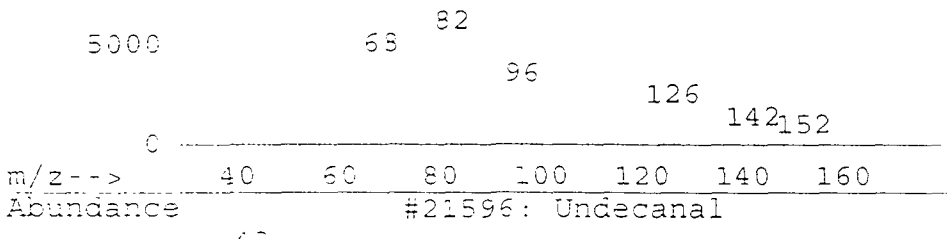
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

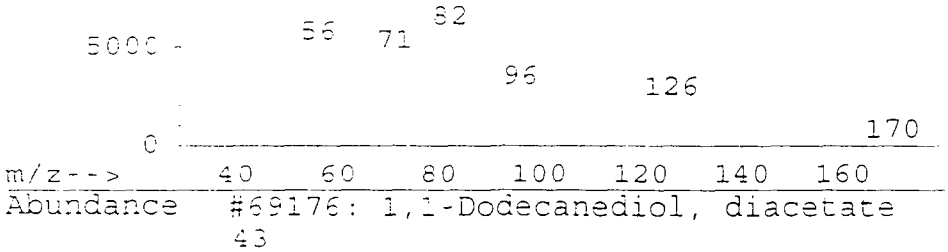
R.T.	Conc	Area	Relative to ISTD	R.T.
14.83	16.77 ng/uL	2091592	Naphthalene-D8	13.13

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Undecanal	21596	000112-44-7	91
2	1,1-Dodecanediol, diacetate	69176	056438-07-4	90
3	Dodecanal	27665	000112-54-9	83
4	1-Hexadecanol	130924	029354-98-1	72
5	Hexadecanal	130821	000629-80-1	64

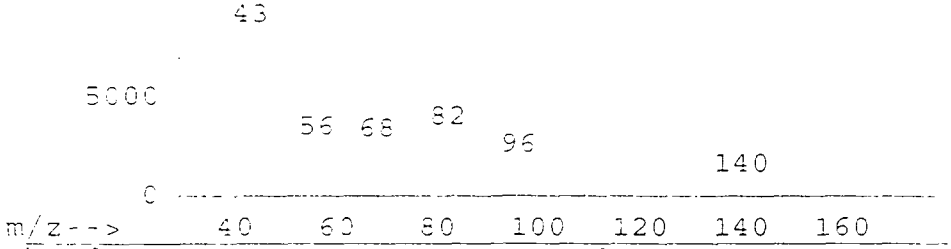
Abundance Scan 1296 (14.828 min): 0828B11.D (-,*) m/z 43.00 100.00%



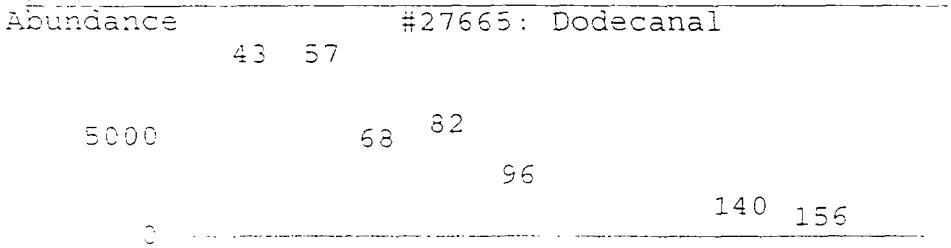
Abundance #21596: Undecanal



Abundance #69176: 1,1-Dodecanediol, diacetate



Abundance #27665: Dodecanal



946480268

Library Search Compound Report

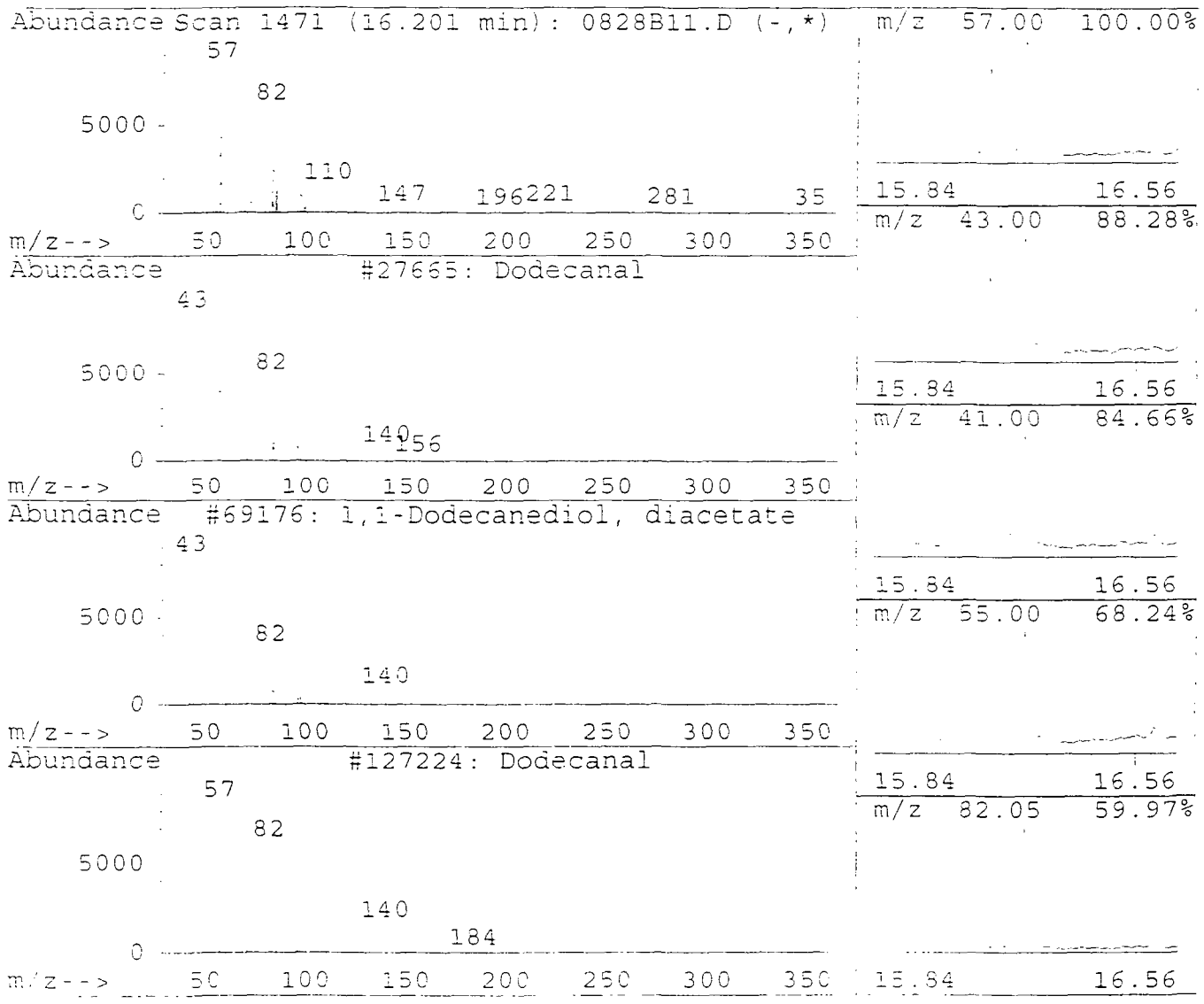
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
16.20	16.30 ng/uL	2189714	Acenaphthene-d10	17.32

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Dodecanal	27665	000112-54-9	91
2	1,1-Dodecanediol, diacetate	69176	056438-07-4	90
3	Dodecanal	127224	000112-54-9	80
4	Dodecanal	127222	000112-54-9	72
5	Dodecanal	127223	000112-54-9	58



946480269

Library Search Compound Report

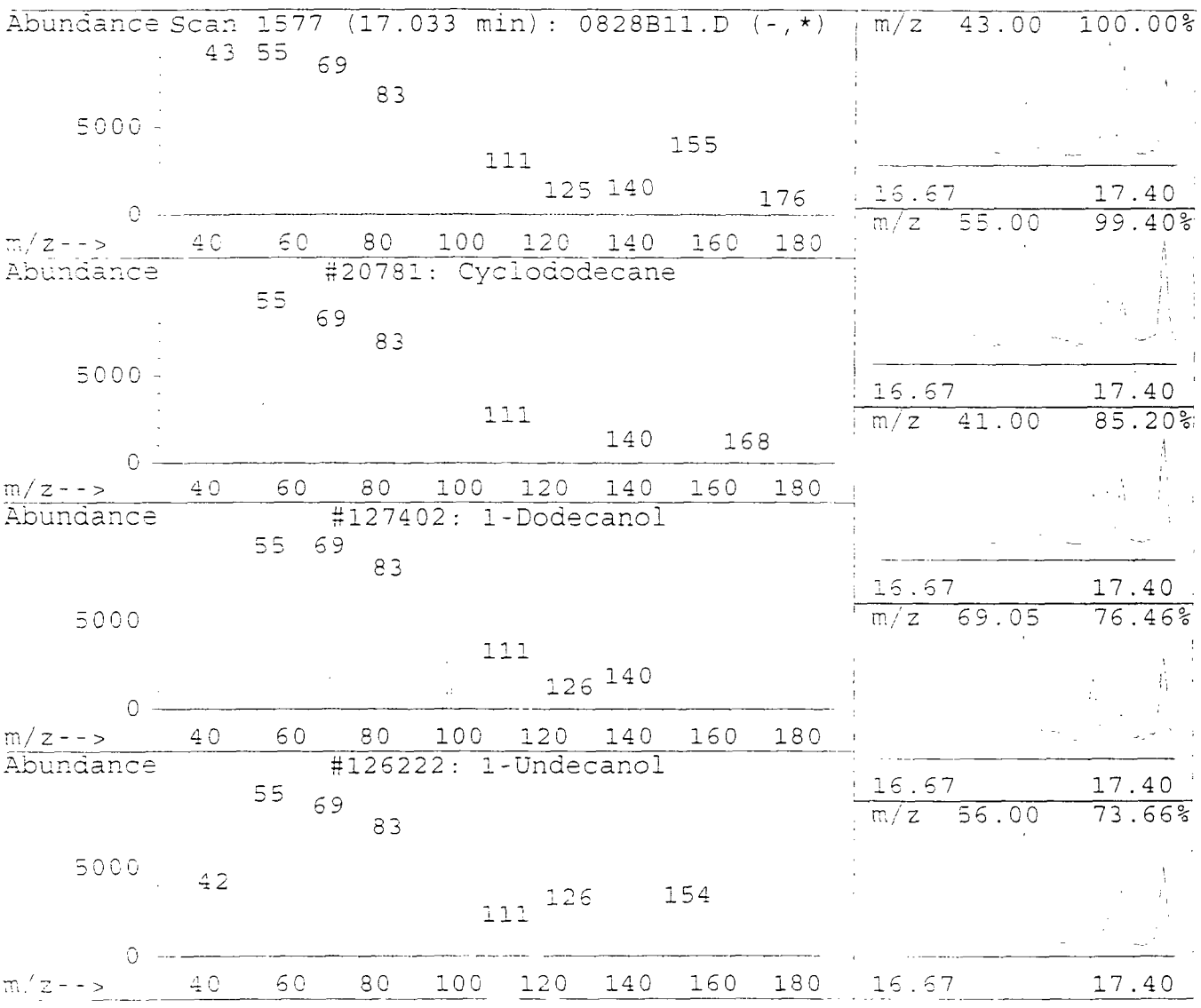
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
17.03	15.82 ng/uL	2124870	Acenaphthene-d10	17.32

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Cyclododecane	20781	000294-62-2	90
2	1-Dodecanol	127402	000112-53-8	87
3	1-Undecanol	126222	000112-42-5	83
4	Cyclododecane	125807	000294-62-2	83
5	Cyclopropane, nonyl-	20748	074663-85-7	81



946480270

Library Search Compound Report

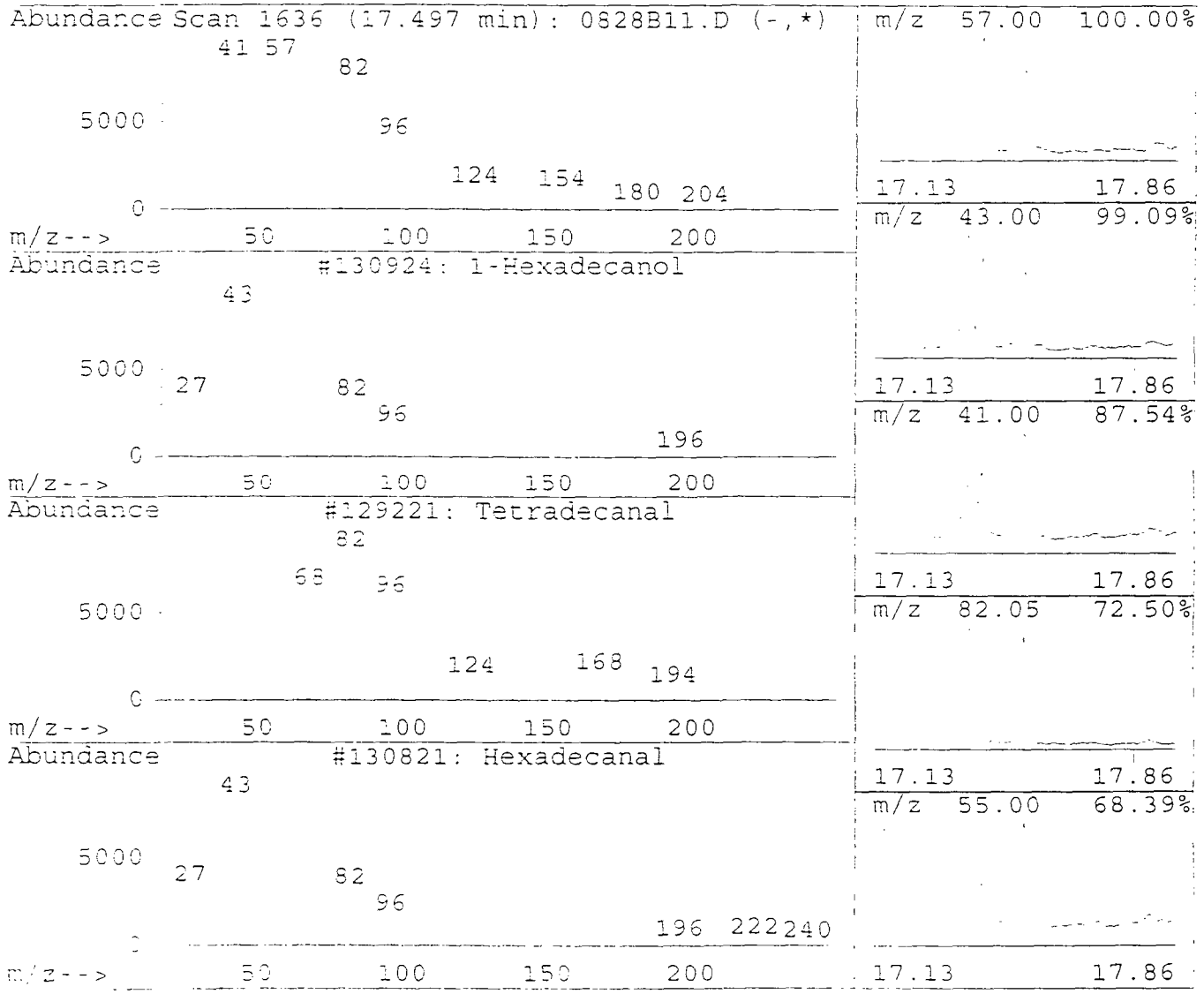
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
17.50	13.15 ng/uL	1766075	Acenaphthene-d10	17.32

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1-Hexadecanol	130924	029354-98-1	83
2	Tetradecanal	129221	000124-25-4	81
3	Hexadecanal	130821	000629-80-1	80
4	Tetradecanal	40571	000124-25-4	76
5	1,12-Dodecanediol	128530	005675-51-4	72



946480271

Library Search Compound Report

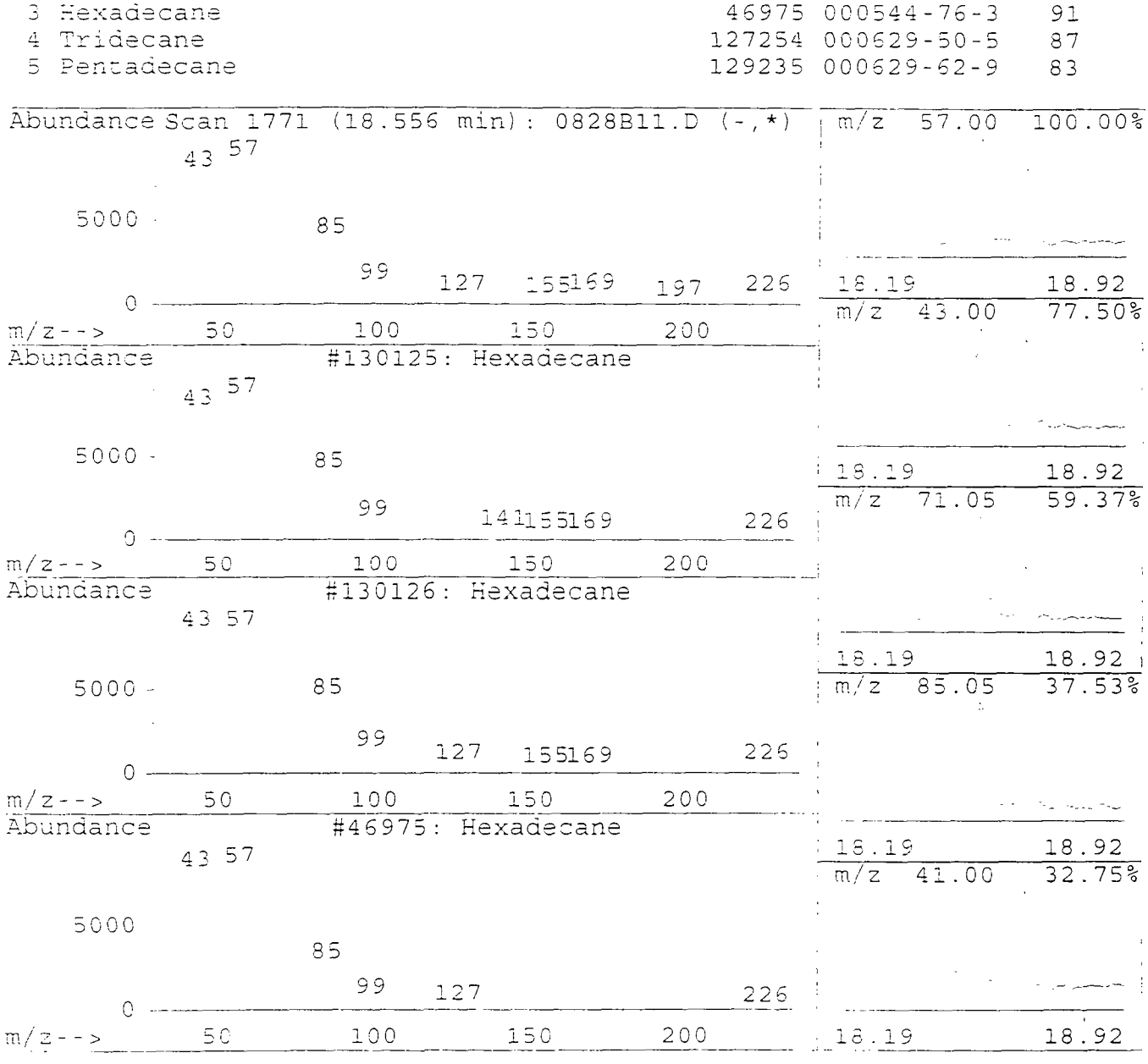
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
18.56	10.65 ng/uL	1430101	Acenaphthene-d10	17.32

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Hexadecane	130125	000544-76-3	94
2	Hexadecane	130126	000544-76-3	93
3	Hexadecane	46975	000544-76-3	91
4	Tridecane	127254	000629-50-5	87
5	Pentadecane	129235	000629-62-9	83



946480272

Library Search Compound Report

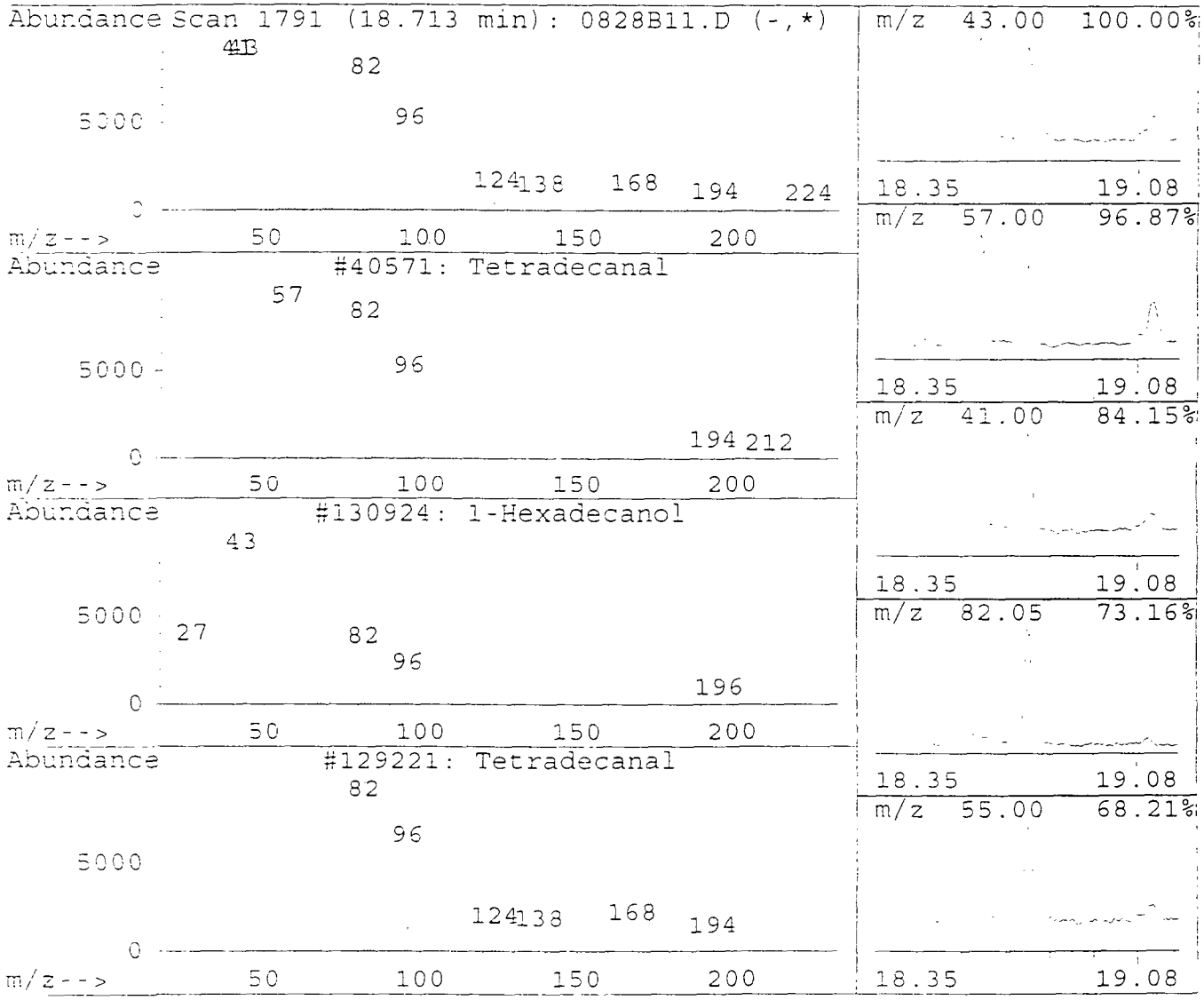
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
18.71	13.21 ng/uL	1774663	Acenaphthene-d10	17.32

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Tetradecanal	40571	000124-25-4	93
2	1-Hexadecanol	130924	029354-98-1	91
3	Tetradecanal	129221	000124-25-4	81
4	Tridecanal	34068	010486-19-8	76
5	Hexadecanal	52760	000629-80-1	70



946480273

Library Search Compound Report

Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

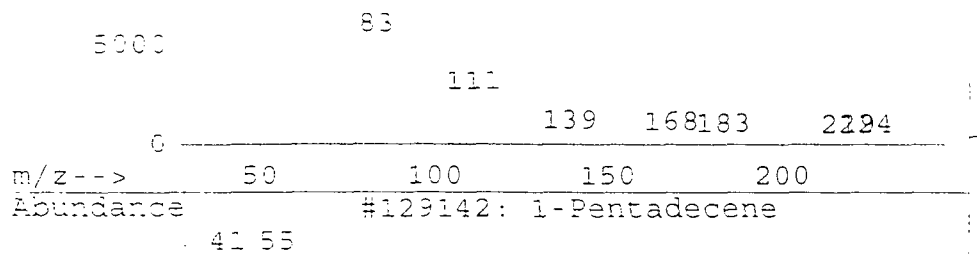
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
19.46	11.18 ng/uL	1453371	Phenanthrene-D10	20.82

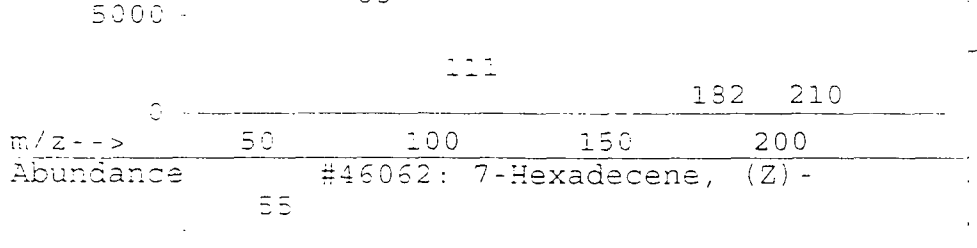
Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1-Pentadecene	129142	013360-61-7	95
2	7-Hexadecene, (Z)-	46062	035507-09-6	95
3	1-Hexadecene	130032	000629-73-2	91
4	Cyclohexadecane	46076	000295-65-8	89
5	1-Hexadecene	130027	000629-73-2	83

Abundance Scan 1886 (19.459 min): 0828B11.D (-,*) m/z 43.00 100.00%



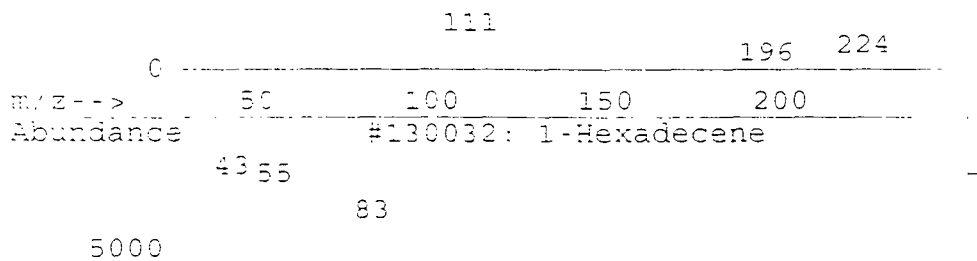
19.10 19.82
m/z 55.00 78.22%

Abundance #129142: 1-Pentadecene



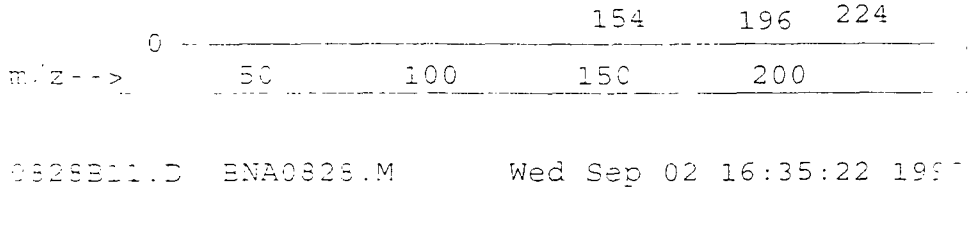
19.10 19.82
m/z 57.00 76.60%

Abundance #46062: 7-Hexadecene, (Z)-



19.10 19.82
m/z 41.00 74.12%

Abundance #130032: 1-Hexadecene



19.10 19.82
m/z 69.05 70.70%

19.10 19.82

946480274

Library Search Compound Report

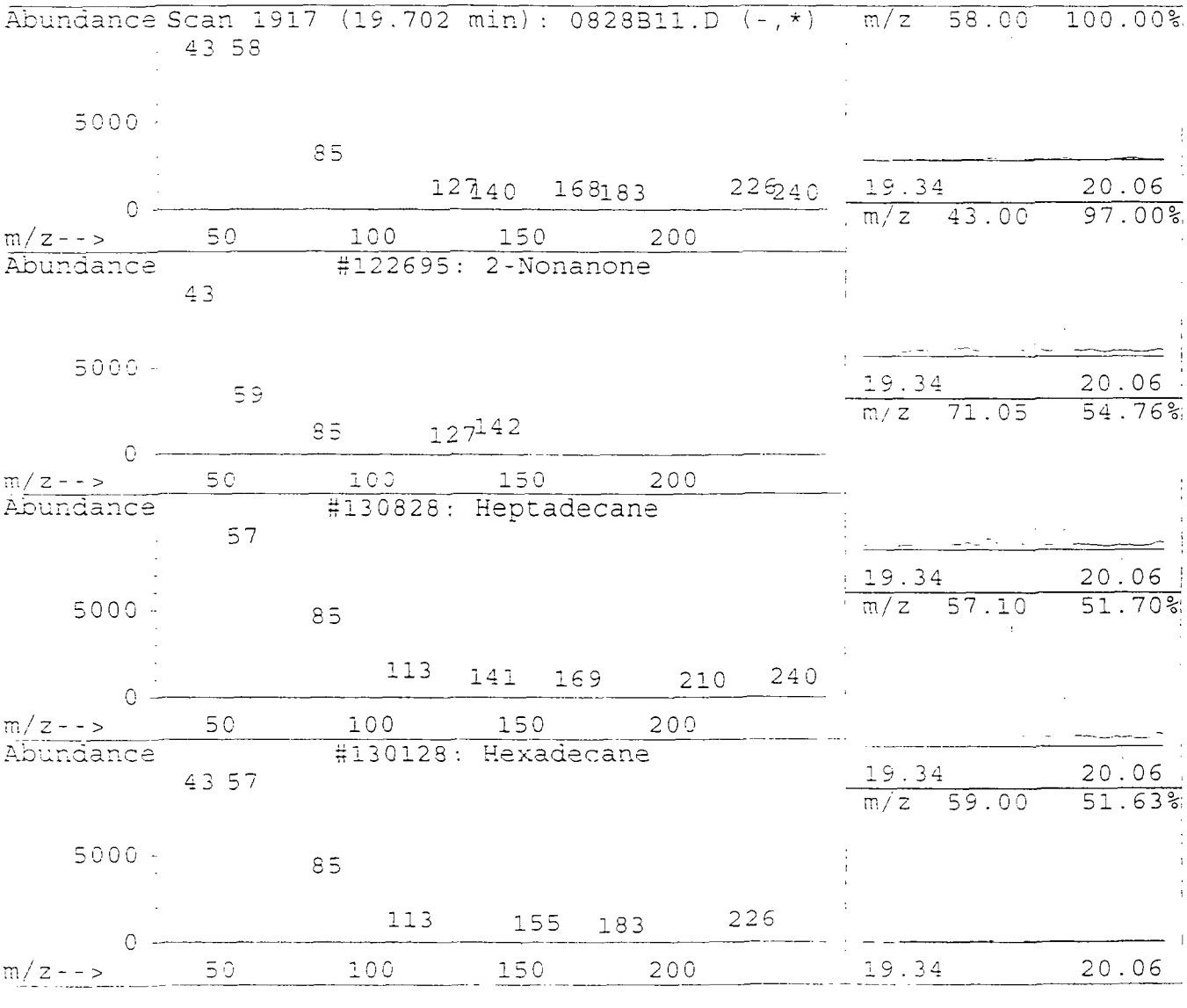
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
19.70	45.67 ng/uL	5935936	Phenanthrene-D10	20.82

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	2-Nonanone	122695	000821-55-6	41
2	Heptadecane	130828	000629-78-7	25
3	Hexadecane	130128	000544-76-3	25
4	Heptadecane	130830	000629-78-7	25
5	Decane, 5-propyl-	27766	017312-62-8	18



946480275

Library Search Compound Report

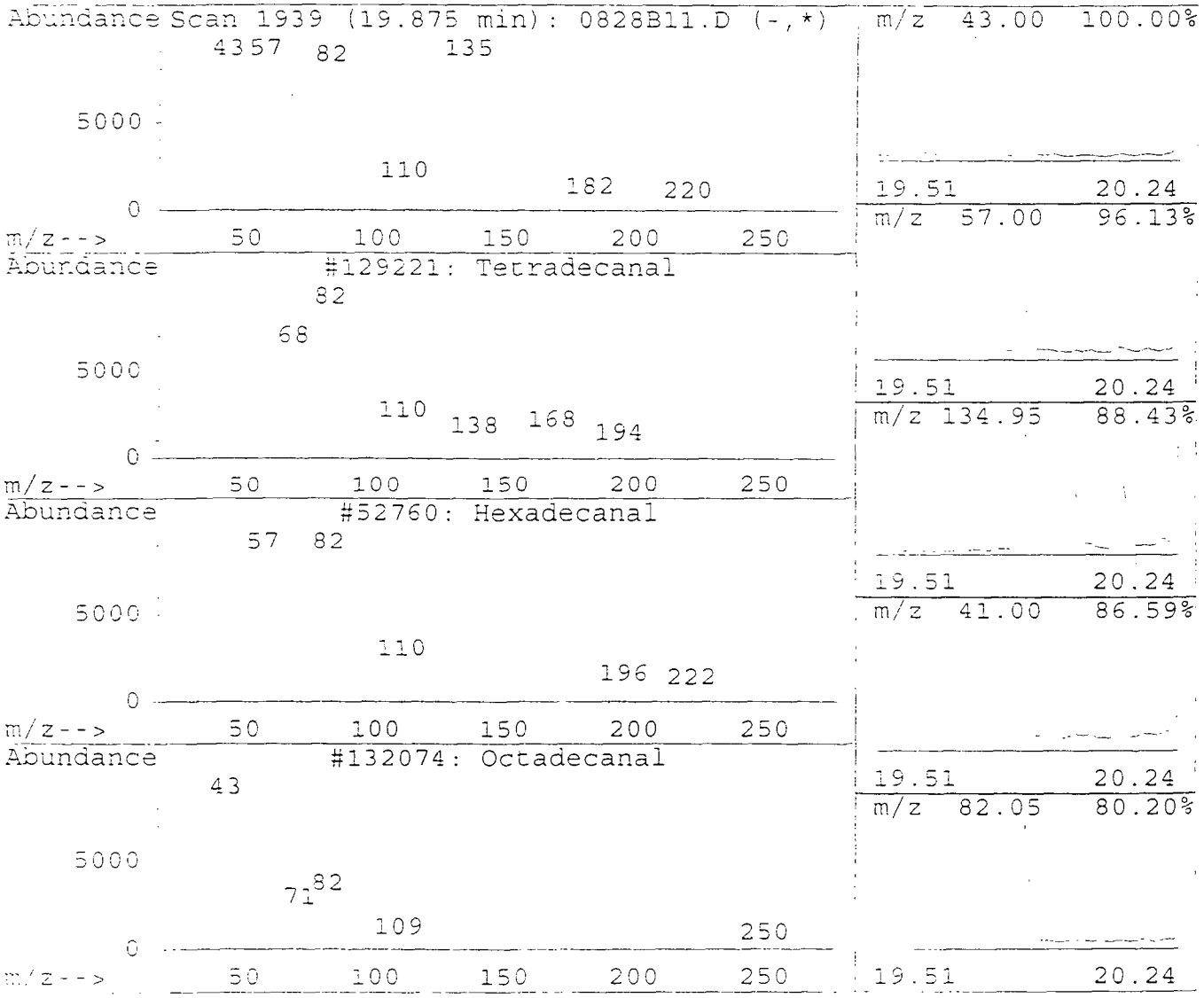
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
19.87	17.46 ng/uL	2268981	Phenanthrene-D10	20.82

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Tetradecanal	129221	000124-25-4	70
2	Hexadecanal	52760	000629-80-1	70
3	Octadecanal	132074	000638-66-4	68
4	Tridecanal	34068	010486-19-8	64
5	Hexadecanal	130821	000629-80-1	58



946480276

Library Search Compound Report

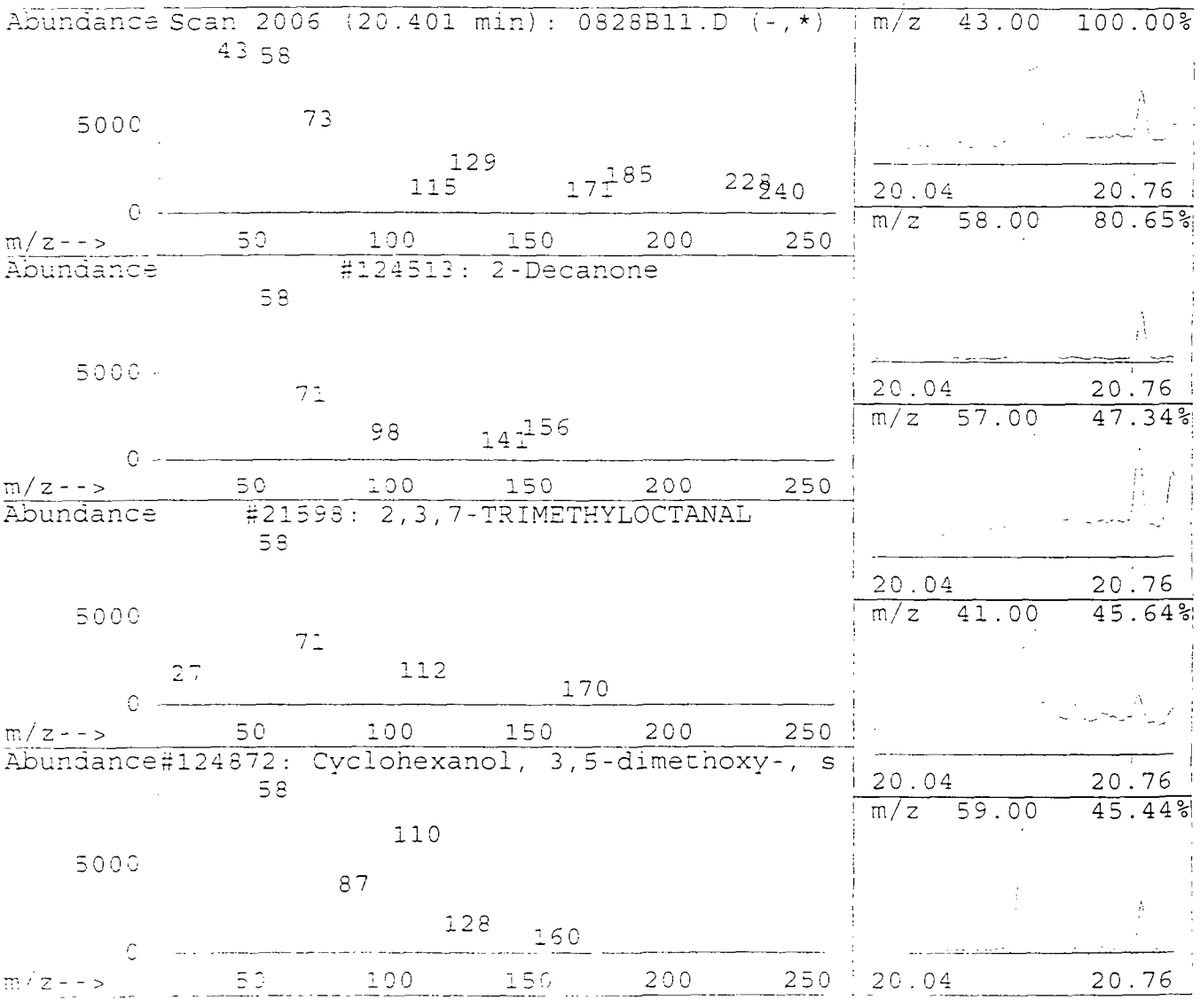
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
20.40	22.72 ng/uL	2953820	Phenanthrene-D10	20.82

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	2-Decanone	124513	000693-54-9	35
2	2,3,7-TRIMETHYLOCTANAL	21598	000000-00-0	35
3	Cyclohexanol, 3,5-dimethoxy-, stere	124872	030517-18-1	35
4	3-Piperidinol, 1,4-dimethyl-, trans	6185	037835-47-5	27
5	3-Piperidinol, 1,4-dimethyl-, cis-	6184	037835-50-0	27



946480277

Library Search Compound Report

Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

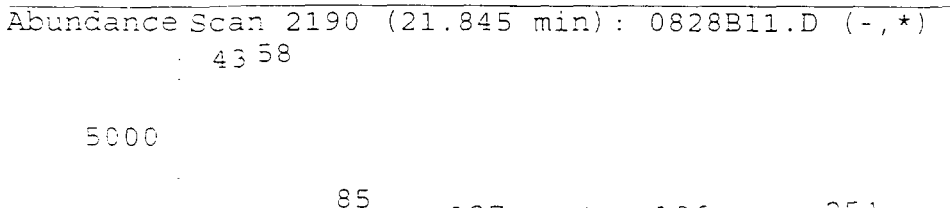
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
21.85	27.04 ng/uL	3515212	Phenanthrene-D10	20.82

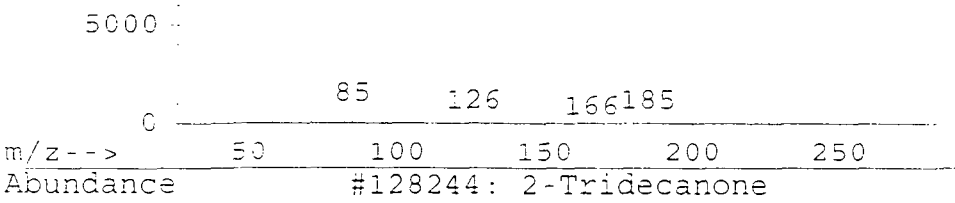
Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	2-Dodecanone	127227	006175-49-1	72
2	2-Tridecanone	128244	000593-08-8	64
3	2-Tridecanone	128242	000593-08-8	64
4	2-Decanone	124513	000693-54-9	64
5	2-Undecanone	125967	000112-12-9	59

Abundance Scan 2190 (21.845 min): 0828B11.D (-,*)



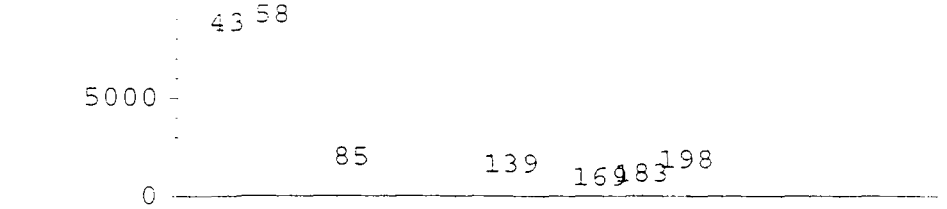
m/z 58.00 100.00%
21.48 22.21
m/z 43.00 81.26%

Abundance #127227: 2-Dodecanone



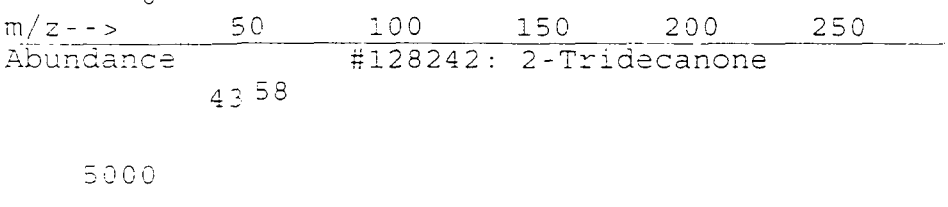
21.48 22.21
m/z 59.00 64.86%

Abundance #128244: 2-Tridecanone



21.48 22.21
m/z 71.05 37.43%

Abundance #128242: 2-Tridecanone



21.48 22.21
m/z 41.00 23.90%

21.48 22.21

946480278

Library Search Compound Report

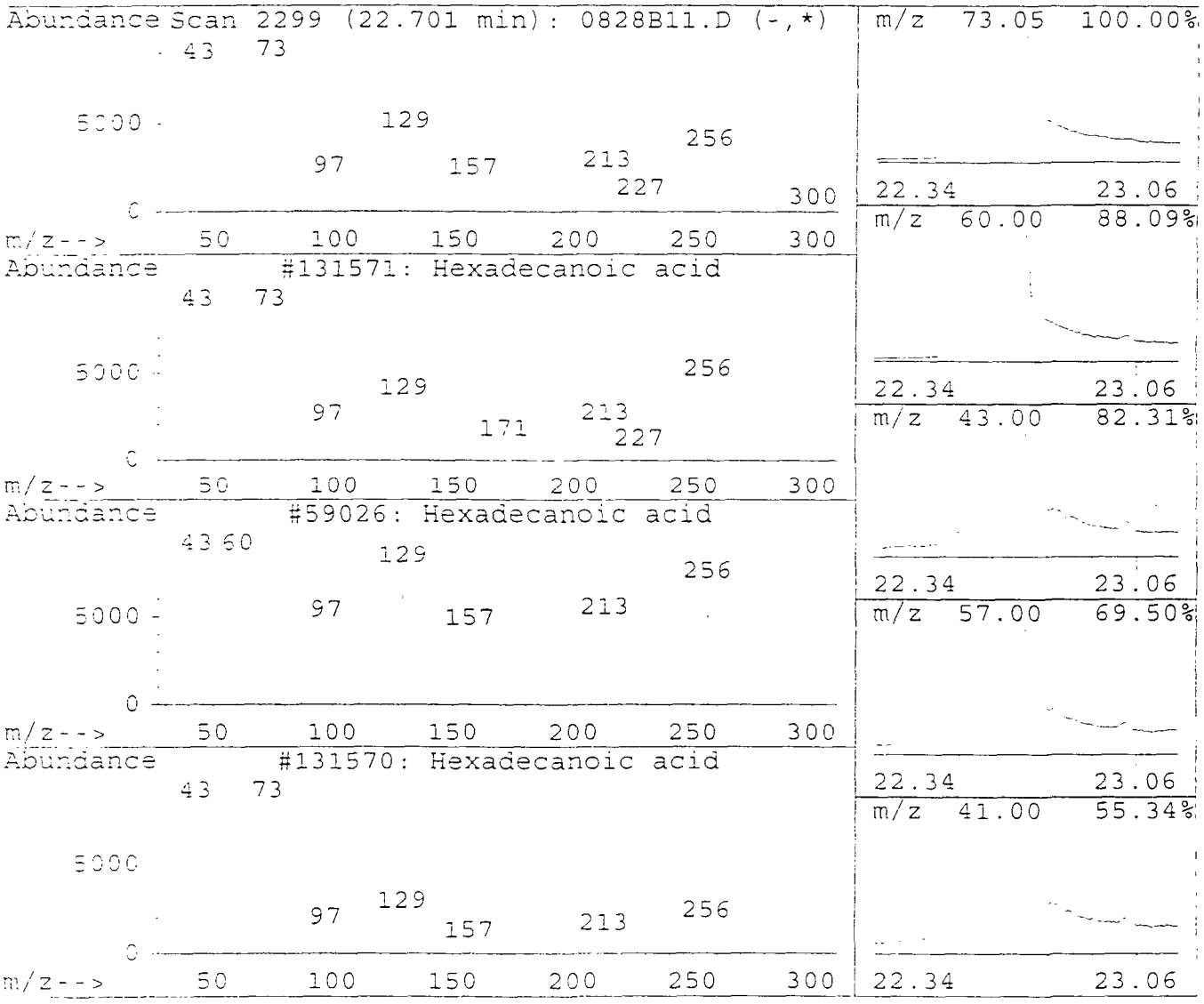
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
22.70	555.04 ng/uL	72146165	Phenanthrene-D10	20.82

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Hexadecanoic acid	131571	000057-10-3	99
2	Hexadecanoic acid	59026	000057-10-3	97
3	Hexadecanoic acid	131570	000057-10-3	95
4	Hexadecanoic acid	131572	000057-10-3	93
5	Pentadecanoic acid	130903	001002-84-2	74



946480279

Library Search Compound Report

Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

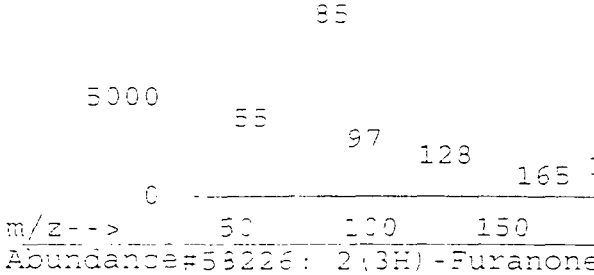
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
23.85	10.46 ng/uL	1360097	Phenanthrene-D10	20.82

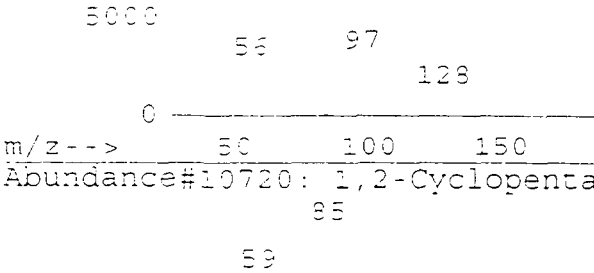
Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	2(3H)-Furanone, 5-dodecyldihydro-	58226	000730-46-1	62
2	1,2-Cyclopentanediol, 1-(1-methylet	10720	056335-92-3	43
3	2(3H)-Furanone, 5-heptyldihydro-	27550	000104-67-6	43
4	2(3H)-Furanone, 5-heptyldihydro-	127185	000104-67-6	40
5	2(3H)-Furanone, 5-heptyldihydro-	127187	000104-67-6	38

Abundance Scan 2446 (23.855 min): 0828B11.D (-,*) m/z 85.05 100.00%



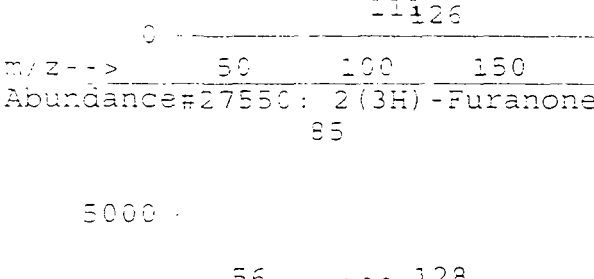
23.49 24.22
m/z 55.00 31.29%

Abundance#58226: 2(3H)-Furanone, 5-dodecyldihydro



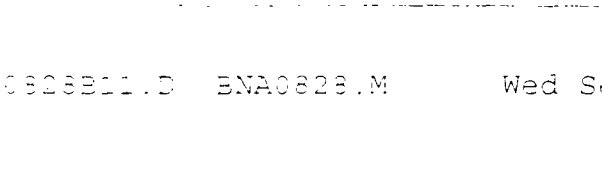
23.49 24.22
m/z 43.00 30.99%

Abundance#10720: 1,2-Cyclopentanediol, 1-(1-methy



23.49 24.22
m/z 41.00 27.74%

Abundance#27550: 2(3H)-Furanone, 5-heptyldihydro-



23.49 24.22
m/z 57.00 23.63%

946480280

Library Search Compound Report

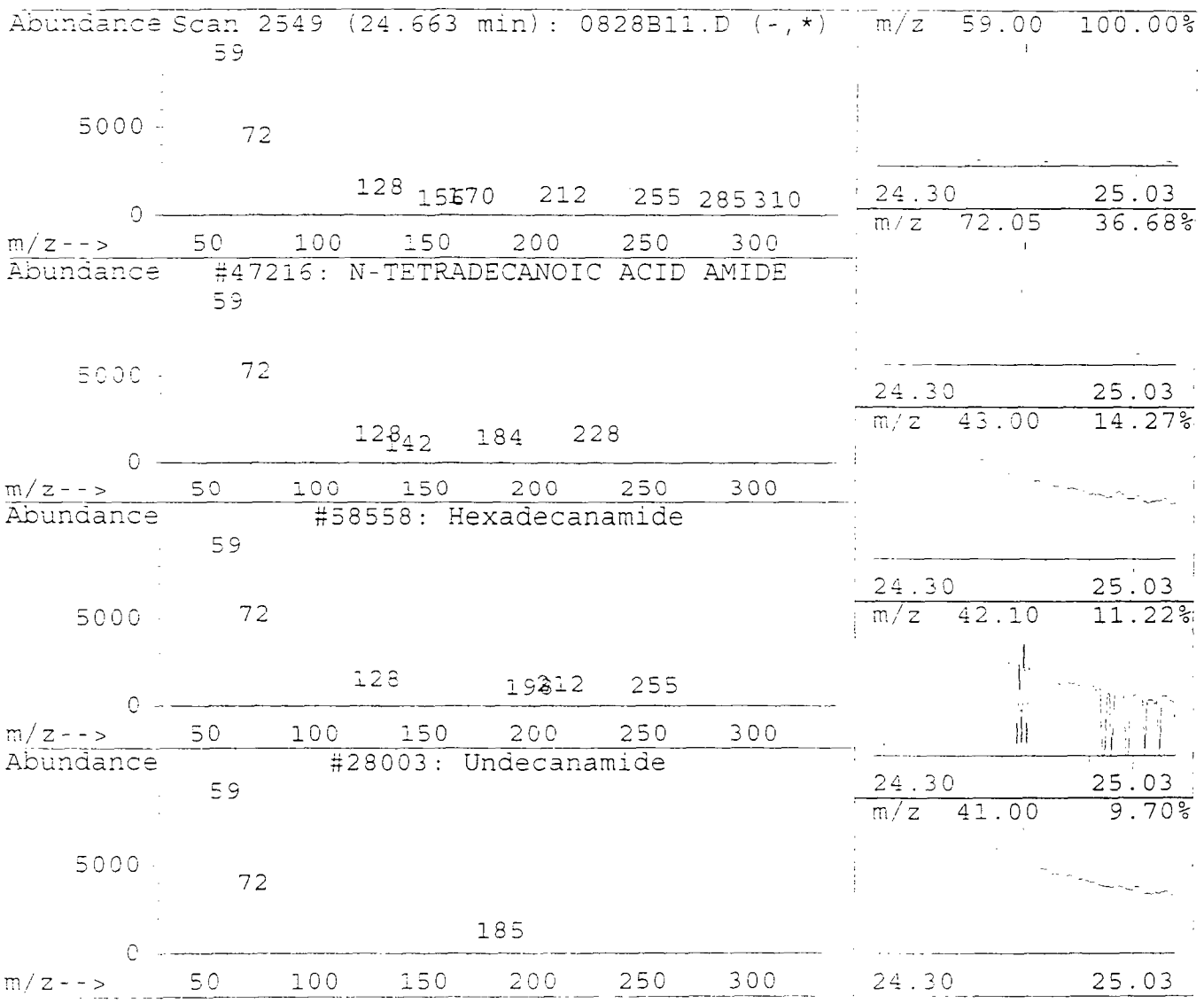
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
24.66	28.21 ng/uL	2643979	Chrysene-D12	27.19

Hit# of 10	Tentative ID	Ref#	CAS#	Qual
1	N-TETRADECANOIC ACID AMIDE	47216	000000-00-0	47
2	Hexadecanamide	58558	000629-54-9	38
3	Undecanamide	28003	000000-00-0	38
4	Ethanol, 2-ethoxy-	117374	000110-80-5	38
5	N-TETRADECYLTRIMETHYLAMMONIUM BROMI	84311	001119-97-7	36



946480281

Library Search Compound Report

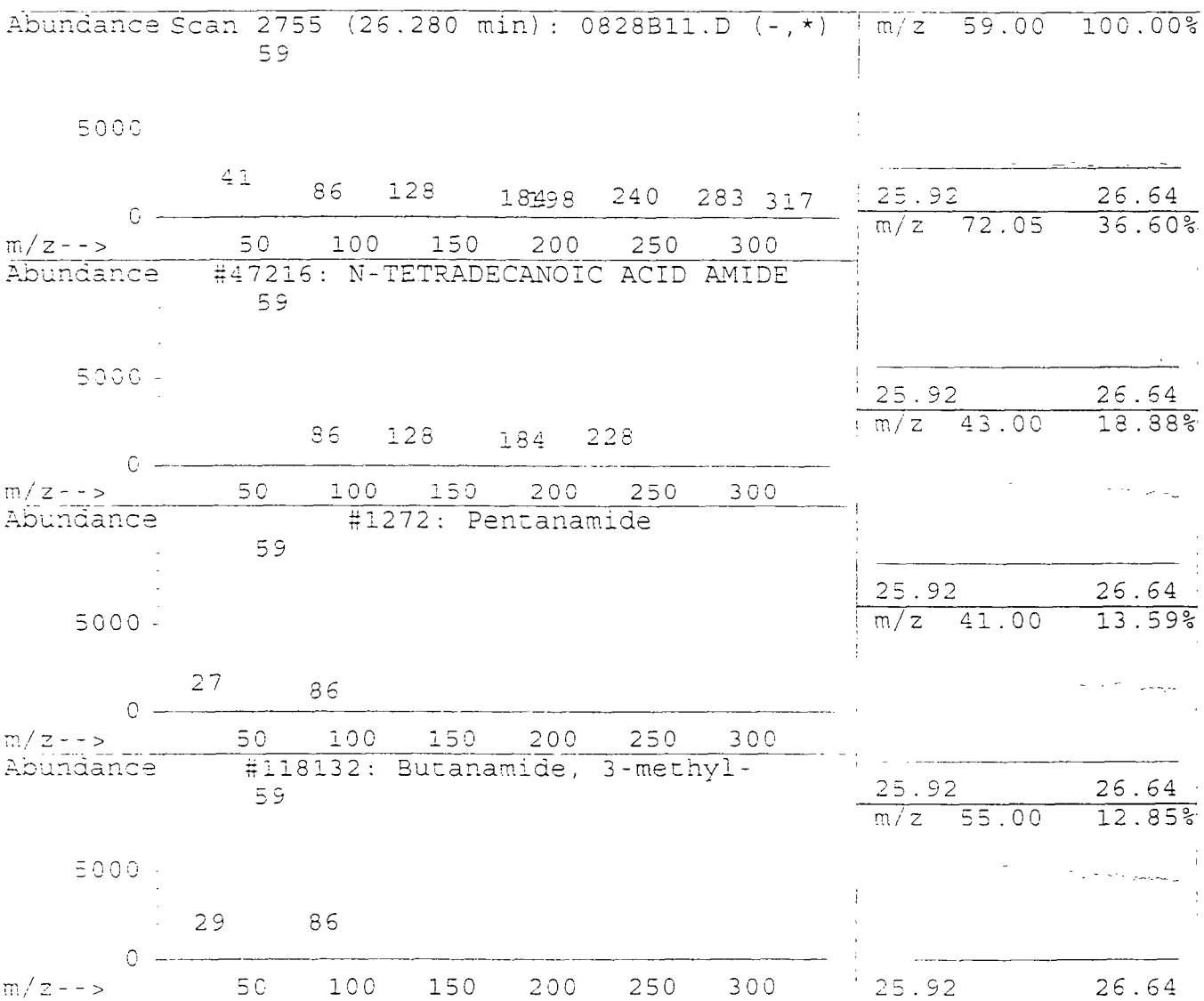
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
26.28	12.03 ng/uL	1127216	Chrysene-D12	27.19

Hit# of 13	Tentative ID	Ref#	CAS#	Qual
1	N-TETRADECANOIC ACID AMIDE	47216	000000-00-0	97
2	Pentanamide	1272	000626-97-1	53
3	Butanamide, 3-methyl-	118132	000541-46-8	38
4	N-TETRADECYLTRIMETHYLAMMONIUM BROMI	84311	001119-97-7	36
5	Hexanamide, 4-ethyl-5,5-dimethyl-	21854	054789-39-8	33



946480282

Library Search Compound Report

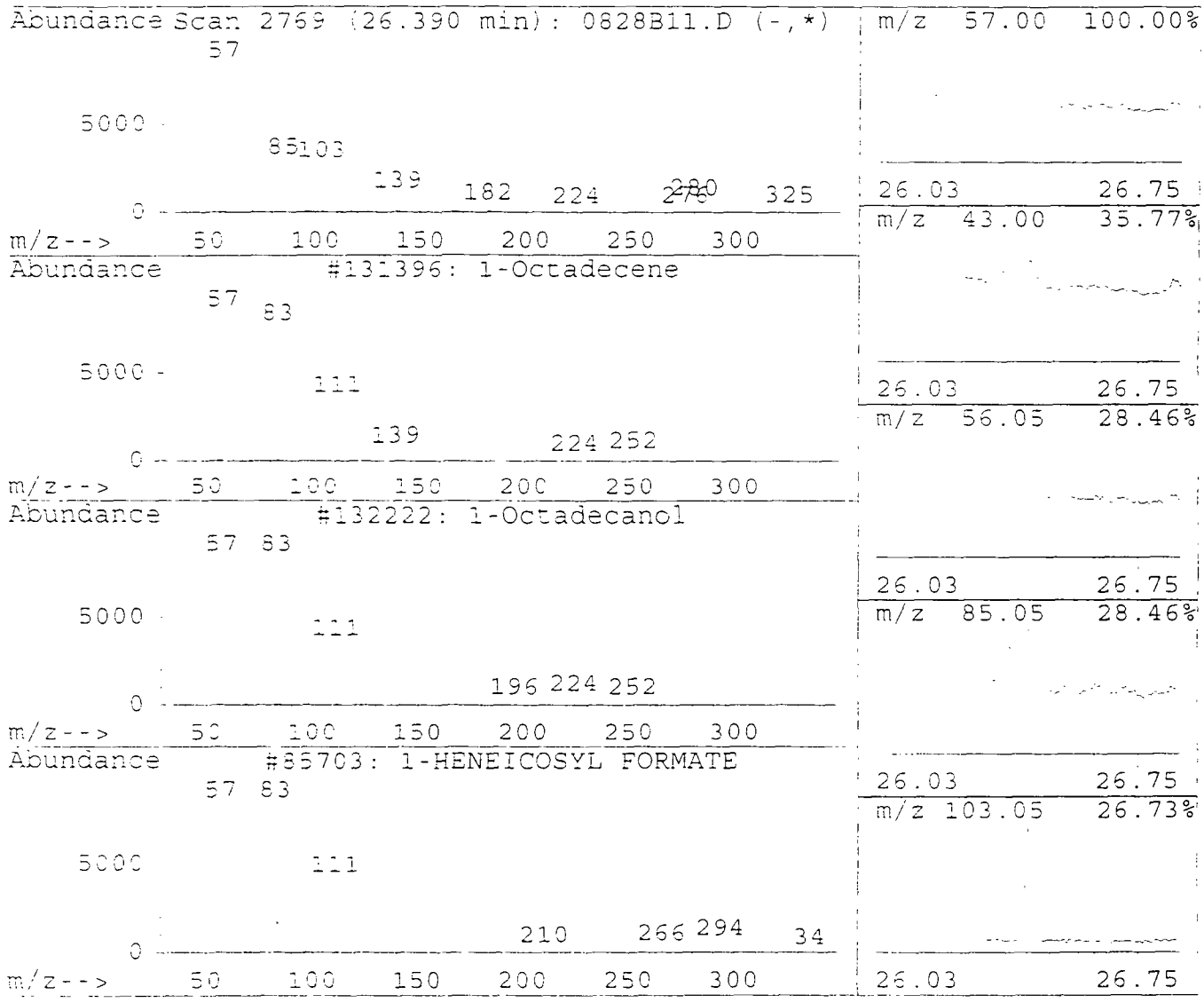
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
26.39	9.91 ng/uL	929104	Chrysene-D12	27.19

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1-Octadecene	131396	000112-88-9	43
2	1-Octadecanol	132222	000112-92-5	27
3	1-HENEICOSYL FORMATE	85703	077899-03-7	27
4	Decane, 2,5,6-trimethyl-	27783	062108-23-0	27
5	1-Octadecene	131398	000112-88-9	22



946480283

Library Search Compound Report

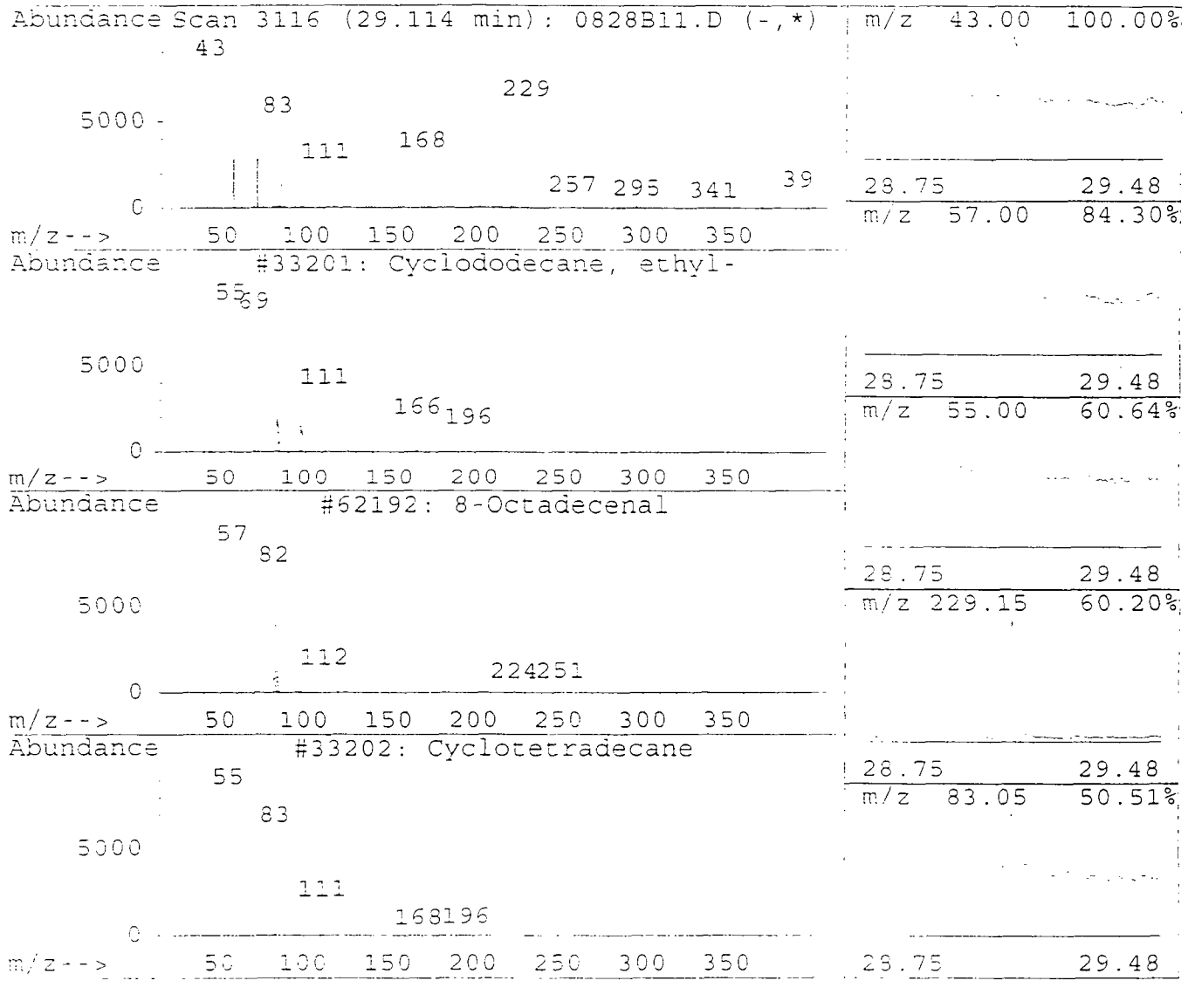
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
29.11	21.72 ng/uL	1516548	Perylene-D12	30.49

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Cyclododecane, ethyl-	33201	028981-49-9	70
2	8-Octadecenal	62192	056554-94-0	49
3	Cyclotetradecane	33202	000295-17-0	47
4	1-Tetradecene	128055	001120-36-1	38
5	17-Pentatriacontene	108269	006971-40-0	35



946480284

Library Search Compound Report

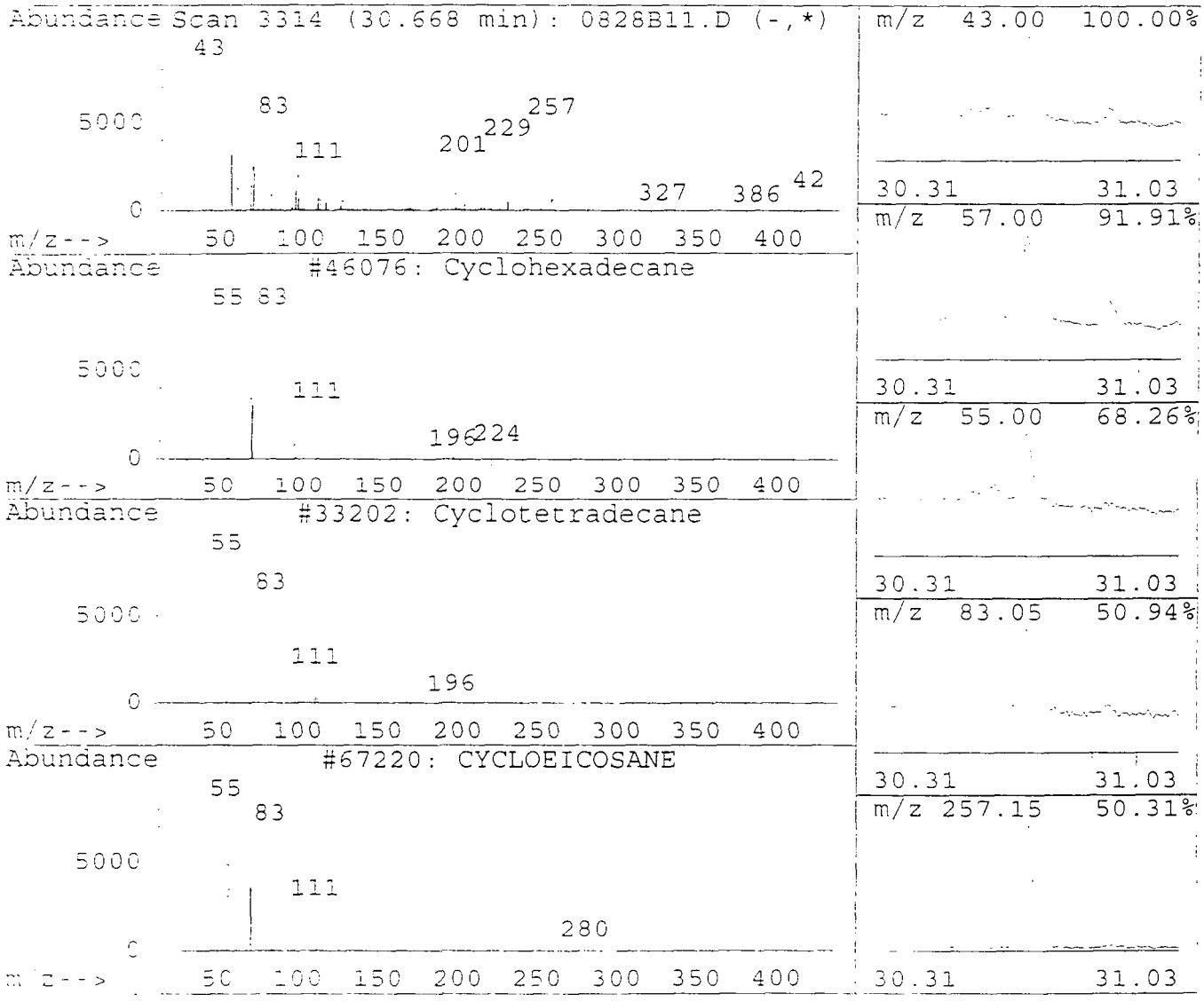
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
30.67	31.43 ng/uL	2194427	Perylene-D12	30.49

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Cyclohexadecane	46076	000295-65-8	90
2	Cyclotetradecane	33202	000295-17-0	78
3	CYCLOEICOSANE	67220	000000-00-0	56
4	Cyclododecane, ethyl-	33201	028981-49-9	51
5	1-Hexadecene	46060	000629-73-2	44



946480285

Library Search Compound Report

Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

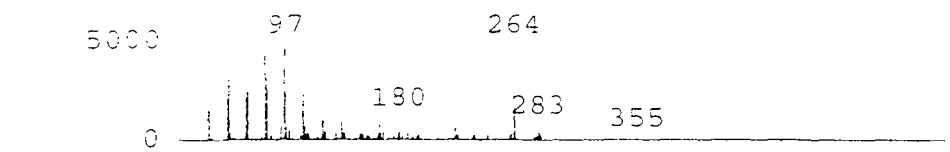
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
32.47	16.37 ng/uL	1143039	Perylene-D12	30.49

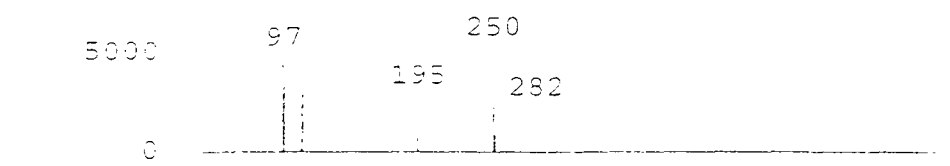
Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	11-Hexadecenoic acid, 15-methyl-, m	67828	055044-54-7	74
2	Oleic acid, eicosyl ester	111265	022393-88-0	70
3	3-Octadecene, (E)-	57572	007206-19-1	64
4	9-Octadecene, (E)-	57574	007206-25-9	64
5	1-Hexadecene	130027	000629-73-2	55

Abundance Scan 3544 (32.474 min): 0828B11.D (-,*) m/z 55.00 100.00%



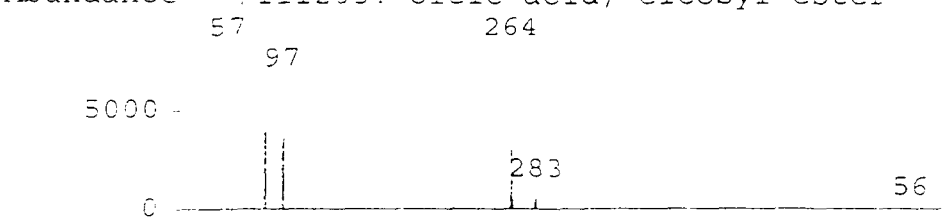
32.11 32.84
m/z 57.00 88.08%

Abundance #67828: 11-Hexadecenoic acid, 15-methyl-



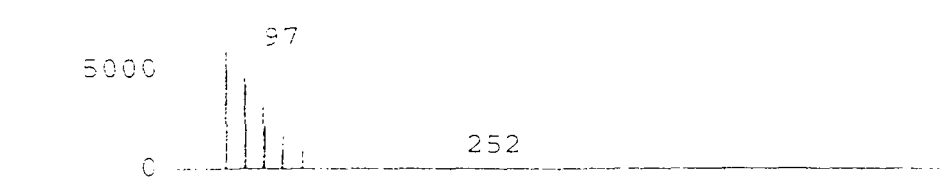
32.11 32.84
m/z 43.00 86.45%

Abundance #111265: Oleic acid, eicosyl ester



32.11 32.84
m/z 69.05 76.32%

Abundance #57572: 3-Octadecene, (E)-



32.11 32.84
m/z 83.05 69.43%

946480286

Library Search Compound Report

Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

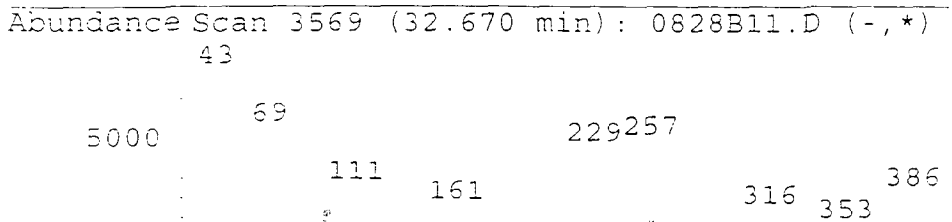
Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
32.67	52.80 ng/uL	3686485	Perylene-D12	30.49

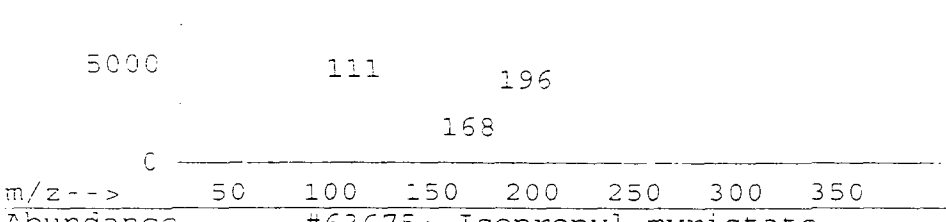
Hit# of 15	Tentative ID	Ref#	CAS#	Qual
1	1-Tetradecene	128055	001120-36-1	22
2	Isopropyl myristate	63675	000110-27-0	10
3	.ALPHA.-P-CHLOROANILINO-.BETA.-METH	135711	070911-16-9	9
4	.ALPHA.-P-CHLOROANILINO-.BETA.-METH	94883	070911-16-9	9
5	Cholestane, 4,5-epoxy-, (4.alpha.,5	95492	006079-19-2	9

Abundance Scan 3569 (32.670 min): 0828B11.D (-,*)



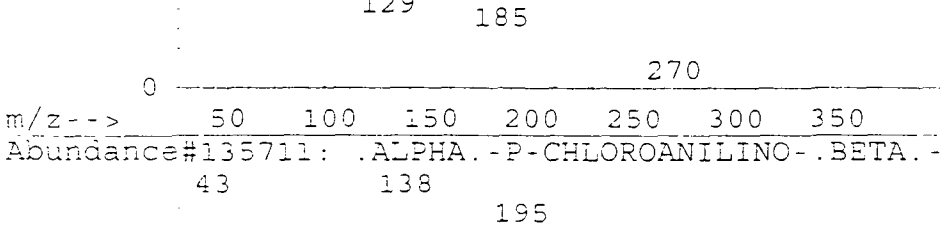
m/z 43.00 100.00%
32.31 33.03
m/z 57.00 87.99%

Abundance #128055: 1-Tetradecene



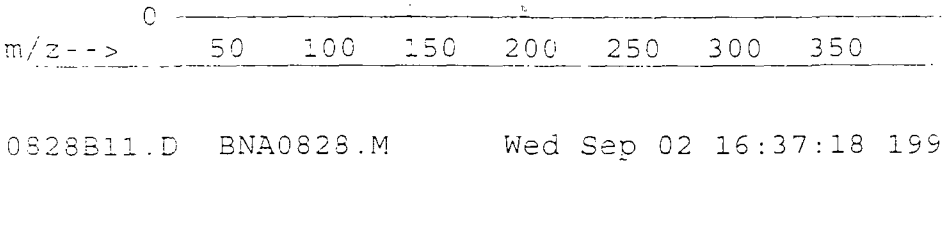
32.31 33.03
m/z 55.00 75.16%

Abundance #63675: Isopropyl myristate



32.31 33.03
m/z 69.05 54.47%

Abundance #135711: .ALPHA.-P-CHLOROANILINO-.BETA.-



32.31 33.03
m/z 41.00 54.20%
32.31 33.03

946480287

Library Search Compound Report

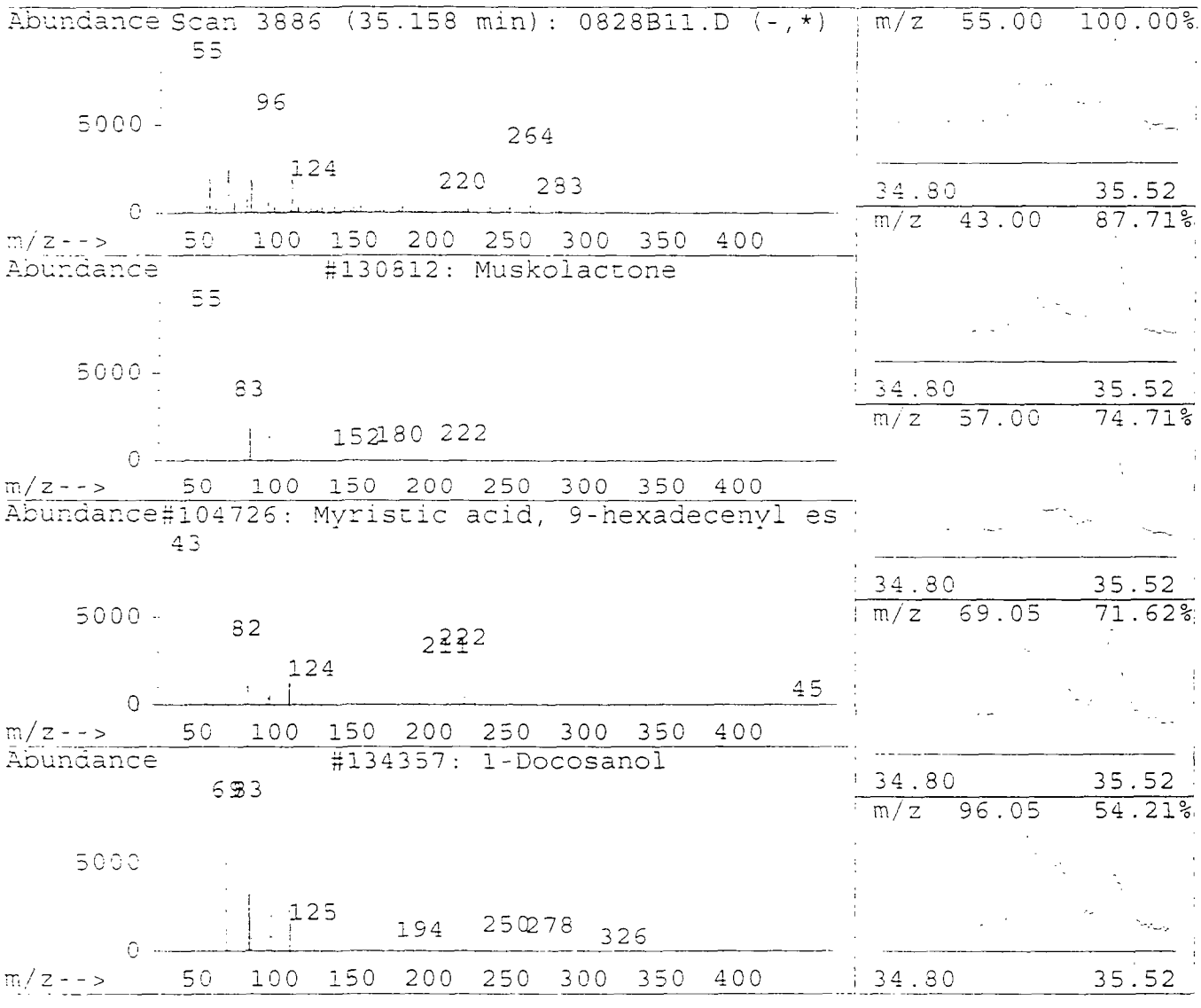
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
35.16	18.76 ng/uL	1310078	Perylene-D12	30.49

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	Muskolactone	130812	000106-02-5	50
2	Myristic acid, 9-hexadecenyl ester,	104726	022393-89-1	49
3	1-Docosanol	134357	000661-19-8	38
4	Oleic acid, eicosyl ester	111265	022393-88-0	38
5	9-Octadecenoic acid (Z)-, octadecyl	110057	017673-49-3	30



946480288

Library Search Compound Report

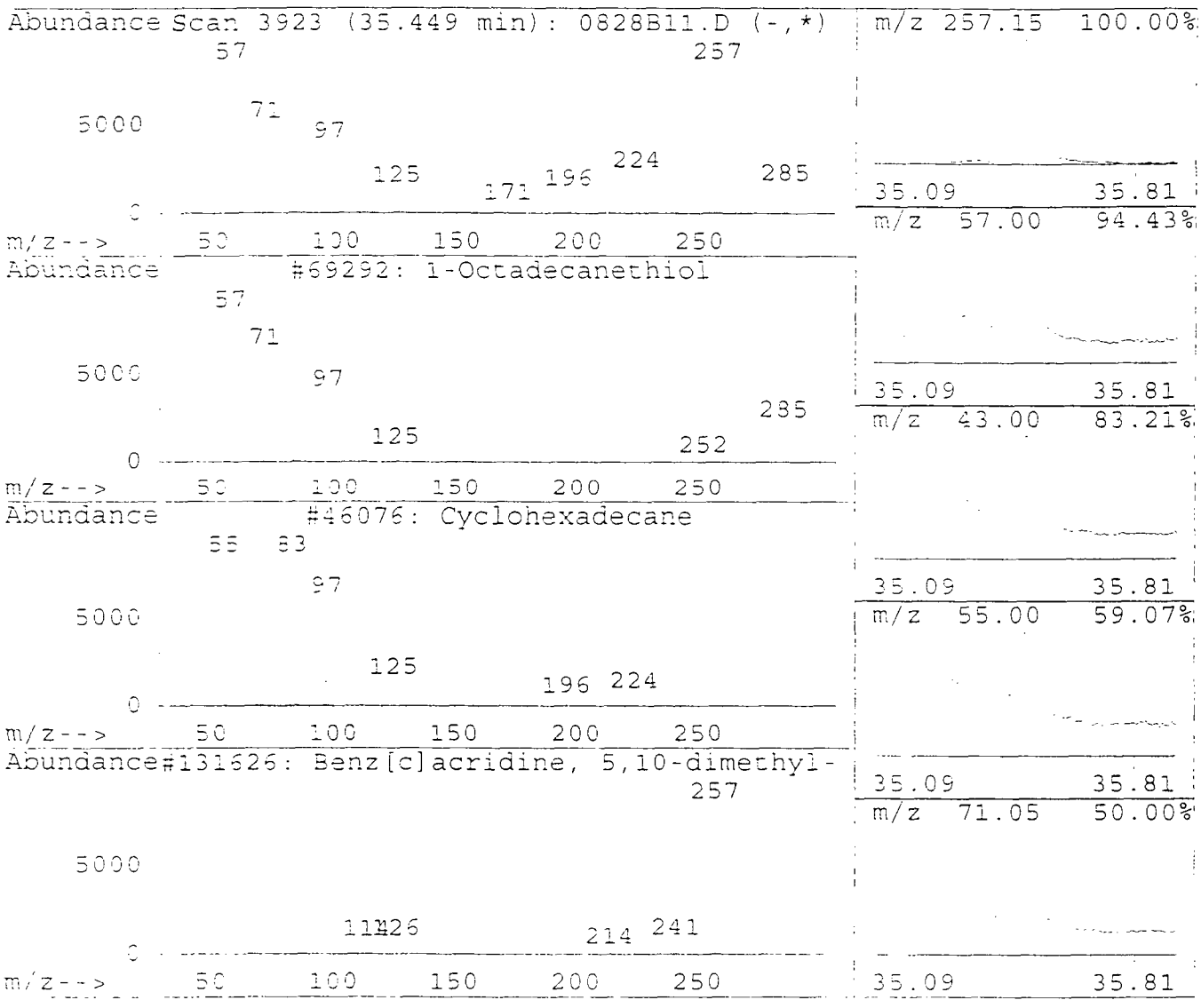
Data File : C:\HPCHEM\1\DATA\80828\0828B11.D
Acq Time : 28 Aug 98 6:08 pm
Sample : PVSC c-72 8/5/98 1:10
Misc : s,10.1479,57.9,10,8/14/98

Operator: spc
Inst : 5972 - In
Multiplr: 1.00

Method : C:\HPCHEM\1\METHODS\BNA0828.M
Title : EPA 625
Library : C:\DATABASE\WILEY138.L

R.T.	Conc	Area	Relative to ISTD	R.T.
35.45	34.29 ng/uL	2394176	Perylene-D12	30.49

Hit# of 20	Tentative ID	Ref#	CAS#	Qual
1	1-Octadecanethiol	69292	002885-00-9	89
2	Cyclohexadecane	46076	000295-65-8	89
3	Benz[c]acridine, 5,10-dimethyl-	131626	003518-04-5	64
4	Cyclotetradecane	33202	000295-17-0	55
5	Cyclotetradecane	128073	000295-17-0	49



946480289

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
email: hklein@gslabs.com
Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

REPORT # 980805072.2
CLIENT # PAS02
DATE SUBMITTED: 8/5/98

TO: Passaic Valley Sew. Commission
600 Wilson Avenue

Newark NJ 07105
ATT: ED RYS

SAMPLE TYPE: SLUDGE CAKE
SAMPLE ID: P.O. #180481 HZFC-142 GRAB FILTER PRESS
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/5/98 TIME SAMPLED: 11:00AM

ANALYSIS	RESULT	UNITS	
Aldrin	<0.9	mg/kg dry weight basis	
alpha-BHC	<0.9	mg/kg dry weight basis	
beta-BHC	<0.9	mg/kg dry weight basis	
delta-BHC	<0.9	mg/kg dry weight basis	
gamma-BHC	<0.9	mg/kg dry weight basis	
Chlordane	<0.9	mg/kg dry weight basis	
4,4'-DDD	<0.9	mg/kg dry weight basis	
4,4'-DDE	<0.9	mg/kg dry weight basis	
4,4'-DDT	<0.9	mg/kg dry weight basis	
Dieldrin	<0.9	mg/kg dry weight basis	
Endosulfan I	<0.9	mg/kg dry weight basis	
Endosulfan II	<0.9	mg/kg dry weight basis	
Endosulfan sulfate	<0.9	mg/kg dry weight basis	
Endrin	<0.9	mg/kg dry weight basis	
Endrin Aldehyde	<0.9	mg/kg dry weight basis	
Heptachlor	<0.9	mg/kg dry weight basis	
Heptachlor Epoxide	<0.9	mg/kg dry weight basis	
Toxaphene	<0.9	mg/kg dry weight basis	
PCB-1016	<0.9	mg/kg dry weight basis	
PCB-1221	<0.9	mg/kg dry weight basis	
PCB-1232	<0.9	mg/kg dry weight basis	
PCB-1242	<0.9	mg/kg dry weight basis	
PCB-1248	<0.9	mg/kg dry weight basis	
PCB-1254	<0.9	mg/kg dry weight basis	
PCB-1260	<0.9	mg/kg dry weight basis	

< = less than, not detected.

946480290

RECEIVED
SEP 17 1998
PVSC
LABORATORY

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 - Lab # 11550 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
email: hklein@gslabs.com
Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

TO: GARDEN STATE LABS

REPORT # 980000000.0
CLIENT # GSL01
DATE SUBMITTED: 8/5/98

ATT:

SAMPLE TYPE: SLUDGE CAKE (FILTER PRESS @PVSC)
SAMPLE ID: REPORTING DETECTION LIMIT FOR SAMPLE 980805072.2
SAMPLE LOCATION:

DATE SAMPLED: TIME SAMPLED:

ANALYSIS	RESULT	UNITS	
Aldrin	<0.9	mg/kg dry weight basis	
alpha-BHC	<0.9	mg/kg dry weight basis	
beta-BHC	<0.9	mg/kg dry weight basis	
delta-BHC	<0.9	mg/kg dry weight basis	
gamma-BHC	<0.9	mg/kg dry weight basis	
Chlordane	<0.9	mg/kg dry weight basis	
4,4'-DDD	<0.9	mg/kg dry weight basis	
4,4'-DDE	<0.9	mg/kg dry weight basis	
4,4'-DDT	<0.9	mg/kg dry weight basis	
Dieldrin	<0.9	mg/kg dry weight basis	
Endosulfan I	<0.9	mg/kg dry weight basis	
Endosulfan II	<0.9	mg/kg dry weight basis	
Endosulfan sulfate	<0.9	mg/kg dry weight basis	
Endrin	<0.9	mg/kg dry weight basis	
Endrin Aldehyde	<0.9	mg/kg dry weight basis	
Heptachlor	<0.9	mg/kg dry weight basis	
Heptachlor Epoxide	<0.9	mg/kg dry weight basis	
Toxaphene	<0.9	mg/kg dry weight basis	
PCB-1016	<0.9	mg/kg dry weight basis	
PCB-1221	<0.9	mg/kg dry weight basis	
PCB-1232	<0.9	mg/kg dry weight basis	
PCB-1242	<0.9	mg/kg dry weight basis	
PCB-1248	<0.9	mg/kg dry weight basis	
PCB-1254	<0.9	mg/kg dry weight basis	
PCB-1260	<0.9	mg/kg dry weight basis	

< = less than, not detected.

RECEIVED
SEP 17 1998
PVSC
LABORATORY

946480291

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Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab # 20044

Garden State Laboratories, Inc.

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email: hklein@gslabs.com
Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

REPORT # 980805072.2
CLIENT # PAS02
DATE SUBMITTED: 8/5/98

TO: Passaic Valley Sew. Commission
600 Wilson Avenue

Newark NJ 07105
ATT: ED RYS

SAMPLE TYPE: SLUDGE CAKE
SAMPLE ID: P.O. #180481 HZFC-142 GRAB FILTER PRESS
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/5/98 TIME SAMPLED: 11:00AM

ANALYSIS	RESULT	UNITS	
Aldrin	<0.9	mg/kg dry weight basis	
alpha-BHC	<0.9	mg/kg dry weight basis	
beta-BHC	<0.9	mg/kg dry weight basis	
delta-BHC	<0.9	mg/kg dry weight basis	
gamma-BHC	<0.9	mg/kg dry weight basis	
Chlordane	<0.9	mg/kg dry weight basis	
4,4'-DDD	<0.9	mg/kg dry weight basis	
4,4'-DDE	<0.9	mg/kg dry weight basis	
4,4'-DDT	<0.9	mg/kg dry weight basis	
Dieldrin	<0.9	mg/kg dry weight basis	
Endosulfan I	<0.9	mg/kg dry weight basis	
Endosulfan II	<0.9	mg/kg dry weight basis	
Endosulfan sulfate	<0.9	mg/kg dry weight basis	
Endrin	<0.9	mg/kg dry weight basis	
Endrin Aldehyde	<0.9	mg/kg dry weight basis	
Heptachlor	<0.9	mg/kg dry weight basis	
Heptachlor Epoxide	<0.9	mg/kg dry weight basis	
Toxaphene	<0.9	mg/kg dry weight basis	
PCB-1016	<0.9	mg/kg dry weight basis	
PCB-1221	<0.9	mg/kg dry weight basis	
PCB-1232	<0.9	mg/kg dry weight basis	
PCB-1242	<0.9	mg/kg dry weight basis	
PCB-1248	<0.9	mg/kg dry weight basis	
PCB-1254	<0.9	mg/kg dry weight basis	
PCB-1260	<0.9	mg/kg dry weight basis	

< = less than, not detected.

946480292

RECEIVED SEP 16 PVSC LABORATORY

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 - Lab # 11550 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
email: hklein@gslabs.com
Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

TO: GARDEN STATE LABS

REPORT # 980000000.0
CLIENT # GSL01
DATE SUBMITTED: 8/5/98

ATT:

SAMPLE TYPE: SLUDGE CAKE (FILTER PRESS @PVSC)
SAMPLE ID: REPORTING DETECTION LIMIT FOR SAMPLE 980805072.2
SAMPLE LOCATION:

DATE SAMPLED: TIME SAMPLED:

ANALYSIS	RESULT	UNITS	
Aldrin	<0.9	mg/kg dry weight basis	
alpha-BHC	<0.9	mg/kg dry weight basis	
beta-BHC	<0.9	mg/kg dry weight basis	
delta-BHC	<0.9	mg/kg dry weight basis	
gamma-BHC	<0.9	mg/kg dry weight basis	
Chlordane	<0.9	mg/kg dry weight basis	
4,4'-DDD	<0.9	mg/kg dry weight basis	
4,4'-DDE	<0.9	mg/kg dry weight basis	
4,4'-DDT	<0.9	mg/kg dry weight basis	
Dieldrin	<0.9	mg/kg dry weight basis	
Endosulfan I	<0.9	mg/kg dry weight basis	
Endosulfan II	<0.9	mg/kg dry weight basis	
Endosulfan sulfate	<0.9	mg/kg dry weight basis	
Endrin	<0.9	mg/kg dry weight basis	
Endrin Aldehyde	<0.9	mg/kg dry weight basis	
Heptachlor	<0.9	mg/kg dry weight basis	
Heptachlor Epoxide	<0.9	mg/kg dry weight basis	
Toxaphene	<0.9	mg/kg dry weight basis	
PCB-1016	<0.9	mg/kg dry weight basis	
PCB-1221	<0.9	mg/kg dry weight basis	
PCB-1232	<0.9	mg/kg dry weight basis	
PCB-1242	<0.9	mg/kg dry weight basis	
PCB-1248	<0.9	mg/kg dry weight basis	
PCB-1254	<0.9	mg/kg dry weight basis	
PCB-1260	<0.9	mg/kg dry weight basis	

< = less than, not detected.

RECEIVED SEP 16 1998 PVSC LABORATORY

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Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

REPORT # 980805072.2
CLIENT # PAS02
DATE SUBMITTED: 8/5/98

TO: Passaic Valley Sew. Commission
600 Wilson Avenue

Newark NJ 07105
ATT: ED RYS

SAMPLE TYPE: SLUDGE CAKE
SAMPLE ID: P.O. #180481 HZFC-142 GRAB FILTER PRESS
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/5/98 TIME SAMPLED: 11:00AM

ANALYSIS	RESULT	UNITS	
Aldrin	<0.9	mg/kg dry weight basis	
Chlordane	<0.9	mg/kg dry weight basis	
Dieldrin	<0.9	mg/kg dry weight basis	
4,4'-DDT	<0.9	mg/kg dry weight basis	
Heptachlor	<0.9	mg/kg dry weight basis	
Lindane	<0.9	mg/kg dry weight basis	
PCBs	<0.9	mg/kg dry weight basis	
Toxaphene	<0.9	mg/kg dry weight basis	

RECEIVED SEP 4 1998 PVSC LABORATORY

< = less than, not detected.

946480294

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Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

TO: GARDEN STATE LABS

REPORT # 980000000.0
CLIENT # GSL01
DATE SUBMITTED: 8/5/98

ATT:

SAMPLE TYPE: SLUDGE CAKE (FILTER PRESS @PVSC)
SAMPLE ID: REPORTING DETECTION LIMIT FOR SAMPLE 980805072.2
SAMPLE LOCATION:

DATE SAMPLED: TIME SAMPLED:

ANALYSIS	RESULT	UNITS	
Aldrin	<0.9	mg/kg dry weight basis	
alpha-BHC	<0.9	mg/kg dry weight basis	
beta-BHC	<0.9	mg/kg dry weight basis	
delta-BHC	<0.9	mg/kg dry weight basis	
gamma-BHC	<0.9	mg/kg dry weight basis	
Chlordane	<0.9	mg/kg dry weight basis	
4,4'-DDD	<0.9	mg/kg dry weight basis	
4,4'-DDE	<0.9	mg/kg dry weight basis	
4,4'-DDT	<0.9	mg/kg dry weight basis	
Dieldrin	<0.9	mg/kg dry weight basis	
Endosulfan I	<0.9	mg/kg dry weight basis	
Endosulfan II	<0.9	mg/kg dry weight basis	
Endosulfan sulfate	<0.9	mg/kg dry weight basis	
Endrin	<0.9	mg/kg dry weight basis	
Endrin Aldehyde	<0.9	mg/kg dry weight basis	
Heptachlor	<0.9	mg/kg dry weight basis	
Heptachlor Epoxide	<0.9	mg/kg dry weight basis	
Toxaphene	<0.9	mg/kg dry weight basis	
PCB-1016	<0.9	mg/kg dry weight basis	
PCB-1221	<0.9	mg/kg dry weight basis	
PCB-1232	<0.9	mg/kg dry weight basis	
PCB-1242	<0.9	mg/kg dry weight basis	
PCB-1248	<0.9	mg/kg dry weight basis	
PCB-1254	<0.9	mg/kg dry weight basis	
PCB-1260	<0.9	mg/kg dry weight basis	

< = less than, not detected.

946480295

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Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

REPORT # 980805072.1
CLIENT # PAS02
DATE SUBMITTED: 8/5/98

TO: Passaic Valley Sew. Commission
600 Wilson Avenue

Newark NJ 07105
ATT: ED RYS

SAMPLE TYPE: SLUDGE CAKE
SAMPLE ID: P.O. #180481 HZFC-142 GRAB FILTER PRESS
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/5/98 TIME SAMPLED: 11:00AM

ANALYSIS	RESULT	UNITS	REPORTING D.L.
Arsenic	3.66	mg/kg dry weight basis	<1.37
Antimony	<8.59	mg/kg dry weight basis	<8.59
Beryllium	<0.688	mg/kg dry weight basis	<0.688
Cadmium	8.39	mg/kg dry weight basis	<0.688
Chromium	333	mg/kg dry weight basis	<0.688
Copper	969	mg/kg dry weight basis	<0.859
Lead	156	mg/kg dry weight basis	<1.72
Mercury	3.94	mg/kg dry weight basis	<0.113
Nickel	72.7	mg/kg dry weight basis	<0.859
Selenium	4.24	mg/kg dry weight basis	<1.72
Silver	47.7	mg/kg dry weight basis	<0.344
Thallium	<1.72	mg/kg dry weight basis	<1.72
Zinc	1680	mg/kg dry weight basis	<5.15
Iron	14900	mg/kg dry weight basis	<5.15
Barium	1140	mg/kg dry weight basis	<1.72
Manganese	313	mg/kg dry weight basis	<0.688
Aluminum	18800	mg/kg dry weight basis	<17.2

< = less than, not detected.

946480296

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 - Lab # 11550 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

REPORT # 980805072.1
CLIENT # PAS02
DATE SUBMITTED: 8/5/98

TO: Passaic Valley Sew. Commission
600 Wilson Avenue

Newark NJ 07105
ATT: ED RYS

SAMPLE TYPE: SLUDGE CAKE
SAMPLE ID: P.O. #180481 HZFC-142 GRAB FILTER PRESS
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/5/98 TIME SAMPLED: 11:00AM

ANALYSIS	RESULT	UNITS	
Arsenic	3.66	mg/kg dry weight basis	
Antimony	<8.59	mg/kg dry weight basis	
Beryllium	<0.688	mg/kg dry weight basis	
Cadmium	8.39	mg/kg dry weight basis	
Chromium	333	mg/kg dry weight basis	
Copper	969	mg/kg dry weight basis	
Lead	156	mg/kg dry weight basis	
Mercury	3.94	mg/kg dry weight basis	
Nickel	72.7	mg/kg dry weight basis	
Selenium	4.24	mg/kg dry weight basis	
Silver	47.7	mg/kg dry weight basis	
Thallium	<1.72	mg/kg dry weight basis	
Zinc	1680	mg/kg dry weight basis	
Iron	14900	mg/kg dry weight basis	
Barium	1140	mg/kg dry weight basis	
Manganese	313	mg/kg dry weight basis	
Aluminum	18800	mg/kg dry weight basis	
Total Solids	57.6	% as received	

RECEIVED

< = less than, not detected.

946480297

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Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 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

REPORT # 980805072.4
CLIENT # PAS02
DATE SUBMITTED: 8/5/98

TO: Passaic Valley Sew. Commission
600 Wilson Avenue

Newark NJ 07105
ATT: ED RYS

SAMPLE TYPE: SLUDGE CAKE
SAMPLE ID: P.O. #180481 HZFC-142 GRAB FILTER PRESS
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/5/98 TIME SAMPLED: 11:00AM

ANALYSIS	RESULT	UNITS	
Cyanide	4.06	mg/kg dry weight basis	
Oil and Grease	247000	mg/kg dry weight basis	
Phenols	84.0	mg/kg dry weight basis	
Note: For Cyanide			
Reporting Detection limit	<0.14	mg/kg dry weight basis	

< = less than, not detected.

946480298

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 - Lab # 11550 and N.J.D.E.P. - Lab # 20044

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Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

REPORT # 980805072.4
CLIENT # PAS02
DATE SUBMITTED: 8/5/98

TO: Passaic Valley Sew. Commission
600 Wilson Avenue

Newark NJ 07105
ATT: ED RYS

SAMPLE TYPE: SLUDGE CAKE
SAMPLE ID: P.O. #180481 HZFC-142 GRAB FILTER PRESS
SAMPLE LOCATION: @PVSC

DATE SAMPLED: 8/5/98 TIME SAMPLED: 11:00AM

ANALYSIS	RESULT	UNITS	
Cyanide	4.06	mg/kg dry weight basis	
Oil and Grease	247000	mg/kg dry weight basis	
Phenols	84.0	mg/kg dry weight basis	

RECEIVED
AUG 25 1998
PVSC
LABORATORY

< = less than, not detected.

946480299

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 - Lab # 11550 and N.J.D.E.P. - Lab # 20044

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Internet: www.gslabs.com

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 # 980805072.5
CLIENT # PAS02
DATE SUBMITTED: 8/5/98

SAMPLE TYPE: SLUDGE CAKE
SAMPLE ID: P.O.#180481 HZFC-142 GRAB FILTER PRESS
SAMPLE LOCATION: @ PVSC

DATE SAMPLED: 8/5/98 TIME SAMPLED: 11:00AM

COMPOUND	RESULT	COMPOUND	RESULT
Chloromethane	<1.7	1,1,2 Trichloroethane	<1.7
Bromomethane	<1.7	cis-1,3 Dichloropropylene	<1.7
Dichlorodifluoromethane	<1.7	Benzene	<1.7
Vinyl Chloride	<1.7	2-Chloroethylvinyl ether	<1.7
Chloroethane	<1.7	Bromoform	<1.7
Methylene Chloride	<1.7	1,1,2,2 Tetrachloroethane	<1.7
Trichlorofluoromethane	<1.7	Tetrachloroethylene	<1.7
1,1 Dichloroethylene	<1.7	Toluene	<1.7
1,1 Dichloroethane	<1.7	Chlorobenzene	<1.7
trans-1,2 Dichloroethylene	<1.7	Ethylbenzene	<1.7
Chloroform	<1.7	p-Xylene	<1.7
1,2 Dichloroethane	<1.7	m-Xylene	<1.7
1,1,1 Trichloroethane	<1.7	o-Xylene	<1.7
Carbon Tetrachloride	<1.7	1,2 Dichlorobenzene	<1.7
Bromodichloromethane	<1.7	1,3 Dichlorobenzene	<1.7
1,2 Dichloropropane	<1.7	1,4 Dichlorobenzene	<1.7
trans-1,3 Dichloropropene	<1.7	cis-1,2 Dichloroethylene	<1.7
Trichloroethylene	<1.7	Acrolein	<17.0
Dibromochloromethane	<1.7	Acrylonitrile	<17.0
Methyl tert-Butyl Ether	<1.7	Date of Analysis	8/19/98
Isopropyl Ether	<1.7		

946480300

RECEIVED SEP 3 1998 PVSC

RESULTS ARE IN MG/KG DRY WT.
<=LESS THAN, NONE DETECTED. ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY USEPA METHOD 8260.

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 - Lab # 11550 and N.J.D.E.P. - Lab # 20044

Garden State Laboratories, Inc.

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Internet: www.gslabs.com

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS
VOLATILE ORGANIC COMPOUNDS

TO: Garden State Laboratories, Inc.
410 Hillside Ave.

Hillside NJ 07205

ATT:

REPORT # 980000000.0
CLIENT # GSL01
DATE SUBMITTED: 8/5/98

SAMPLE TYPE: SLUDGE CAKE (FILTER PRESS @ PVSC)
SAMPLE ID: REPORTING DETECTION LIMIT FOR SAMPLE 980805072.5
SAMPLE LOCATION:

DATE SAMPLED: TIME SAMPLED:

COMPOUND	RESULT	COMPOUND	RESULT
Chloromethane	<1.7	1,1,2 Trichloroethane	<1.7
Bromomethane	<1.7	cis-1,3 Dichloropropylene	<1.7
Dichlorodifluoromethane	<1.7	Benzene	<1.7
Vinyl Chloride	<1.7	2-Chloroethylvinyl ether	<1.7
Chloroethane	<1.7	Bromoform	<1.7
Methylene Chloride	<1.7	1,1,2,2 Tetrachloroethane	<1.7
Trichlorofluoromethane	<1.7	Tetrachloroethylene	<1.7
1,1 Dichloroethylene	<1.7	Toluene	<1.7
1,1 Dichloroethane	<1.7	Chlorobenzene	<1.7
trans-1,2 Dichloroethylene	<1.7	Ethylbenzene	<1.7
Chloroform	<1.7	p-Xylene	<1.7
1,2 Dichloroethane	<1.7	m-Xylene	<1.7
1,1,1 Trichloroethane	<1.7	o-Xylene	<1.7
Carbon Tetrachloride	<1.7	1,2 Dichlorobenzene	<1.7
Bromodichloromethane	<1.7	1,3 Dichlorobenzene	<1.7
1,2 Dichloropropane	<1.7	1,4 Dichlorobenzene	<1.7
trans-1,3 Dichloropropene	<1.7	cis-1,2 Dichloroethylene	<1.7
Trichloroethylene	<1.7	Acrolein	<17.0
Dibromochloromethane	<1.7	Acrylonitrile	<17.0
Methyl tert-Butyl Ether	<1.7	Date of Analysis	8/19/98
Isopropyl Ether	<1.7		

946480301

RESULTS ARE IN MG/KG DRY WT.

<=LESS THAN, NONE DETECTED. ANALYSIS PERFORMED BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY USEPA METHOD 8260.

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 - Lab # 11550 and N.J.D.E.P. - Lab # 20044

VWX-018
6/91

New Jersey Department of Environmental Protection
Division of Water Resources

SLUDGE QUALITY ASSURANCE REPORT

Priority Pollutant Scan

CHECK IF REVISED	DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY
☐		08	1998	☐

FACILITY NAME: Passaic Valley Sewage Comm. FACILITY TYPE: ☐ Domestic ☐ Industrial

SLUDGE SAMPLING LOCATION: PVSC

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
VOLATILES			
Acrolein	34210	< 17.000	X
Acrylonitrile	34215	< 17.000	X
Benzene	34030	< 1.700	X
Bromoform	32104	< 1.700	X
Carbon Tetrachloride	32102	< 1.700	X
Chlorobenzene	34301	< 1.700	X
Chlorodibromomethane	34306	< 1.700	X
Chloroethane	34311	< 1.700	X
2-Chloroethylvinyl Ether	34576	< 1.700	X
Chloroform	32106	< 1.700	X
Dichlorobromomethane	32101	< 1.700	X
1, 1-Dichloroethane	34496	< 1.700	X
1, 2-Dichloroethane	32103	< 1.700	X
1, 1-Dichloroethylene	34501	< 1.700	X
1, 2-Dichloropropane	34541	< 1.700	X
trans-1, 3-Dichloropropene	34699	< 1.700	X
Ethylbenzene	34371	< 1.700	X
Methyl Bromide	34413	< 1.700	X
Methyl Chloride	34418	< 1.700	X
Methylene Chloride	34423	< 1.700	X
1, 1, 2, 2-Tetrachloroethane	34516	< 1.700	X
Tetrachloroethylene	34475	< 1.700	X
Toluene	34010	< 1.700	X
1, 2-trans-Dichloroethylene	34546	< 1.700	X
1, 1, 1-Trichloroethane	34506	< 1.700	X
1, 1, 2-Trichloroethane	[illegible]	1.700	X
Trichloroethylene	39180	1.700	X
Vinyl Chloride	39175	1.700	X

RECEIVED
SEP 4 1998
PVSC
LABORATORY

946480302

Report # 980805072

New Jersey Department of Environmental Protection
Division of Water Resources

SLUDGE QUALITY ASSURANCE REPORT

Priority Pollutant Scan - Continued

CHECK IF REVISED	DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY
☐		08	1998	☐

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
ACID COMPOUNDS			
2-Chlorophenol	34586	< 18.5	☒
2, 4-Dichlorophenol	34601	< 18.5	☒
2, 4-Dimethylphenol	34606	< 18.5	☒
4, 6-Dinitro-o-cresol	34657	< 412.5	☒
2, 4-Dinitrophenol	34616	< 412.5	☒
2-Nitrophenol	34591	< 18.5	☒
4-Nitrophenol	34646	< 412.5	☒
p-Chloro-m-cresol	34452	< 18.5	☒
Pentachlorophenol	39032	< 412.5	☒
Phenol	34694	< 18.5	☒
2, 4, 6-Trichlorophenol	34621	< 18.5	☒
BASE/NEUTRAL			
Acenaphthene	34205	< 18.5	☒
Acenaphthylene	34200	< 18.5	☒
Anthracene	34220	< 18.5	☒
Benzidine	39120	< 412.5	☒
Benzo (a) anthracene	34526	< 18.5	☒
Benzo (a) pyrene	34247	< 18.5	☒
3, 4-Benzofluoranthene	34230	< 18.5	☒
Benzo (g,h,i) perylene	34521	< 18.5	☒
Benzo (k) fluoranthene	34242	< 18.5	☒
bis (2-Chloroethoxy) methane	34278	< 18.5	☒
bis (2-Chloroethyl) Ether	34273	< 18.5	☒
bis (2-Chloroisopropyl) Ether	34283	< 18.5	☒
bis (2-Ethylhexyl) Phthalate	39100	218.7	☐
4-Bromophenyl Phenyl Ether	34636	< 18.5	☒
Butylbenzyl Phthalate	34292	< 18.5	☒
2-Chloronaphthalene	34581	< 18.5	☒
4-Chlorophenyl Phenyl Ether	34641	< 18.5	☒
Chrysene	34320	< 18.5	☒

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SLUDGE QUALITY ASSURANCE REPORT

Priority Pollutant Scan - Continued

CHECK IF REVISED	DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	Yr.	REPORTING CATEGORY
		08	1998	

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
BASE/NEUTRAL - Continued			
Dibenzo (a,h) anthracene	34556	< 8.500	X
1, 2-Dichlorobenzene	34536	< 8.500	X
1, 3-Dichlorobenzene	34566	< 8.500	X
1, 4-Dichlorobenzene	34571	< 8.500	X
3, 3'-Dichlorobenzidine	34631	< 8.500	X
Diethyl Phthalate	34336	< 8.500	X
Dimethyl Phthalate	34341	< 8.500	X
Di-n-butyl Phthalate	39110	< 8.500	X
2, 4-Dinitrotoluene	34611	< 8.500	X
2, 6-Dinitrotoluene	34626	< 8.500	X
Di-n-octyl Phthalate	34596	< 8.500	X
1, 2-Diphenylhydrazine	34346	< 8.500	X
Fluoranthene	34376	< 8.500	X
Fluorene	34381	< 8.500	X
Hexachlorobenzene	39700	< 8.500	X
Hexachlorobutadiene	39702	< 8.500	X
Hexachlorocyclopentadiene	34386	< 8.500	X
Hexachloroethane	34396	< 8.500	X
Indeno (1, 2, 3-c,d) pyrene	34403	< 8.500	X
Isophorone	34408	< 8.500	X
Naphthalene	34696	< 8.500	X
Nitrobenzene	34447	< 8.500	X
N-Nitrosodimethylamine	34438	< 8.500	X
N-Nitrosodi-n-propylamine	34428	< 8.500	X
N-Nitrosodiphenylamine	34433	< 8.500	X
Phenanthrene	34461	< 8.500	X
Pyrene	34469	< 8.500	X
1, 2, 4-Trichlorobenzene	34551	< 8.500	X

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SLUDGE QUALITY ASSURANCE REPORT

Priority Pollutant Scan - Continued

CHECK IF REVISED	DISCHARGE PERMIT NO.	REPORTING PERIOD Mo.	REPORTING PERIOD Yr.	REPORTING CATEGORY
☐		08	1998	☐

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
PESTICIDES			
Aldrin	39330	< 0.9010	X
alpha-BHC	39337	< 0.9010	X
beta-BHC	39338	< 0.9010	X
gamma-BHC (Lindane)	39782	< 0.9010	X
delta-BHC	39340	< 0.9010	X
Chlordane	39350	< 0.9010	X
4, 4'-DDT	39300	< 0.9010	X
4, 4'-DDE	39320	< 0.9010	X
4,4'-DDD	39310	< 0.9010	X
Dieldrin	39380	< 0.9010	X
alpha-Endosulfan	34361	< 0.9010	X
beta-Endosulfan	34356	< 0.9010	X
Endosulfan sulfate	34351	< 0.9010	X
Endrin	39390	< 0.9010	X
Endrin Aldehyde	34366	< 0.9010	X
Heptachlor	39410	< 0.9010	X
Heptachlor Epoxide	39420	< 0.9010	X
PCB-1242	39496	< 0.9010	X
PCB-1254	39504	< 0.9010	X
PCB-1221	39488	< 0.9010	X
PCB-1232	39492	< 0.9010	X
PCB-1248	39500	< 0.9010	X
PCB-1260	39508	< 0.9010	X
PCB-1016	34671	< 0.9010	X
Toxaphene	39400	< 0.9010	X

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SLUDGE QUALITY ASSURANCE REPORT

Priority Pollutant Scan - Continued

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

PARAMETERS	STORET CODE	TOTAL PHASE (dry weight basis, mg/kg)	NONE DETECTED
OTHER TOXIC POLLUTANTS: METALS, CYANIDE, DIOXIN			
Antimony, Total	01097	< 8.5910	☒
Arsenic, Total	01002	3.6160	☐
Beryllium, Total	01012	< 0.6818	☒
Cadmium, Total	61527	8.3910	☐
Chromium, Total	61512	3313.0100	☐
Copper, Total	61506	9619.9000	☐
Lead, Total	61503	1516.0000	☐
Mercury, Total	01260	3.9140	☐
Nickel, Total	61515	72.7000	☐
Selenium, Total	61518	4.2140	☐
Silver, Total	01263	47.7000	☐
Thallium, Total	01059	< 1.7120	☒
Zinc, Total	61509	1610.0000	☐
Cyanide, Total	00720	4.0160	☐
2,3,7,8-Tetrachloro-dibenzo-p-dioxin	34675	CODE=E	☐

CERTIFICATION OF AUTHENTICITY

Name of Authorized Agent (print) _____

Signature of Authorized Agent _____ Date 9/3/98

Title of Authorized Agent _____

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

Report # 980805072

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T-VWX-018
6/91

INSTRUCTIONS

Please type or print using ink. Print clearly only one number per box. Use the decimal point wherever furnished.

- If this is a resubmission to correct information from a previously submitted report, check the box indicated "CHECK IF REVISED".
- Enter the 7-digit New Jersey Pollutant Discharge Elimination System (NJPDES) number assigned to the treatment plant under "DISCHARGE PERMIT NO.".
- Enter the month and year of the reporting period under "REPORTING PERIOD". Note: The year must be entered as four digits (e.g. 1991).
- If applicable, enter the plant's current reporting category (1, 2, 3, 4 or 5) under "REPORTING CATEGORY".
- Indicate on Page 1 of 5, the name of the treatment plant and location the sludge sample was taken for this report (e.g. belt press or anaerobic digester) next to the appropriate section. In addition, indicate if the treatment plant is Domestic (treats primarily sanitary waste) or Industrial.
- Enter the reported values for all parameters as required to be reported under N.J.A.C. 7:14-4. All analyses must be performed on the total phase and reported on a dry weight basis (mg/kg).
- For any component not found at the test's limit of detectability, the component must be reported at its limit of detectability with an asterisk indicated in the space provided.
- The bottom portion on Page 5 of 5, "CERTIFICATION OF AUTHENTICITY", must be completed in its entirety by an Authorized Representative as defined under N.J.A.C. 7:14A.

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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., 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).

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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. Dept. of Health and N.J.D.E.P. - Lab # 20044

946480308

State of New Jersey
Department of Environmental Protection and Energy
Division of Water Quality

Jeanne M. Fox
Acting Commissioner

Dennis Hart
Director

Re: Instructions for Reporting monitoring results for 2, 3, 7, 8-Tetrachlorodibenzo-p-dioxin

Dear Permittees:

The Division has received a number of inquiries regarding the methodology for analysis of 2, 3, 7, 8-tetrachlorodibenzo-p-dioxin (TCDD) and has prepared this letter to serve as guidance for the analysis of TCDD and the instructions for reporting those results to the Department on the Discharge Monitoring Reports or the Monitoring Report Forms.

The Division accepts the use of the EPA screening procedure for 2, 3, 7, 8-Tetrachlorodibenzo-p-dioxin (TCDD) as stated in 40 CFR Part 136, Appendix A, Method 625. Please note that method 625 is approved for TCDD screening only and is not to be used for quantitation. Should TCDD be detected using Method 625, then Method 613, or another approved test procedure, must be used to conclusively determine the pollutant's presence and concentration level as per 40 CFR, Part 136, Appendix A, Method 625, item 17.3.

Since the methodology for analyzing this parameter varies from the norm, included below are specific instructions for reporting monitoring results for TCDD:

1. If the monitoring results using Method 625 indicate that TCDD is *not* present in the sample, you should report 'CODE=E' for TCDD in the open SAMPLE MEASUREMENT blocks on the DMR and provide an explanation on the transmittal sheet.

2. If Method 625 indicates that TCDD may be present in the sample, you must use Method 613, or other approved test procedures, for verification and quantification. If after using Method 613 it is determined that TCDD is not present in the sample, 'CODE=E' should be reported in the appropriate concentration SAMPLE MEASUREMENT blocks on the DMR and an explanation should be provided on the transmittal sheet.

3. If it is verified using Method 613 that TCDD is present in the sample, but at levels below the Recommended Quantitation Level of 0.01 ug/L, '< 0.01 ug/L', should be reported in the open concentration SAMPLE MEASUREMENT blocks on the DMR and the resultant "loading" should be reported as '< the calculated loading value' in the open loading SAMPLE MEASUREMENT blocks on the DMR.

4. Lastly, if TCDD is verified and quantified using Method 613, the appropriate concentration and loading values should be reported in the appropriate SAMPLE MEASUREMENT blocks on the DMR.

If you have any questions concerning this matter, please contact the permit issuing Bureau at the telephone number listed in your NJPDES permit.

Sincerely,

Dennis Hart, Director
Division of Water Quality

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Please Respond to:

CN 029
Trenton, NJ 08625-0029
Fax # (609) 984-7938
Fax # (609) 777-0432

Please Respond to:

CN 425
Trenton, NJ 08625-0029
Fax # (609) 633-8165

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