Attachment A

Monthly Monitoring Reports and Other CSO/Bypass Related Reports Submitted to NYSDEC (USEPA copy only)

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact JEFFREY KONSELLA **DEC Region:** 9

Report Type: ___ *5 Day* ___ *Permit Violation* ___ *Order Violation* ___ *Anticipated Noncompliance* ___ *Bypass/Overflow* ✓ *Other*

SECTION 2

SPDES #: NY- 0028410 **Facility:** BUFFALO SEWER AUTHORITY

Date of noncompliance: 02 / 05 / 14 **Location (Outfall, Treatment Unit, or Pump Station):** HAMBURG STREET PUMP

Description of noncompliance(s) and cause(s): DRY WEATHER OVERFLOW OCCURRED AT 11:15 AM ON 02/06/14 SPP # 129 & 131 THROUGH OUTFALL#64 AND SPP #209 THROUGH OUTFALL #25. PUMP STATION EXPERIENCED POWER FAILURE.

Has event ceased? (Yes) (No) **If so, when?** 02 / 05 / 14 **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: 02 / 05 / 14 , 11 : 15 (AM) (PM) **End date, time of event:** 02 / 05 / 14 , 11 : 46 (AM) (PM)

Date, time oral notification made to DEC? 02 / 05 / 14 , 12 : 13 (AM) (PM) **DEC Official contacted:** ROBERT SMYTHE(EMAIL)

Immediate corrective actions: ELECTRICIANS FROM O'CONNELL ELECTRIC AND NATIONAL GRID RESTORED POWER.

Preventive (long term) corrective actions: CAUSE WAS DETERMINED TO BE A SHORT IN NATIONAL GRID'S METERING CABINET NATIONAL GRID REPAIRED FAILED CABLES.

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ **Was prior DEC authorization received for this event?** (Yes) (No)

DEC Official contacted: _____ **Date of DEC approval:** ___ / ___ / ___

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: MICHAEL LETINA **Title:** TREATMENT PLANT SUPT. **Date:** 02 / 06 / 14

Phone #: (716) 851 - 46644 X5201 **Fax #:** (716) 883 - 3789

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.

x Michael Letina

Signature of Principal Executive Officer or Authorized Agent

certified #70071490 0003 3576 1414

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact JEFFREY KONSELLA **DEC Region:** 9

Report Type: ___ *5 Day* ___ *Permit Violation* ___ *Order Violation* ✓ *Anticipated Noncompliance* ✓ *Bypass/Overflow* ___ *Other*

SECTION 2

SPDES #: NY- 0028410 **Facility:** BUFFALO SEWER AUTHORITY

Date of noncompliance: 03 / 11 / 14 **Location (Outfall, Treatment Unit, or Pump Station):** BIRD ISLAND TRT PLANT

Description of noncompliance(s) and cause(s): ON 03/11/2014 ALL FLOWS RECEIVED PARTIAL TREATMENT ONLY FROM 09:44 AM THROUGH 10:41 AM. THIS WAS REQUIRED FOR CONSTUCTION WORK FOR MODIFICATIONS TO PRIMARY BYPASS CHAMBER. FLOW WAS BYPASSED IN ORDER TO MAINTAIN WORKER SAFETY WHILE WORKING IN CHAMBER.

Has event ceased? (Yes) (No) **If so, when?** 03 / 11 / 14 **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: 03 / 11 / 14 , 09 : 44 (AM) (PM) **End date, time of event:** 03 / 11 / 14 , 10 : 41 (AM) (PM)

Date, time oral notification made to DEC? 02 / 27 / 14 , 10 : 06 (AM) (PM) **DEC Official contacted:** ROBERT SMYTHE(EMAIL)

Immediate corrective actions:

Preventive (long term) corrective actions:

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ **Was prior DEC authorization received for this event?** (Yes) (No)

DEC Official contacted: _____ **Date of DEC approval:** ___ / ___ / ___

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: MICHAEL LETINA **Title:** TREATMENT PLANT SUPT. **Date:** 03 / 14 / 14

Phone #: (716) 851 - 4664 X5201 **Fax #:** (716) 883 - 3789

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.

x Michael Letina

Signature of Principal Executive Officer or Authorized Agent

Certified 7009 0080 0002 1237 0850

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact JEFFREY KONSELLA **DEC Region:** 9

Report Type: ___ *5 Day* ___ *Permit Violation* ___ *Order Violation* ___ *Anticipated Noncompliance* ___ *Bypass/Overflow* ✓ *Other*

SECTION 2

SPDES #: NY- 0028410 **Facility:** BUFFALO SEWER AUTHORITY

Date of noncompliance: 05 / 09 / 14 **Location (Outfall, Treatment Unit, or Pump Station):** OUTFALL

Description of noncompliance(s) and cause(s): DRY WEATHER OVERFLOW OCCURRED AT 10:30 AM ON 05/09/14 SPP # 23 & 24 & 296 THROUGH OUTFALL#12. LINE WAS PLUGGED WITH DEBRIS

Has event ceased? (Yes) (No) **If so, when?** 05 / 09 / 14 **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: 05 / 09 / 14 , 10 : 30 (AM) (PM) **End date, time of event:** 05 / 09 / 14 , 11 : 40 (AM) (PM)

Date, time oral notification made to DEC? 05 / 09 / 14 , 11 : 33 (AM) (PM) **DEC Official contacted:** ROBERT SMYTHE(EMAIL)

Immediate corrective actions: BSA STAFF CLEANED CHAMBER OF ALL DEBRIS

Preventive (long term) corrective actions:

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ **Was prior DEC authorization received for this event? (Yes) (No)**

DEC Official contacted: _____ **Date of DEC approval:** ___ / ___ / ___

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: MICHAEL LETINA **Title:** TREATMENT PLANT SUPT. **Date:** 05 / 12 / 14

Phone #: (716) 851 - 4664 X5201 **Fax #:** (716) 883 - 3789

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x Michael Letina

Signature of Principal Executive Officer or Authorized Agent

Certified Mail 7009 0080 0002 1237 0997

BUFFALO SEWER AUTHORITY

ADMINISTRATIVE OFFICES
1038 CITY HALL
65 NIAGARA SQUARE
BUFFALO, NY 14202-3378
PHONE: (716) 851-4664
FAX: (716) 856-5810

WASTEWATER TREATMENT PLANT
FOOT OF WEST FERRY
90 WEST FERRY STREET
BUFFALO, NY 14213-1799
PHONE: (716) 883-1820

BUFFALO SEWER AUTHORITY
2014 AU 26 PM 2: 17

January 22, 2014

BUFFALO SEWER AUTHORITY CORPORATE SEAL 1935

SPDES Compliance Information Section
New York State Department of Environmental Conservation
Division of Water
Bureau of Watershed Compliance Programs
625 Broadway 4th Floor
Albany, New York 12233-3506

RE: Discharge Monitoring Report
January 1-31, 2014

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for January 2014.

Also included are results of the high intensity sampling for, Bis (2-ethylhexyl) phthalate.

If you have any questions or require any further information, please contact me at (716) 851-4664 ext. 5201.

Very truly yours,

BUFFALO SEWER AUTHORITY

Michael Letina
Treatment Plant Superintendent

ML:jn
encs.
CERTIFIED: 70071490000335761490
cc: NYSDEC Regional Water Engineer –Cert #70071490000335776150 6
D. Comerford, Process Department
FILE:G/WPDOCS/ADM//DMR2014/Jan 2014.DOC

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTP
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	******	76		0	01/DS	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******	174		0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	2.0		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	16.9		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	2383		******	******	4.8		0	01/DS	CP
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	REQ. Mon. DAILY MAX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	8.3		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	******	1.9		0	01/DS	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664 AREA Code / Number	02/21/2014 MM/DD/YYYY

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

Sample was discarded in error before all tests could be run for nitrogen and ammonia for 10/22/2013 partial event. See attached non-compliance report.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTP
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, wastewater by-passing trtmnt plant 50049 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	339		******	******	******	******	0	99/99	RC
	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	RECORDR
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	******	1.3		0	01/DS	GR
	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	12992	105568		0	01/DS	GR
	PERMIT REQUIREMENT	******	******		******	Req. Mon 30DA GEO	Req. Mon 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	48		0	06/01	GR
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	deg F		Six Per Day	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	46		0	06/01	GR
00011 G 0 Raw Sewage influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	deg F		Six Per Day	GRAB
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	6920	8030		******	7.5	10		0	01/01	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	******	******		******	114	******		0	01/01	24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	******	mg/L		Daily	COMP 24
pH	SAMPLE MEASUREMENT	******	******		7.3	******	7.8		0	06/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Six Per Day	GRAB
pH	SAMPLE MEASUREMENT	******	******		7.1	******	7.9		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Six Per Day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7300	11670		******	7.5	11		0	01/01	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664	02/21/2014
TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	82	******		0	01/01	24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	******	mg/L		DAILY	COMP 24
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	<0.1		2	12/01	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	3 DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	4.9		0	06/01	GR
00545 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	8.3		0	01/30	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	12.3		0	01/30	24
00625 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	0.46	******		0	01/01	24
00665 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	1 MO AVG	******	mg/L		DAILY	COMP24
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	6.53		0	01/01	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664 AREA Code / Number	02/21/2014 MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	8.58		0	01/30	24
34726 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
Phenols	SAMPLE MEASUREMENT	4.3	******		******	*****	******		0	01/30	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	36.6 MO AVG	******	lb/d	*****	******	******			Monthly	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	126	******		******	******	******		0	99/99	RC
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	180 AGGROLAV	******	Mgal/d	******	******	******			CONTINOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	1.2		0	24/01	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/l		SIX PER DAY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******		******	******	1.0		0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	45	81		0	01/01	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	200 30DA GEO	400 7 DA GEO	#/100mL		Daily	GRAB
BOD, 5-day percent removal	SAMPLE MEASUREMENT	******	******		93	******	******		0	01/30	CA
81010 K 0 Percent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	******	%		Monthly	CALCTD

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664 AREA Code / Number	2/21/2014 MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******		**91**	******	******		0	**01/30**	CA
81011 K 0 Percent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	******	%		Monthly	CALCTD

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664	02/21/2014
TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	01A-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
HEADWORKS BYPASS
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	******			0	01/DS	GR
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******			0	01/DS	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******			0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mL/L		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******			0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/l		Once Per Discharge	GRAB
Flow, wastewater bypassing trmnt plant	SAMPLE MEASUREMENT	******			******	******	******		0	01/DS	ES
50049 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	Req Mon MO TOTAL	Mgal/mo	******	******	******			Once Per Discharge	ESTIMA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN)	SAMPLE MEASUREMENT	******	<16.4		******	******	******		0	01/30	24
00720 V 0 See Comments	PERMIT REQUIREMENT	******	90 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	******	<8.17		******	******	******		0	01/30	24
01027 V 0 See Comments	PERMIT REQUIREMENT	******	30 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Chromium, total (as Cr)	SAMPLE MEASUREMENT	******	<8.17		******	******	******		0	01/30	24
01034 V 0 See comments	PERMIT REQUIREMENT	******	12.5 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	<8.17		******	******	******		0	01/30	24
01040 V 0 See Comments	PERMIT REQUIREMENT	******	Req Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
Copper. total (as Cu)	SAMPLE MEASUREMENT	******	<8.17		******	******	******		0	01/30	24
01042 V 0 See Comments	PERMIT REQUIREMENT	******	31.9 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Lead, total (as Pb)	SAMPLE MEASUREMENT	******	<8.17		******	******	******		0	01/30	24
01051 V 0 See Comments	PERMIT REQUIREMENT	******	66.2 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Nickel, total (as Ni)	SAMPLE MEASUREMENT	******	<8.17		******	******	******		0	01/30	24
01067 V 0 See Comments	PERMIT REQUIREMENT	******	43.8 DAILY MX	lb/d	******	******	******			Monthly	COMP 24

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TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	01/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	**46.5**		******	******	******		0	**01/30**	24
01090 V 0 See Comments	PERMIT REQUIREMENT	******	Req Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
Zinc, total (as Zn)	SAMPLE MEASUREMENT	******	**52.3**		******	******	******		0	**01/30**	24
01092 V 0 See Comments	PERMIT REQUIREMENT	******	174 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Bis(2ethylhexyl) phthalate	SAMPLE MEASUREMENT	******	**<8.58**		******	******	******		0	**01/30**	24
39100 V 0 See comments	PERMIT REQUIREMENT	******	16.7 DAILY MX	lb/d	******	******	******			Monthly	COMP24

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

BUFFALO SEWER AUTHORITY

ADMINISTRATIVE OFFICES
1038 CITY HALL
65 NIAGARA SQUARE
BUFFALO, NY 14202-3378
PHONE: (716) 851-4664
FAX: (716) 856-5810

WASTEWATER TREATMENT PLANT
FOOT OF WEST FERRY
90 WEST FERRY STREET
BUFFALO, NY 14213-1799
PHONE: (716) 883-1820

BUFFALO SEWER AUTHORITY
2014 AU 26 PM 2: 17

March 21, 2014

SPDES Compliance Information Section
New York State Department of Environmental Conservation
Division of Water
Bureau of Watershed Compliance Programs
625 Broadway 4th Floor
Albany, New York 12233-3506

RE: Discharge Monitoring Report
February 1-28, 2014

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for February 2014.

A dry weather overflow occurred on February 5, 2014. See attached non-compliance report.

If you have any questions or require any further information, please contact me at (716) 851-4664 ext. 5208.

Very truly yours,

BUFFALO SEWER AUTHORITY

Roberta L. Gaiek, P.E.
Treatment Plant Administrator

RLG:jn
encs.
CERTIFIED: 70090080000212370874
cc: NYSDEC Regional Water Engineer –Cert #70090080000212370088 1
D. Comerford, Process Department
FILE:G/WPDOCS/ADM//DMR2014/Feb2014.DOC

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

Page

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
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BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTP
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2014	TO	02/28/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	******	64		0	01/DS	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******	216		0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	3.5		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	59		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	5224		******	******	4.0		0	01/DS	CP
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	REQ. Mon DAILY MAX	lb/d	******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	14.1		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	******	1.7		0	01/DS	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sample was discarded in error before all tests could be run for nitrogen and ammonia for 10/22/2013 partial event. See attached non-compliance report.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTP
LOCATION: 90 WEST FERRY STREET
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ATTN: Michael Letina, PLT SUPT

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2014	TO	02/28/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, wastewater by-passing trtmnt plant 50049 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	456		******	******	******	******	0	99/99	RC
	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	RECORDR
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	******	1.6		0	01/DS	GR
	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	31630	500000		0	01/DS	GR
	PERMIT REQUIREMENT	******	******		******	Req. Mon 30DA GEO	Req. Mon 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

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NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2014	TO	02/28/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	46		0	06/01	GR
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	deg F		Six Per Day	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	45		0	06/01	GR
00011 G 0 Raw Sewage influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	deg F		Six Per Day	GRAB
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	11040	15350		******	11	12		0	01/01	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	******	******		******	135	******		0	01/01	24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	******	mg/L		Daily	COMP 24
pH	SAMPLE MEASUREMENT	******	******		7.2	******	8.0		0	06/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Six Per Day	GRAB
pH	SAMPLE MEASUREMENT	******	******		7.2	******	7.9		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Six Per Day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10200	18690		******	9.1	13		0	01/01	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24

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ATTN: Michael Letina, PLT SUPT

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FROM	02/01/2014	TO	02/28/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	102	******		0	01/01	24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon MO AVG	******	mg/L		DAILY	COMP 24
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	<0.1		2	12/01	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	3 DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	4.1		0	06/01	GR
00545 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	9.43		0	01/30	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	9.24		0	01/30	24
00625 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	0.82	******		0	01/01	24
00665 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	1 MO AVG	******	mg/L		DAILY	COMP24
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	10.6		0	01/01	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP24

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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Page

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2014	TO	02/28/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	**7.96**		0	**01/30**	24
34726 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
Phenols	SAMPLE MEASUREMENT	**7.22**	******		******	*****	******		0	**01/30**	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	36.6 MO AVG	******	lb/d	*****	******	******			Monthly	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	**126**	******		******	******	******		0	**99/99**	RC
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	180 AGGROLAV	******	Mgal/d	******	******	******			CONTINOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	**1.4**		0	**24/01**	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/l		SIX PER DAY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******		******	******	**2.4**		0	**01/30**	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	**33**	**33**		0	**01/01**	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	200 30DA GEO	400 7 DA GEO	#/100mL		Daily	GRAB
BOD, 5-day percent removal	SAMPLE MEASUREMENT	******	******		**92**	******	******		0	**01/30**	CA
81010 K 0 Percent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	******	%		Monthly	CALCTD

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664 AREA Code / Number	03/21/2014 MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2014	TO	02/28/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******		**91**	******	******		0	01/30	CA
81011 K 0 Percent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	******	%		Monthly	CALCTD

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BUFFALO, NY 14213
ATTN: Michael Letina, PLT SUPT

NY0028410	01A-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2014	TO	02/28/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
HEADWORKS BYPASS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	******	156		0	01/DS	GR
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******	376		0	01/DS	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	4.0		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mL/L		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	31.6		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/l		Once Per Discharge	GRAB
Flow, wastewater bypassing trmnt plant	SAMPLE MEASUREMENT	******	0.3		******	******	******		0	01/DS	ES
50049 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	Req Mon MO TOTAL	Mgal/mo	******	******	******			Once Per Discharge	ESTIMA

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2014	TO	02/28/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN)	SAMPLE MEASUREMENT	******	<16.6		******	******	******		0	01/30	24
00720 V 0 See Comments	PERMIT REQUIREMENT	******	90 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	******	<7.22		******	******	******		0	01/30	24
01027 V 0 See Comments	PERMIT REQUIREMENT	******	30 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Chromium, total (as Cr)	SAMPLE MEASUREMENT	******	<7.22		******	******	******		0	01/30	24
01034 V 0 See comments	PERMIT REQUIREMENT	******	12.5 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	<7.22		******	******	******		0	01/30	24
01040 V 0 See Comments	PERMIT REQUIREMENT	******	Req Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
Copper. total (as Cu)	SAMPLE MEASUREMENT	******	<7.22		******	******	******		0	01/30	24
01042 V 0 See Comments	PERMIT REQUIREMENT	******	31.9 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Lead, total (as Pb)	SAMPLE MEASUREMENT	******	<7.22		******	******	******		0	01/30	24
01051 V 0 See Comments	PERMIT REQUIREMENT	******	66.2 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Nickel, total (as Ni)	SAMPLE MEASUREMENT	******	<7.22		******	******	******		0	01/30	24
01067 V 0 See Comments	PERMIT REQUIREMENT	******	43.8 DAILY MX	lb/d	******	******	******			Monthly	COMP 24

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ATTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

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	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2014	TO	02/28/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	**52**		******	******	******		0	**01/30**	24
01090 V 0 See Comments	PERMIT REQUIREMENT	******	Req Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
Zinc, total (as Zn)	SAMPLE MEASUREMENT	******	**53.4**		******	******	******		0	**01/30**	24
01092 V 0 See Comments	PERMIT REQUIREMENT	******	174 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Bis(2ethylhexyl) phthalate	SAMPLE MEASUREMENT	******	**<7.87**		******	******	******		0	**01/30**	24
39100 V 0 See comments	PERMIT REQUIREMENT	******	16.7 DAILY MX	lb/d	******	******	******			Monthly	COMP24

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TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact JEFFREY KONSELLA **DEC Region:** 9

Report Type: ___ *5 Day* ___ *Permit Violation* ___ *Order Violation* ___ *Anticipated Noncompliance* ___ *Bypass/Overflow* ✓ *Other*

SECTION 2

SPDES #: NY- 0028410 **Facility:** BUFFALO SEWER AUTHORITY

Date of noncompliance: 02 / 05 / 14 **Location (Outfall, Treatment Unit, or Pump Station):** HAMBURG STREET PUMP

Description of noncompliance(s) and cause(s): DRY WEATHER OVERFLOW OCCURRED AT 11:15 AM ON 02/06/14 SPP # 129 & 131 THROUGH OUTFALL#64 AND SPP #209 THROUGH OUTFALL #25. PUMP STATION EXPERIENCED POWER FAILURE.

Has event ceased? (Yes) (No) **If so, when?** 02 / 05 / 14 **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: 02 / 05 / 14 , 11 : 15 (AM) (PM) **End date, time of event:** 02 / 05 / 14 , 11 : 45 (AM) (PM)

Date, time oral notification made to DEC? 02 / 05 / 14 , 12 : 13 (AM) (PM) **DEC Official contacted:** ROBERT SMYTHE(EMAIL)

Immediate corrective actions: ELECTRICIANS FROM O'CONNELL ELECTRIC AND NATIONAL GRID RESTORED POWER.

Preventive (long term) corrective actions: CAUSE WAS DETERMINED TO BE A SHORT IN NATIONAL GRID'S METERING CABINET NATIONAL GRID REPAIRED FAILED CABLES.

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ **Was prior DEC authorization received for this event?** (Yes) (No)

DEC Official contacted: _____ **Date of DEC approval:** ___ / ___ / ___

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: MICHAEL LETINA **Title:** TREATMENT PLANT SUPT. **Date:** 02 / 06 / 14

Phone #: (716) 851 - 46644 X5201 **Fax #:** (716) 883 - 3789

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.

x Michael Letina

Signature of Principal Executive Officer or Authorized Agent

certified #70071490 0003 3576 1414

BUFFALO SEWER AUTHORITY

ADMINISTRATIVE OFFICES
1038 CITY HALL
65 NIAGARA SQUARE
BUFFALO, NY 14202-3378
PHONE: (716) 851-4664
FAX: (716) 856-5810

WASTEWATER TREATMENT PLANT
FOOT OF WEST FERRY
90 WEST FERRY STREET
BUFFALO, NY 14213-1799
PHONE: (716) 883-1820

2014 AU 26 PM 2:17

April 21, 2014

SPDES Compliance Information Section
New York State Department of Environmental Conservation
Division of Water
Bureau of Watershed Compliance Programs
625 Broadway 4th Floor
Albany, New York 12233-3506

RE: Discharge Monitoring Report
March 1-31, 2014

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for March 2014.

An anticipated bypass occurred on March 11, 2014. See attached non-compliance report.

If you have any questions or require any further information, please contact me at (716) 851-4664 ext 5201.

Very truly yours,

BUFFALO SEWER AUTHORITY

Michael A. Letina
Treatment Plant Superintendent

MAL:pl
encs,
CERTIFIED: 7007 1490 0003 3576 1629
Cc: NYSDEC Regional Water Engineer-Cert #7007 1490 0003 3576 1582
D. Comerford, Process Department
FILE: G/WPDOCS/ADM/DMR2014/Mar2014.DOC

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
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FACILITY: BIRD ISLAND WWTP
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NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2014	TO	03/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	******	108		0	01/DS	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******	118		0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	1.6		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	34.1		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	2831		******	******	8.72		0	01/DS	CP
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	REQ. Mon DAILY MAX	lb/d	******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	12.4		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	******	2.3		0	01/DS	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS

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MAJOR
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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
low, wastewater by-passing trmnt plant	SAMPLE MEASUREMENT	******	380		******	******	******	******	0	99/99	RC
0049 1 0 ffluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	RECORDR
:hlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	1.5		0	01/DS	GR
0060 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
:oliform, fecal general	SAMPLE MEASUREMENT	******	******		******	33954	172821		0	01/DS	GR
4055 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon 30DA GEO	Req. Mon 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

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MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
emperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	45		0	06/01	GR
)011 1 0 fluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	deg F		Six Per Day	GRAB
emperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	43		0	06/01	GR
)011 G 0 aw Sewage influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	deg F		Six Per Day	GRAB
OD, 5-day, 20 deg C	SAMPLE MEASUREMENT	16920	28140		******	14	24		0	01/01	24
)310 1 0 fluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24
OD, 5-day, 20 deg C	SAMPLE MEASUREMENT	******	******		******	119	******		0	01/01	24
)310 G 0 aw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon MO AVG	******	mg/L		Daily	COMP 24
H	SAMPLE MEASUREMENT	******	******		7.1	******	7.7		0	06/01	GR
)400 1 0 fluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Six Per Day	GRAB
H	SAMPLE MEASUREMENT	******	******		7.1	******	7.8		0	06/01	GR
)400 G 0 aw Sewage Influent	PERMIT REQUIREMENT	******	******		Req. Mon MINIMUM	******	Req. Mon MAXIMUM	SU		Six Per Day	GRAB
olids, total suspended	SAMPLE MEASUREMENT	15900	25070		******	13	21		0	01/01	24
)530 1 0 fluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67564 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24

AME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664 AREA Code / Number	04/21/2014 MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2014	TO	03/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	87	******		0	01/01	24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon MO AVG	******	mg/L		DAILY	COMP 24
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	<0.1		0	12/01	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	3 DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	4.0		0	06/01	GR
00545 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	9.73		0	01/30	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	15.5		0	01/30	24
00625 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	0.86	******		0	01/01	24
00665 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	1 MO AVG	******	mg/L		DAILY	COMP24
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	6.97		0	01/01	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

AME: BUFFALO SEWER AUTHORITY
DDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
ACILITY: BIRD ISLAND WWTF
OCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
TTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2014	TO	03/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
rogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	10.4		0	01/30	24
726 G 0 aw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
henols	SAMPLE MEASUREMENT	<4.28	******		******	*****	******		0	01/30	24
6000 1 0 fluent Gross	PERMIT REQUIREMENT	36.6 MO AVG	******	lb/d	*****	******	******			Monthly	COMP 24
ow, in conduit or thru treatment ant	SAMPLE MEASUREMENT	129	******		******	******	******		0	99/99	RC
0050 G 0 aw Sewage Influent	PERMIT REQUIREMENT	180 AGGROLAV	******	Mgal/d	******	******	******			CONTINOUS	RCORDR
hlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	1.6		0	24/01	GR
0060 1 0 fluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/l		SIX PER DAY	GRAB
ercury, total (as Hg)	SAMPLE MEASUREMENT	******	******		******	******	2.7		0	01/30	GR
900 1 0 fluent Gross	PERMIT REQUIREMENT	******	******		******	******	50 DAILY MX	ng/L		Monthly	GRAB
oliform, fecal general	SAMPLE MEASUREMENT	******	******		******	50	207		0	01/01	GR
055 1 0 fluent Gross	PERMIT REQUIREMENT	******	******		******	200 30DA GEO	400 7 DA GEO	#/100mL		Daily	GRAB
OD, 5-day percent removal	SAMPLE MEASUREMENT	******	******		88	******	******		0	01/30	CA
010 K 0 ercent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	******	%		Monthly	CALCTD

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

AME: BUFFALO SEWER AUTHORITY
DDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
ACILITY: BIRD ISLAND WWTF
OCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
TTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2014	TO	03/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
olids, suspended percent :moval	SAMPLE MEASUREMENT	******	******		85	******	******		0	01/30	CA
1011 K 0 ercent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	******	%		Monthly	CALCTD

AME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

RMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

AME: BUFFALO SEWER AUTHORITY
DDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
ACILITY: BIRD ISLAND WWTF
OCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
TTN: Michael Letina, PLT SUPT

NY0028410	01A-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2014	TO	03/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
HEADWORKS BYPASS
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	******			0	01/DS	GR
)310 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
olids, total suspended	SAMPLE MEASUREMENT	******	******		******	******			0	01/DS	GR
)530 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
olids, settleable	SAMPLE MEASUREMENT	******	******		******	******			0	01/DS	GR
)545 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mL/L		Once Per Discharge	GRAB
il & grease	SAMPLE MEASUREMENT	******	******		******	******			0	01/DS	GR
)556 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/l		Once Per Discharge	GRAB
ow, wastewater bypassing nnt plant	SAMPLE MEASUREMENT	******			******	******	******		0	01/DS	ES
)049 G 0 aw Sewage Influent	PERMIT REQUIREMENT	******	Req Mon MO TOTAL	Mgal/mo	******	******	******			Once Per Discharge	ESTIMA

AME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

AME: BUFFALO SEWER AUTHORITY
DDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
ACILITY: BIRD ISLAND WWTF
OCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
TTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	03/01/2014	TO 03/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
yanide, total (as CN)	SAMPLE MEASUREMENT	******	<23.9		******	******	******		0	01/30	24
)720 V 0 ee Comments	PERMIT REQUIREMENT	******	90 DAILY MX	lb/d	******	******	******			Monthly	COMP24
admium, total (as Cd)	SAMPLE MEASUREMENT	******	<8.56		******	******	******		0	01/30	24
1027 V 0 ee Comments	PERMIT REQUIREMENT	******	30 DAILY MX	lb/d	******	******	******			Monthly	COMP24
hromium, total (as Cr)	SAMPLE MEASUREMENT	******	<8.56		******	******	******		0	01/30	24
1034 V 0 ee comments	PERMIT REQUIREMENT	******	12.5 DAILY MX	lb/d	******	******	******			Monthly	COMP24
opper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	15.7		******	******	******		0	01/30	24
040 V 0 ee Comments	PERMIT REQUIREMENT	******	Req Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
opper. total (as Cu)	SAMPLE MEASUREMENT	******	15.7		******	******	******		0	01/30	24
042 V 0 ee Comments	PERMIT REQUIREMENT	******	31.9 DAILY MX	lb/d	******	******	******			Monthly	COMP24
ead, total (as Pb)	SAMPLE MEASUREMENT	******	<17.1		******	******	******		0	01/30	24
051 V 0 ee Comments	PERMIT REQUIREMENT	******	66.2 DAILY MX	lb/d	******	******	******			Monthly	COMP24
ckel, total (as Ni)	SAMPLE MEASUREMENT	******	<8.56		******	******	******		0	01/30	24
067 V 0 ee Comments	PERMIT REQUIREMENT	******	43.8 DAILY MX	lb/d	******	******	******			Monthly	COMP24

AME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

Page 7

DISCHARGE MONITORING REPORT (DMR)

RMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

AME: BUFFALO SEWER AUTHORITY
DDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
ACILITY: BIRD ISLAND WWTF
OCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
TTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2014	TO	03/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
nc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	**97.5**		******	******	******		0	**01/30**	24
090 V 0 ee Comments	PERMIT REQUIREMENT	******	Reg Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
nc, total (as Zn)	SAMPLE MEASUREMENT	******	**104**		******	******	******		0	**01/30**	24
092 V 0 ee Comments	PERMIT REQUIREMENT	******	174 DAILY MX	lb/d	******	******	******			Monthly	COMP24
s(2ethylhexyl) phthalate	SAMPLE MEASUREMENT	******	**<11.1**		******	******	******		0	**01/30**	24
1100 V 0 ee comments	PERMIT REQUIREMENT	******	16.7 DAILY MX	lb/d	******	******	******			Monthly	COMP24

AME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact JEFFREY KONSELLA **DEC Region:** 9

Report Type: ___ *5 Day* ___ *Permit Violation* ___ *Order Violation* ✓ *Anticipated Noncompliance* ✓ *Bypass/Overflow* ___ *Other*

SECTION 2

SPDES #: NY- 0028410 **Facility:** BUFFALO SEWER AUTHORITY

Date of noncompliance: 03 / 11 / 14 **Location (Outfall, Treatment Unit, or Pump Station):** BIRD ISLAND TRT PLANT

Description of noncompliance(s) and cause(s): ON 03/11/2014 ALL FLOWS RECEIVED PARTIAL TREATMENT ONLY FROM 09:44 AM THROUGH 10:41 AM. THIS WAS REQUIRED FOR CONSTUCTION WORK FOR MODIFICATIONS TO PRIMARY BYPASS CHAMBER. FLOW WAS BYPASSED IN ORDER TO MAINTAIN WORKER SAFETY WHILE WORKING IN CHAMBER.

Has event ceased? (Yes) (No) **If so, when?** 03 / 11 / 14 **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: 03 / 11 / 14 , 09 : 44 (AM) (PM) **End date, time of event:** 03 / 11 / 14 , 10 : 41 (AM) (PM)

Date, time oral notification made to DEC? 02 / 27 / 14 , 10 : 06 (AM) (PM) **DEC Official contacted:** ROBERT SMYTHE(EMAIL)

Immediate corrective actions:

Preventive (long term) corrective actions:

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ Was prior DEC authorization received for this event? (Yes) (No)

DEC Official contacted: _____ Date of DEC approval: ___/___/___

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: MICHAEL LETINA **Title:** TREATMENT PLANT SUPT. **Date:** 03 / 14 / 14

Phone #: (716) 851 - 4664 X5201 **Fax #:** (716) 883 - 3789

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.

x Michael Letina

Signature of Principal Executive Officer or Authorized Agent

Certified 7009 0080 0002 1237 0850

BUFFALO SEWER AUTHORITY

ADMINISTRATIVE OFFICES
1038 CITY HALL
65 NIAGARA SQUARE
BUFFALO, NY 14202-3378
PHONE: (716) 851-4664
FAX: (716) 856-5810

WASTEWATER TREATMENT PLANT
FOOT OF WEST FERRY
90 WEST FERRY STREET
BUFFALO, NY 14213-1799
PHONE: (716) 883-1820

2014 AU 26 PM 2:17

May 22, 2014

BUFFALO SEWER AUTHORITY CORPORATE SEAL 1935

SPDES Compliance Information Section
New York State Department of Environmental Conservation
Division of Water
Bureau of Watershed Compliance Programs
625 Broadway 4th Floor
Albany, New York 12233-3506

RE: Discharge Monitoring Report
April 1-30, 2014

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for April 2014.

If you have any questions or require any further information, please contact me at (716) 851-4664 ext. 5201.

Very truly yours,

BUFFALO SEWER AUTHORITY

Michael Letina
Treatment Plant Superintendent

ML:jn
encs.
CERTIFIED: 70090080000212371031
cc: NYSDEC Regional Water Engineer –Cert #7000080000212371048
D. Comerford, Process Department
FILE:G/WPDOCS/ADM//DMR2014/JApril 2014.DOC

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTP
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2014	TO	04/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	******	84		0	01/DS	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******	122		0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	2.4		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	16.9		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	6379		******	******	5.7		0	01/DS	CP
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	REQ. Mon. DAILY MAX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	9.8		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	******	2.1		0	01/DS	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664 AREA Code / Number	05/23/2014 MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTP
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2014	TO	04/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, wastewater by-passing trtmnt plant	SAMPLE MEASUREMENT	******	**980**		******	******	******	******	0	**99/99**	RC
50049 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	RECORDR
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	**1.5**		0	**01/DS**	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	**13557**	**46789**		0	**01/DS**	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DA GEO	Req. Mon. 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2014	TO	04/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	49		0	06/01	GR
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	deg F		Six Per Day	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	47		0	06/01	GR
00011 G 0 Raw Sewage influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	deg F		Six Per Day	GRAB
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	13000	15800		******	11	13		0	01/01	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	******	******		******	96	******		0	01/01	24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	******	mg/L		Daily	COMP 24
pH	SAMPLE MEASUREMENT	******	******		7.1	******	7.6		0	06/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Six Per Day	GRAB
pH	SAMPLE MEASUREMENT	******	******		7.1	******	8.1		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Six Per Day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15000	23600		******	12	18		0	01/01	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2014	TO	04/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	92	******		0	01/01	24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon MO AVG	******	mg/L		DAILY	COMP 24
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	<0.1		0	12/01	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	3 DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	4.9		0	06/01	GR
00545 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	11.5		0	01/30	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	16.6		0	01/30	24
00625 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	0.77	******		0	01/01	24
00665 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	1 MO AVG	******	mg/L		DAILY	COMP24
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	11.4		0	01/01	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
ATTN: Michael Letina, PLT SUPT

DISCHARGE MONITORING REPORT (DMR)

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2014	TO	04/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	11.1		0	01/30	24
34726 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP 24
Phenols	SAMPLE MEASUREMENT	11.9	******		******	*****	******		0	01/30	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	36.6 MO AVG	******	lb/d	******	******	******			Monthly	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	132	******		******	******	******		0	99/99	RC
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	180 AGGROLAV	******	Mgal/d	******	******	******			CONTINOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	1.4		0	24/01	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/l		SIX PER DAY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******		******	******	5.4		0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	34	42		0	01/01	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	200 30DA GEO	400 7 DA GEO	#/100mL		Daily	GRAB
BOD, 5-day percent removal	SAMPLE MEASUREMENT	******	******		89	******	******		0	01/30	CA
81010 K 0 Percent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	******	%		Monthly	CALCTD

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	-	002-M
PERMIT NUMBER		DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2014	TO	04/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******		**87**	******	******		0	**01/30**	CA
81011 K 0 Percent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	******	%		Monthly	CALCTD

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	01A-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2014	TO	04/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
HEADWORKS BYPASS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	******	**106**		0	**01/DS**	GR
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******	**162**		0	**01/DS**	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	**5.0**		0	**01/DS**	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mL/L		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	**18.3**		0	**01/DS**	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/l		Once Per Discharge	GRAB
Flow, wastewater bypassing trmnt plant	SAMPLE MEASUREMENT	******	**0.3**		******	******	******		0	**01/DS**	ES
50049 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	Req Mon MO TOTAL	Mgal/mo	******	******	******			Once Per Discharge	ESTIMA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2014	TO	04/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN)	SAMPLE MEASUREMENT	******	**23.6**		******	******	******		0	**01/30**	24
00720 V 0 See Comments	PERMIT REQUIREMENT	******	90 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	******	**<9.84**		******	******	******		0	**01/30**	24
01027 V 0 See Comments	PERMIT REQUIREMENT	******	30 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Chromium, total (as Cr)	SAMPLE MEASUREMENT	******	**<9.84**		******	******	******		0	**01/30**	24
01034 V 0 See comments	PERMIT REQUIREMENT	******	12.5 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	**12.6**		******	******	******		0	**01/30**	24
01040 V 0 See Comments	PERMIT REQUIREMENT	******	Req Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
Copper. total (as Cu)	SAMPLE MEASUREMENT	******	**13.1**		******	******	******		0	**01/30**	24
01042 V 0 See Comments	PERMIT REQUIREMENT	******	31.9 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Lead, total (as Pb)	SAMPLE MEASUREMENT	******	**<19.7**		******	******	******		0	**01/30**	24
01051 V 0 See Comments	PERMIT REQUIREMENT	******	66.2 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Nickel, total (as Ni)	SAMPLE MEASUREMENT	******	**<9.84**		******	******	******		0	**01/30**	24
01067 V 0 See Comments	PERMIT REQUIREMENT	******	43.8 DAILY MX	lb/d	******	******	******			Monthly	COMP 24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2014	TO	04/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	**51.8**		******	******	******		0	**01/30**	24
01090 V 0 See Comments	PERMIT REQUIREMENT	******	Req Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
Zinc, total (as Zn)	SAMPLE MEASUREMENT	******	**60.2**		******	******	******		0	**01/30**	24
01092 V 0 See Comments	PERMIT REQUIREMENT	******	174 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Bis(2ethylhexyl) phthalate	SAMPLE MEASUREMENT	******	**10.3**		******	******	******		0	**01/30**	24
39100 V 0 See comments	PERMIT REQUIREMENT	******	16.7 DAILY MX	lb/d	******	******	******			Monthly	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664		05/23/2014
TYPED OR PRINTED			AREA Code	Number	MM/DD/YYYY

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

BUFFALO
SEWER AUTHORITY

ADMINISTRATIVE OFFICES
1038 CITY HALL
65 NIAGARA SQUARE
BUFFALO, NY 14202-3378
PHONE: (716) 851-4664
FAX: (716) 856-5810

WASTEWATER TREATMENT PLANT
FOOT OF WEST FERRY
90 WEST FERRY STREET
BUFFALO, NY 14213-1799
PHONE: (716) 883-1820

2014 AU 26 PM 2:17

June 18, 2014

BUFFALO SEWER AUTHORITY CORPORATE SEAL 1935

SPDES Compliance Information Section
New York State Department of Environmental Conservation
Division of Water
Bureau of Watershed Compliance Programs
625 Broadway 4th Floor
Albany, New York 12233-3506

RE: Discharge Monitoring Report
May 1-31, 2014

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for May 2014.

A dry weather overflow occurred on May 9, 2014. See attached non-compliance report.

If you have any questions or require any further information, please contact me at (716) 851-4664 ext. 5201.

Very truly yours,

BUFFALO SEWER AUTHORITY

Michael Letina
Treatment Plant Superintendent

ML:jn
encs.
CERTIFIED: #7009008000012371109
cc: NYSDEC Regional Water Engineer –Cert #7000080000212371116
D. Comerford, Process Department
FILE:G/WPDOCS/ADM//DMR2014/May 2014.DOC

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTP
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
ATTN: Michael Letina, PLT SUPT

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2014	TO	05/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	******	65		0	01/DS	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******	222		0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	3.5		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	9.2		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	1197		******	******	3.9		0	01/DS	CP
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	REQ. Mon. DAILY MAX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	7.9		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	******	2.5		0	01/DS	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		ONCE/ DISCHG	COMPOS

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTP
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2014	TO	05/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, wastewater by-passing trtmnt plant	SAMPLE MEASUREMENT	******	**63**		******	******	******	******	0	**99/99**	RC
50049 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	RECORDR
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	**1.4**		0	**01/DS**	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	**20795**	**62530**		0	**01/DS**	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DA GEO	Req. Mon. 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

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TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2014	TO	05/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	59		0	06/01	GR
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	deg F		Six Per Day	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	57		0	06/01	GR
00011 G 0 Raw Sewage influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	deg F		Six Per Day	GRAB
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	9590	12480		******	8.4	10		0	01/01	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	******	******		******	111	******		0	01/01	24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon MO AVG	******	mg/L		Daily	COMP 24
pH	SAMPLE MEASUREMENT	******	******		7.3	******	7.6		0	06/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Six Per Day	GRAB
pH	SAMPLE MEASUREMENT	******	******		6.9	******	7.6		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		Req. Mon MINIMUM	******	Req. Mon MAXIMUM	SU		Six Per Day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	11400	15710		******	9.9	12		0	01/01	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
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FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2014	TO	05/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	106	******		0	01/01	24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	******	mg/L		DAILY	COMP 24
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	<0.1		0	12/01	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	3 DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	4.5		0	06/01	GR
00545 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	10.6		0	01/30	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	11.8		0	01/30	24
00625 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	0.85	******		0	01/01	24
00665 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	1 MO AVG	******	mg/L		DAILY	COMP24
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	9.5		0	01/01	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2014	TO	05/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge .

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	5.57		0	01/30	24
34726 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
Phenols	SAMPLE MEASUREMENT	<5.34	******		******	*****	******		0	01/30	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	36.6 MO AVG	******	lb/d	*****	******	******			Monthly	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	134	******		******	******	******		0	99/99	RC
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	180 AGGROLAV	******	Mgal/d	******	******	******			CONTINOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	1.3		0	24/01	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/l		SIX PER DAY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******		******	******	1.1		0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	49	65		0	01/01	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	200 30DA GEO	400 7 DA GEO	#/100mL		Daily	GRAB
BOD, 5-day percent removal	SAMPLE MEASUREMENT	******	******		92	******	******		0	01/30	CA
81010 K 0 Percent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	******	%		Monthly	CALCTD

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
ATTN: Michael Letina, PLT SUPT

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2014	TO	05/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******		91	******	******		0	01/30	CA
81011 K 0 Percent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	******	%		Monthly	CALCTD

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	01A-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2014	TO	05/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
HEADWORKS BYPASS
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	******	33		0	01/DS	GR
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******	214		0	01/DS	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	3.2		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mL/L		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	0		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req Mon DAILY MX	mg/l		Once Per Discharge	GRAB
Flow, wastewater bypassing trmnt plant	SAMPLE MEASUREMENT	******	0.3		******	******	******		0	01/DS	ES
50049 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	Req Mon MO TOTAL	Mgal/mo	******	******	******			Once Per Discharge	ESTIMA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2014	TO	05/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN)	SAMPLE MEASUREMENT	******	<21.4		******	******	******		0	01/30	24
00720 V 0 See Comments	PERMIT REQUIREMENT	******	90 DAILY MX	lb/d	******	******	******	-		Monthly	COMP24
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	******	<10.7		******	******	******		0	01/30	24
01027 V 0 See Comments	PERMIT REQUIREMENT	******	30 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Chromium, total (as Cr)	SAMPLE MEASUREMENT	******	<10.7		******	******	******		0	01/30	24
01034 V 0 See comments	PERMIT REQUIREMENT	******	12.5 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	48.7		******	******	******		0	01/30	24
01040 V 0 See Comments	PERMIT REQUIREMENT	******	Req Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
Copper. total (as Cu)	SAMPLE MEASUREMENT	******	12.2		******	******	******		0	01/30	24
01042 V 0 See Comments	PERMIT REQUIREMENT	******	31.9 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Lead, total (as Pb)	SAMPLE MEASUREMENT	******	<21.4		******	******	******		0	01/30	24
01051 V 0 See Comments	PERMIT REQUIREMENT	******	66.2 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Nickel, total (as Ni)	SAMPLE MEASUREMENT	******	<10.7		******	******	******		0	01/30	24
01067 V 0 See Comments	PERMIT REQUIREMENT	******	43.8 DAILY MX	lb/d	******	******	******			Monthly	COMP 24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2014	TO	05/31/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	161		******	******	******		0	01/30	24
01090 V 0 See Comments	PERMIT REQUIREMENT	******	Req Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
Zinc, total (as Zn)	SAMPLE MEASUREMENT	******	60.4		******	******	******		0	01/30	24
01092 V 0 See Comments	PERMIT REQUIREMENT	******	174 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Bis(2ethylhexyl) phthalate	SAMPLE MEASUREMENT	******	<11.2		******	******	******		0	01/30	24
39100 V 0 See comments	PERMIT REQUIREMENT	******	16.7 DAILY MX	lb/d	******	******	******			Monthly	COMP24

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TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact JEFFREY KONSELLA **DEC Region:** 9

Report Type: ___ *5 Day* ___ *Permit Violation* ___ *Order Violation* ___ *Anticipated Noncompliance* ___ *Bypass/Overflow* ✓ *Other*

SECTION 2

SPDES #: NY- 0028410 **Facility:** BUFFALO SEWER AUTHORITY

Date of noncompliance: 05 / 09 / 14 **Location (Outfall, Treatment Unit, or Pump Station):** OUTFALL

Description of noncompliance(s) and cause(s): DRY WEATHER OVERFLOW OCCURRED AT 10:30 AM ON 05/09/14 SPP # 23 & 24 & 296 THROUGH OUTFALL#12. LINE WAS PLUGGED WITH DEBRIS

Has event ceased? (Yes) (No) **If so, when?** 05 / 09 / 14 **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: 05 / 09 / 14 , 10 : 30 (AM) (PM) **End date, time of event:** 05 / 09 / 14 , 11 : 40 (AM) (PM)

Date, time oral notification made to DEC? 05 / 09 / 14 , 11 : 33 (AM) (PM) **DEC Official contacted:** ROBERT SMYTHE(EMAIL)

Immediate corrective actions: BSA STAFF CLEANED CHAMBER OF ALL DEBRIS

Preventive (long term) corrective actions:

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ Was prior DEC authorization received for this event? (Yes) (No)

DEC Official contacted: _____ Date of DEC approval: ___ / ___ / ___

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: MICHAEL LETINA **Title:** TREATMENT PLANT SUPT. **Date:** 05 / 12 / 14

Phone #: (716) 851 - 4664 X5201 **Fax #:** (716) 883 - 3789

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.

x Michael Letina

Signature of Principal Executive Officer or Authorized Agent

Certified Mail 7009 0080 0002 1237 0997

BUFFALO
SEWER AUTHORITY

ADMINISTRATIVE OFFICES
1038 CITY HALL
65 NIAGARA SQUARE
BUFFALO, NY 14202-3378
PHONE: (716) 851-4664
FAX: (716) 856-5810

WASTEWATER TREATMENT PLANT
FOOT OF WEST FERRY
90 WEST FERRY STREET
BUFFALO, NY 14213-1799
PHONE: (716) 851-4664
FAX: (716) 883-3789

2014 AU 26 PM 2:17

July 22, 2014

SPDES Compliance Information Section
New York State Department of Environmental Conservation
Division of Water
Bureau of Watershed Compliance Programs
625 Broadway 4th Floor
Albany, New York 12233-3506

RE: Discharge Monitoring Report
June 1-30, 2014

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for June 2014.

If you have any questions or require any further information, please contact me at (716) 851-4664 ext. 5201.

Very truly yours,

BUFFALO SEWER AUTHORITY

Michael Letina
Treatment Plant Superintendent

ML:jn
encs.
CERTIFIED: #70060810000501927617
cc: NYSDEC Regional Water Engineer –Cert #70090080000212371161
D. Comerford, Process Department
FILE:G/WPDOCS/ADM//DMR2014/June2014.DOC

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

Page

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

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BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTP
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2014	TO	06/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	******	99		0	01/DS	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******	168		0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	3.5		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	12.8		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	2013		******	******	6.58		0	01/DS	CP
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	REQ. Mon. DAILY MAX	lb/d	******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	9.93		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	******	2.9		0	01/DS	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED			AREA Code / Number	MM/DD/YYYY

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

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ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTP
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

Page

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2014	TO	06/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, wastewater by-passing trtmnt plant 50049 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	167		******	******	******	******	0	99/99	RC
	PERMIT REQUIREMENT	******	Req. Mon MO TOTAL	Mgal/mo	******	******	******	******		Continuous	RECORDR
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	******	1.1		0	01/DS	GR
	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	17595	172916		0	01/DS	GR
	PERMIT REQUIREMENT	******	******		******	Req. Mon 30DA GEO	Req. Mon 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

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ADDRESS: 1038 CITY HALL
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ATTN: Michael Letina, PLT SUPT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2014	TO	06/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	68		0	06/01	GR
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	deg F		Six Per Day	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	******	66		0	06/01	GR
00011 G 0 Raw Sewage influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon DAILY MX	deg F		Six Per Day	GRAB
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	10750	11630		******	12	12		0	01/01	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	******	******		******	131	******		0	01/01	24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon MO AVG	******	mg/L		Daily	COMP 24
pH	SAMPLE MEASUREMENT	******	******		7.2	******	7.6		0	06/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Six Per Day	GRAB
pH	SAMPLE MEASUREMENT	******	******		6.7	******	7.4		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		Req Mon MINIMUM	******	Req. Mon MAXIMUM	SU		Six Per Day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8500	10970		******	9.0	9.9		0	01/01	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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NY0028410	002-M
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	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2014	TO	06/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	115	******		0	01/01	24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	******	mg/L		DAILY	COMP 24
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	<0.1		0	12/01	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	3 DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	5.5		0	06/01	GR
00545 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	10.8		0	01/30	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	******	15.1		0	01/30	24
00625 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	0.87	******		0	01/01	24
00665 1 0 Effluent gross	PERMIT REQUIREMENT	******	******		******	1 MO AVG	******	mg/L		DAILY	COMP24
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	6.42		0	01/01	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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NY0028410	002-M
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MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2014	TO	06/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
STP OUTFALL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******		******	******	9.56		0	01/30	24
34726 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Monthly	COMP 24
Phenols	SAMPLE MEASUREMENT	8.67	******		******	*****	******		0	01/30	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	36.5 MO AVG	******	lb/d	*****	******	******			Monthly	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	131	******		******	******	******		0	99/99	RC
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	180 AGGROLAV	******	Mgal/d	******	******	******			CONTINOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	1.1		0	24/01	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/l		SIX PER DAY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******		******	******	0.1		0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	39	52		0	01/01	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	200 30DA GEO	400 7 DA GEO	#/100mL		Daily	GRAB
BOD, 5-day percent removal	SAMPLE MEASUREMENT	******	******		91	******	******		0	01/30	CA
81010 K 0 Percent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	******	%		Monthly	CALCTD

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BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
ATTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2014	TO	06/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN)	SAMPLE MEASUREMENT	******	<23.7		******	******	******		0	01/30	24
00720 V 0 See Comments	PERMIT REQUIREMENT	******	90 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	******	<11.8		******	******	******		0	01/30	24
01027 V 0 See Comments	PERMIT REQUIREMENT	******	30 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Chromium, total (as Cr)	SAMPLE MEASUREMENT	******	<11.8		******	******	******		0	01/30	24
01034 V 0 See comments	PERMIT REQUIREMENT	******	12.5 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	11.8		******	******	******		0	01/30	24
01040 V 0 See Comments	PERMIT REQUIREMENT	******	Req Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
Copper. total (as Cu)	SAMPLE MEASUREMENT	******	13.1		******	******	******		0	01/30	24
01042 V 0 See Comments	PERMIT REQUIREMENT	******	31.9 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Lead, total (as Pb)	SAMPLE MEASUREMENT	******	<23.7		******	******	******		0	01/30	24
01051 V 0 See Comments	PERMIT REQUIREMENT	******	66.2 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Nickel, total (as Ni)	SAMPLE MEASUREMENT	******	<11.8		******	******	******		0	01/30	24
01067 V 0 See Comments	PERMIT REQUIREMENT	******	43.8 DAILY MX	lb/d	******	******	******			Monthly	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664 AREA Code / Number	7/22/2014 MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if Different)*

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2014	TO	06/30/2014

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	28.9		******	******	******		0	01/30	24
01090 V 0 See Comments	PERMIT REQUIREMENT	******	Req Mon DAILY MX	lb/d	******	******	******			Monthly	COMP24
Zinc, total (as Zn)	SAMPLE MEASUREMENT	******	38.9		******	******	******		0	01/30	24
01092 V 0 See Comments	PERMIT REQUIREMENT	******	174 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Bis(2ethylhexyl) phthalate	SAMPLE MEASUREMENT	******	11.8		******	******	******		0	01/30	24
39100 V 0 See comments	PERMIT REQUIREMENT	******	16.7 DAILY MX	lb/d	******	******	******			Monthly	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664 AREA Code / Number	6/20/2014 MM/DD/YYYY
TYPED OR PRINTED				

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

Attachment B

CSO 060 GI Demonstration Project PCM Results Update

URS Corporation
257 West Genesee Street, Suite 400
Buffalo, New York 14202
Telephone: (716)-856-5636
Fax: (716)-856-2546

PROJECT: CSO Outfall No. 60- Sewer Separation Project/ Green Infrastructure Project
Client: Buffalo Sewer Authority
URS JOB No. 11176203
URS PROJECT MANAGER: Thomas M. McPherson, P.E.

Stormwater Sampling Analysis - Summary

Site Number: 001
Location: Bird/Granger
Green Infrustructure Type: None

Date Sampled	Temp (deg F)	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
12/10/2012	-	Not enough flow to collect samples				
12/18/2012	-	8.7	< 24	70	0.11	200
8/1/2013	-	Not enough flow to collect samples				
10/4/2013	-	Not enough flow to collect samples				
10/7/2013	-	8.5	4.9	14	0.29	>10,000
10/31/2013	-	7.5	11.6	37	0.20	500
4/4/2014	48.7	9.6	5.6	114	0.20	110
4/29/2014	-	9.70	6.5	244	0.68	800
6/3/2014	68.2	Not enough flow to collect samples				>10,000
7/7/2014	-	Not enough flow to collect samples				

Additional "Upstream" Samples

Date Sampled	Sample collection point	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
6/6/2013	Manhole on the sat Elmwood and Bird (south side of Bird)	9.54	5.20	48.4	0.14	7,800
10/31/2013	Upstream manhole at Elmwood and Bird (south side of Bird)	Not enough flow to collect samples				1,100
10/31/2013	Catch basin at Windsor and Bird (west side of Windsor)	Not enough flow to collect samples				5,000

Site Number: 002
Location: Claremont/Forest
Green Infrustructure Type: Pervious Pavement

Date Sampled	Temp (deg F)	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
12/10/2012	-	7.4	5.7	16.8	0.12	260
12/18/2012	-	9.2	< 6	39.0	0.09	330
6/6/2013	54.9	9.7	4.10	26.8	0.13	5,000
8/1/2013	-	Not enough flow to collect samples				
10/4/2013	-	8.7	See note 1	5.6	0.36	See note 1
10/7/2013	-	8.5	6.3	95.0	0.42	>10,000
10/31/2013	-	9.4	8.5	11.0	0.13	2,500
4/4/2014	48.0	9.0	18.7	615	0.47	120
4/29/2014	52.0	9.4	3.7	51	0.17	130
6/3/2014	64.8	7.8	6.0	42.0	0.22	>10,000
7/7/2014	71.3	8.1	8.0	12.4	0.07	2,680

Additional "Upstream" Samples

Date Sampled	Sample collection point	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
No upstream samples have been collected to date.						

Note:

1. BOD and fecal coliform samples not collected due to laboratory limitations.

Site Number: 003
Location: Parkdale/Forest
Green Infrustructure Type: Rain Garden

Date Sampled	Temp (deg F)	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
12/10/2012	-	7.6	5.7	12.8	0.14	80
12/18/2012	-	Unable to Collect Samples				
6/6/2013	59.1	9.9	4.4	24	0.14	> 10,000
8/1/2013	-	Not enough flow to collect samples				
10/4/2013	-	8.0	See note 1	13.2	0.34	See note 1
10/7/2013	-	8.4	10.6	19.2	0.31	>10,000
10/31/2013	-	7.5	24.1	8.0	0.42	3,600
4/4/2014	48.0	9.6	18.3	1,240	0.78	740
4/29/2014	50.0	9.2	5.3	92	0.35	2,900
6/3/2014	62.8	7.5	6.7	82.8	0.39	>10,000
7/7/2014	68.9	8.0	5.3	13.6	0.19	4,800

Additional "Upstream" Samples

Date Sampled	Sample collection point	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
No upstream samples have been collected to date.						

Note:

1. BOD and fecal coliform samples not collected due to laboratory limitations.

Site Number: 004
Location: Granger/Forest
Green Infrustructure Type: Stormceptor

Date Sampled	Temp (deg F)	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
12/10/2012	-	8.3	4.3	7.8	0.08	90
12/18/2012	-	8.9	< 3	21.6	0.09	650
6/6/2013	56.0	8.9	6.7	106	0.24	> 10,000
8/1/2013	-	Not enough flow to collect samples				
10/4/2013	-	6.9	See note 1	14.4	0.28	See note 1
10/7/2013	-	8.2	4.3	18.4	0.22	>10,000
10/31/2013	-	7.4	14.3	7.6	0.16	430
4/4/2014	48.2	9.0	73.6	847	0.68	270
4/29/2014	-	9.5	4.6	61	0.21	720
6/3/2014	66.2	6.9	10.6	34.4	0.24	7,500
7/7/2014	-	7.7	Field equipment issues prevented samples from being collected			4,400

Additional "Upstream" Samples

Date Sampled	Sample collection point	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
Note: Site 001 is upstream of Site 004.						

Note:

1. BOD and fecal coliform samples not collected due to laboratory limitations.

Site Number: 005
Location: Claredon/Forest
Green Infrustructure Type: Pervious Pavement

Date Sampled	Temp (deg F)	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
12/10/2012	-	Not enough flow to collect samples				
12/18/2012	-	Not enough flow to collect samples				
6/6/2013	62.7	Could not collect sample -- flow too high				
8/1/2013	-	Not enough flow to collect samples				
10/4/2013	-	Not enough flow to collect samples				
10/7/2013	-	8.5	5.9	31.6	0.34	>10,000
10/31/2013	-	Not enough flow to collect samples				
4/4/2014	45.7	9.9	5.7	36.0	0.12	990
4/29/2014	51.3	9.6	7.4	106	0.32	7,300
6/3/2014	65.0	6.8	11.6	12.0	0.26	>10,000
7/7/2014	-	Not enough flow to collect samples				

Additional "Upstream" Samples

Date Sampled	Sample collection point	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
No upstream samples have been collected to date.						

Site Number: 006
Location: Windsor/Forest
Green Infrustructure Type: Rain Garden

Date Sampled	Temp (deg F)	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
12/10/2012	-	8.3	3.7	12.0	0.14	600
12/18/2012	-	8.9	< 3	13.1	0.09	290
6/6/2013	64.8	8.4	4.5	11.6	0.09	> 10,000
8/1/2013	-	7.2	4.2	7.6	0.15	2,400
10/4/2013	-	Not enough flow to collect samples				
10/7/2013	-	8.0	< 3	14.4	0.23	>10,000
10/31/2013	-	7.8	3.7	4.4	0.20	1,900
4/4/2014	46.0	9.9	3.3	28.0	0.08	60
4/29/2014	52.5	9.0	5.4	190	0.28	800
6/3/2014	65.6	6.6	7.8	4.4	0.26	>10,000
7/7/2014	-	Field equipment issues prevented samples from being collected				

Additional "Upstream" Samples

Date Sampled	Sample collection point	Dissolved Oxygen (mg/L)	Biochemical Oxygen Demand (mg/L)	Total Suspended Solids (mg/L)	Total Phosphorus (mg/L)	Fecal Coliform (cfu/100mls)
10/31/2013	Catch basin at Windsor and Bird (west side of Windsor)	Not enough flow to collect samples				2,000

TABLE 1-A

TOTAL MONTHLY FLOWS (Gallons) RAW*

	Granger Place	**Claremont Avenue**	**Parkdale Avenue**	**Claredon Place**	**Windsor Avenue**
Green Infrastructure	Treatment Structure	Pervious Pavement	Rain Garden	Pervious Pavement	Rain Garden
Jan. 2014	53,069	86,501	27,397	55,807	117,430
February	124,135	67,493	0	155,967	100,310
March	31,619	20,402	325,406	110,576	94,067
April	150,073	23,866	218,726	110,533	211,796
May	96,309	110,199	176,624	75,540	57,984
June	111,721	155,177	243,125	87,550	164,578
Total	**566,927**	**463,638**	**991,276**	**595,972**	**746,165**
Drainage Area (Acres)	2.7	2.5	2.2	2.8	2.9
Total Flow per Acre	209,973	185,455	450,580	212,847	257,298
% Variance		**-11.7%**	**+114.6%**	**+1.4%**	**+22.5%**

TABLE 1-A

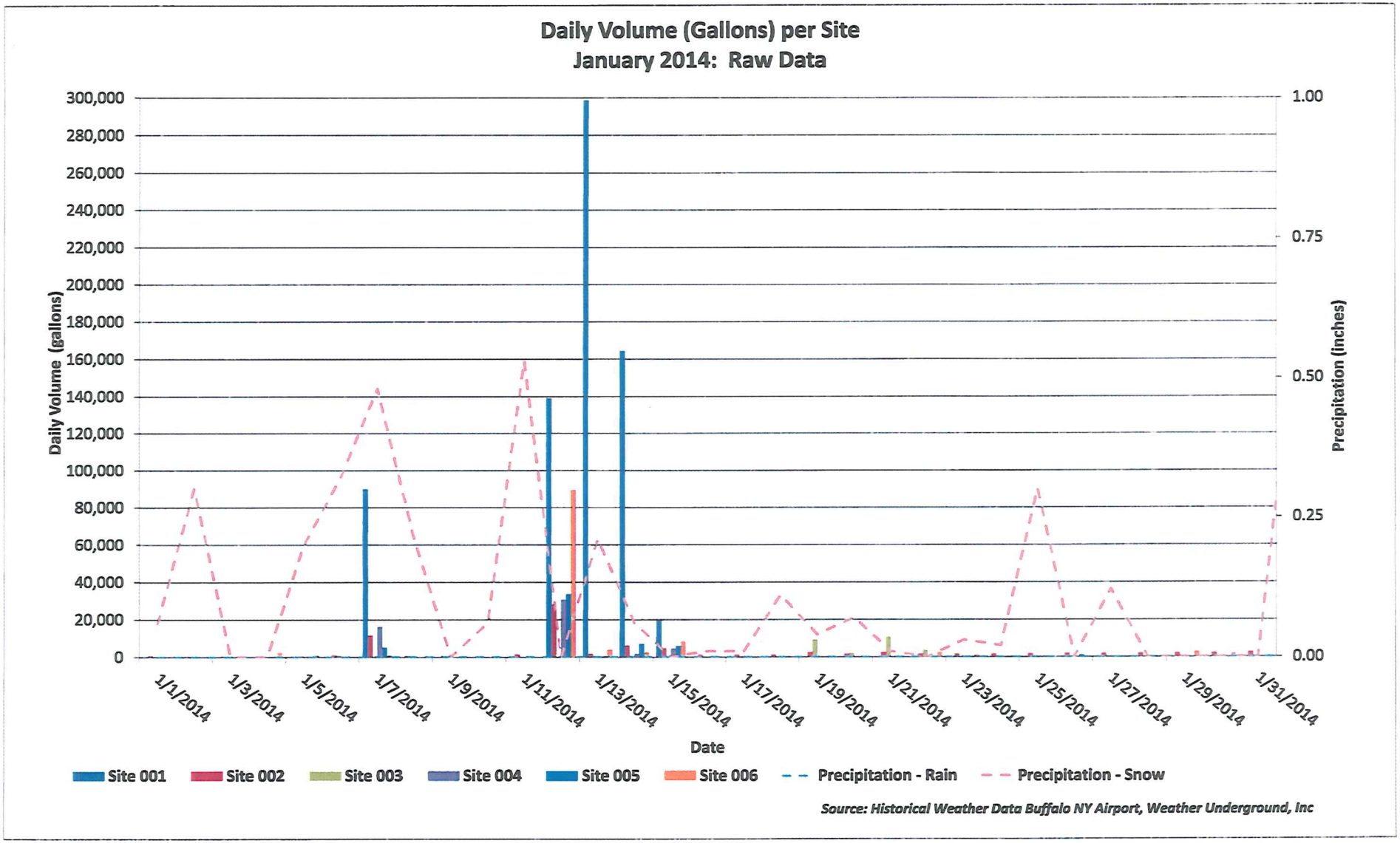
TOTAL MONTHLY FLOWS (Gallons) ADJUSTED*

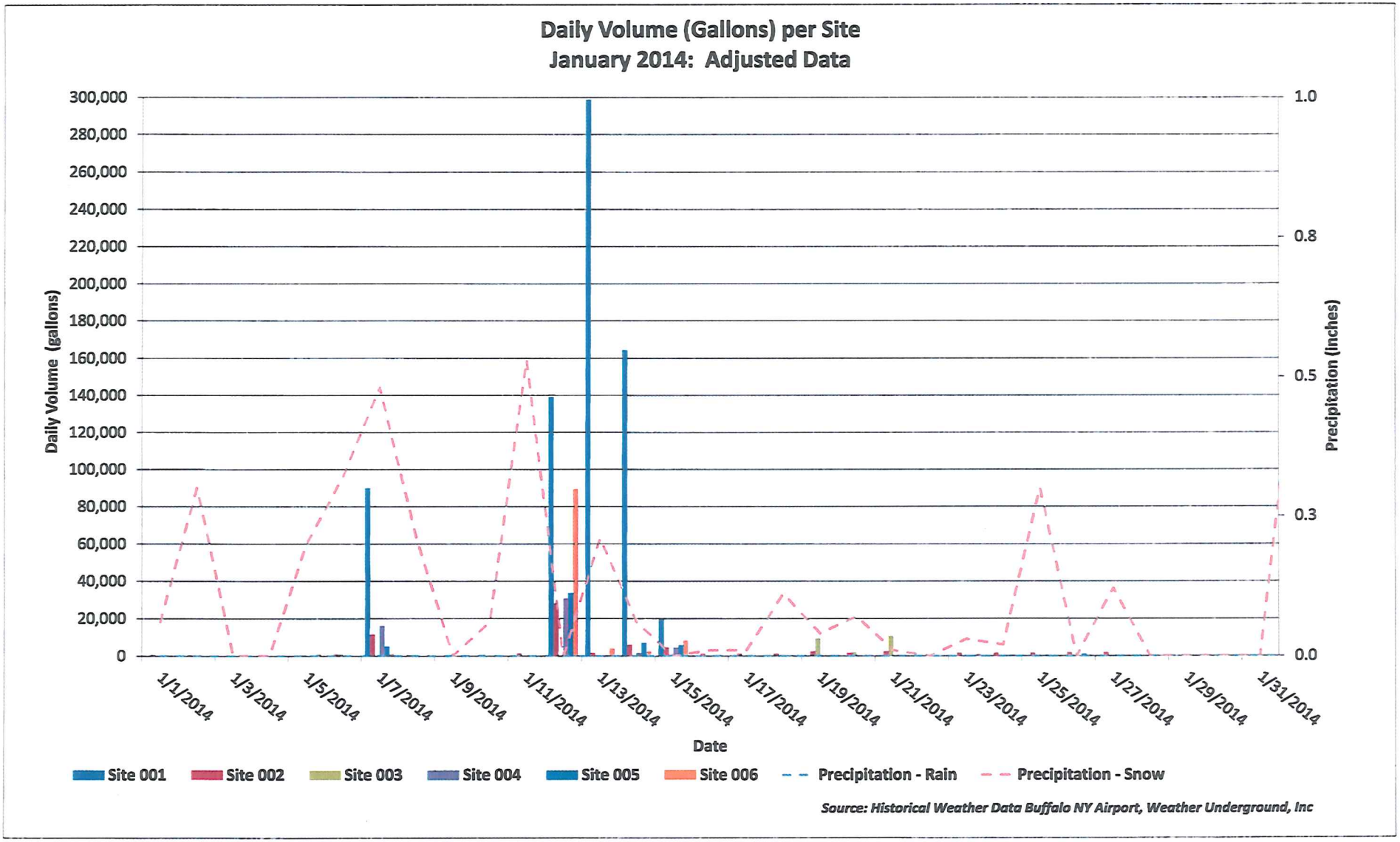
**Data was adjusted to disregard flow data occurring on days with no snowfall or rainfall in an attempt to account for non-stormwater sources in the data. Refer to notes for assumptions.*

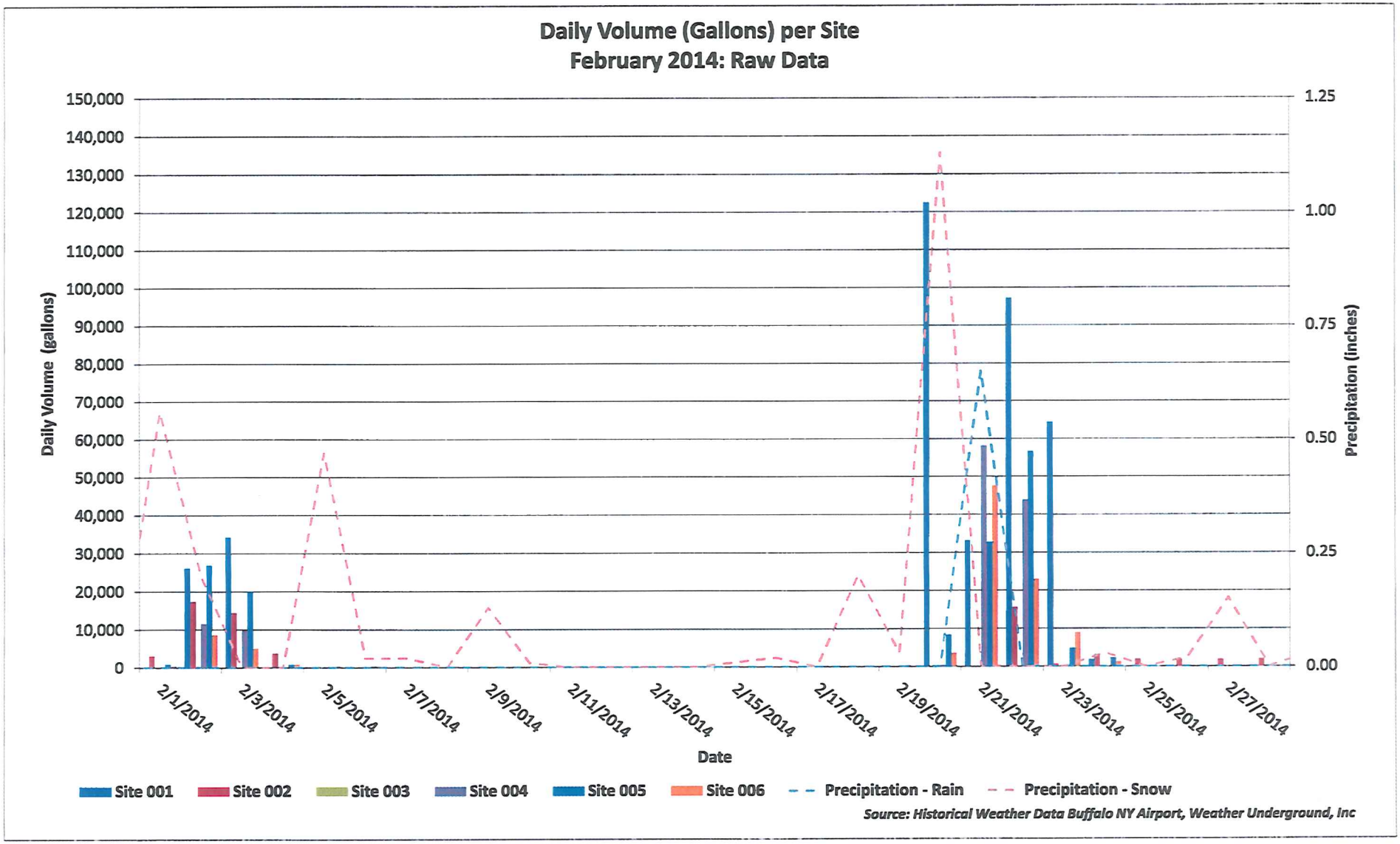
	Granger Place	**Claremont Avenue**	**Parkdale Avenue**	**Claredon Place**	**Windsor Avenue**
Green Infrastructure	Treatment Structure	Pervious Pavement	Rain Garden	Pervious Pavement	Rain Garden
Jan. 2013	53,069	74,931	23,683	55,307	107,735
February	124,135	63,738	0	155,882	100,291
March	31,613	17,051	314,190	107,057	84,423
April	142,278	19,760	149,391	74,433	198,912
May	96,155	78,035	176,622	74,528	57,950
June	111,696	111,205	151,526	85,381	164,578
Total	**558,947**	**364,720**	**815,412**	**552,588**	**713,889**
Drainage Area (Acres)	2.7	2.5	2.2	2.8	2.9
Total Flow per Acre	207,017	145,888	370,642	197,353	246,169
% Variance		**-29.5%**	**+79.0%**	**-4.7%**	**+18.9%**

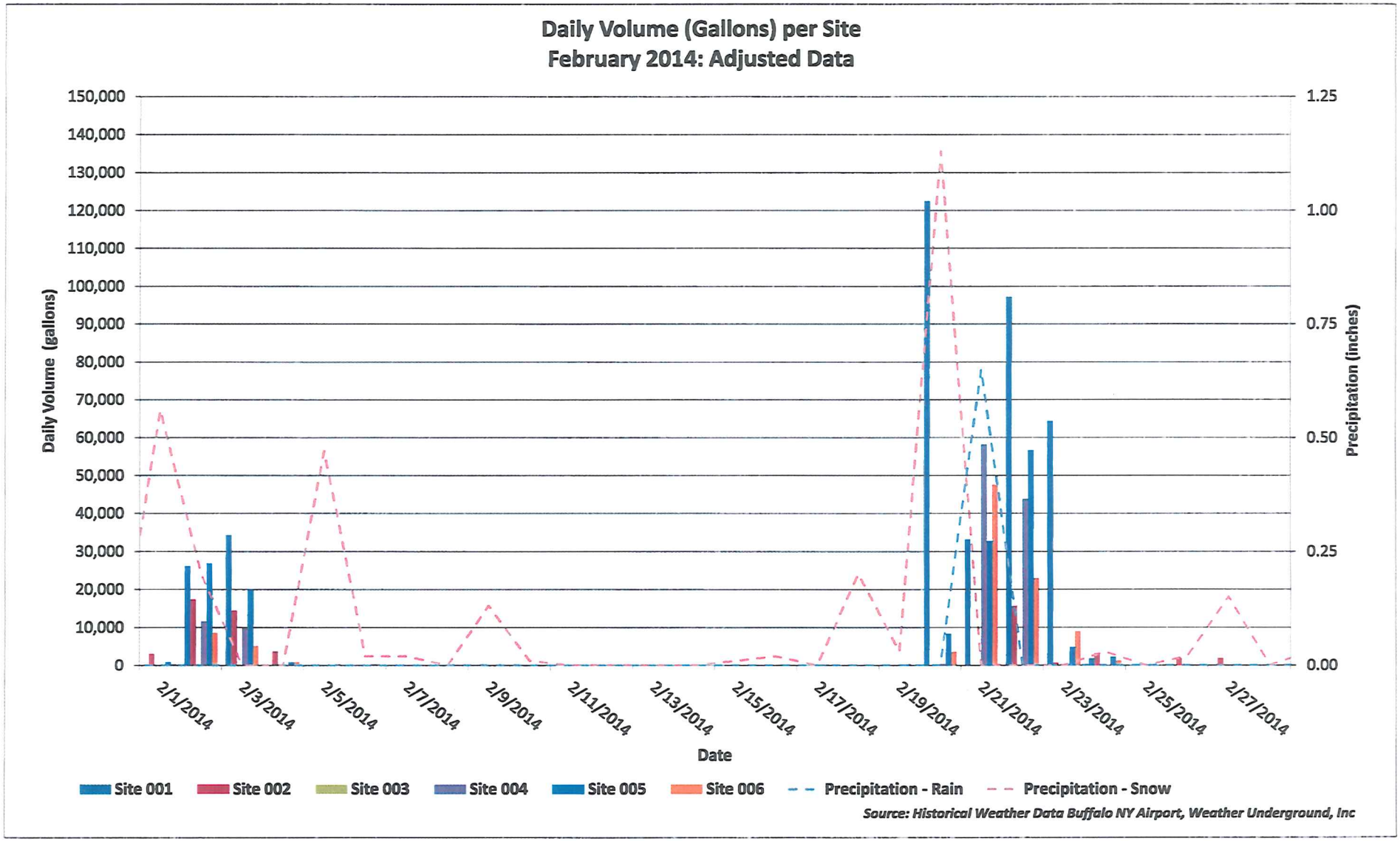
Notes:

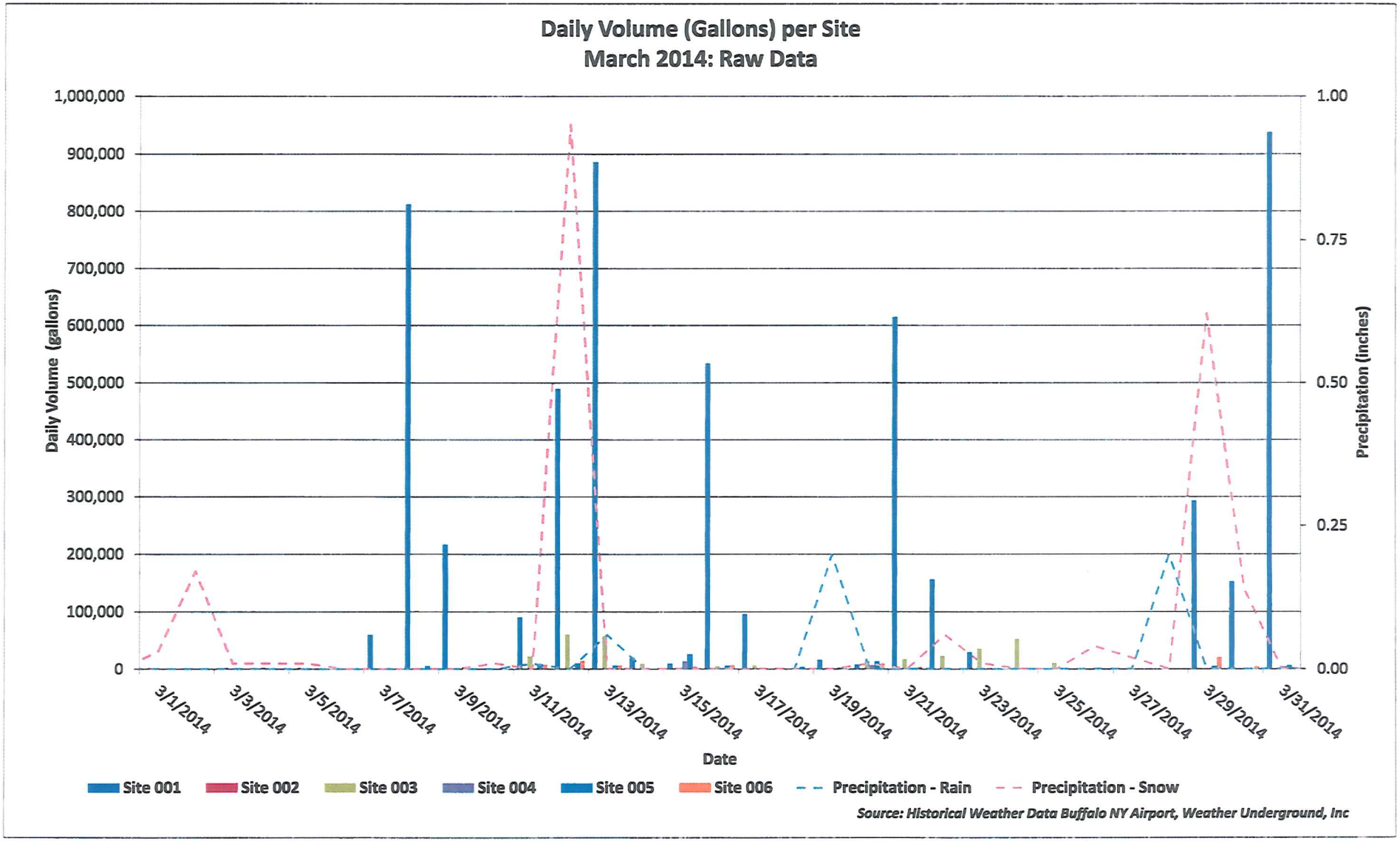
1. *Daily volume readings occurring on days with no rainfall or snowfall data were counted as "no flow" for the day. Exceptions included:*
   a. *Daily volume readings occurring within one day of a rainfall or snowfall event.*
   b. *Daily volume readings that occurred at all multiple sites on the same day, despite having no rainfall or snowfall on the given day (assumed to be snowmelt).*
2. *Snowmelt was not accounted for in this analysis with the exception of note 1b.*

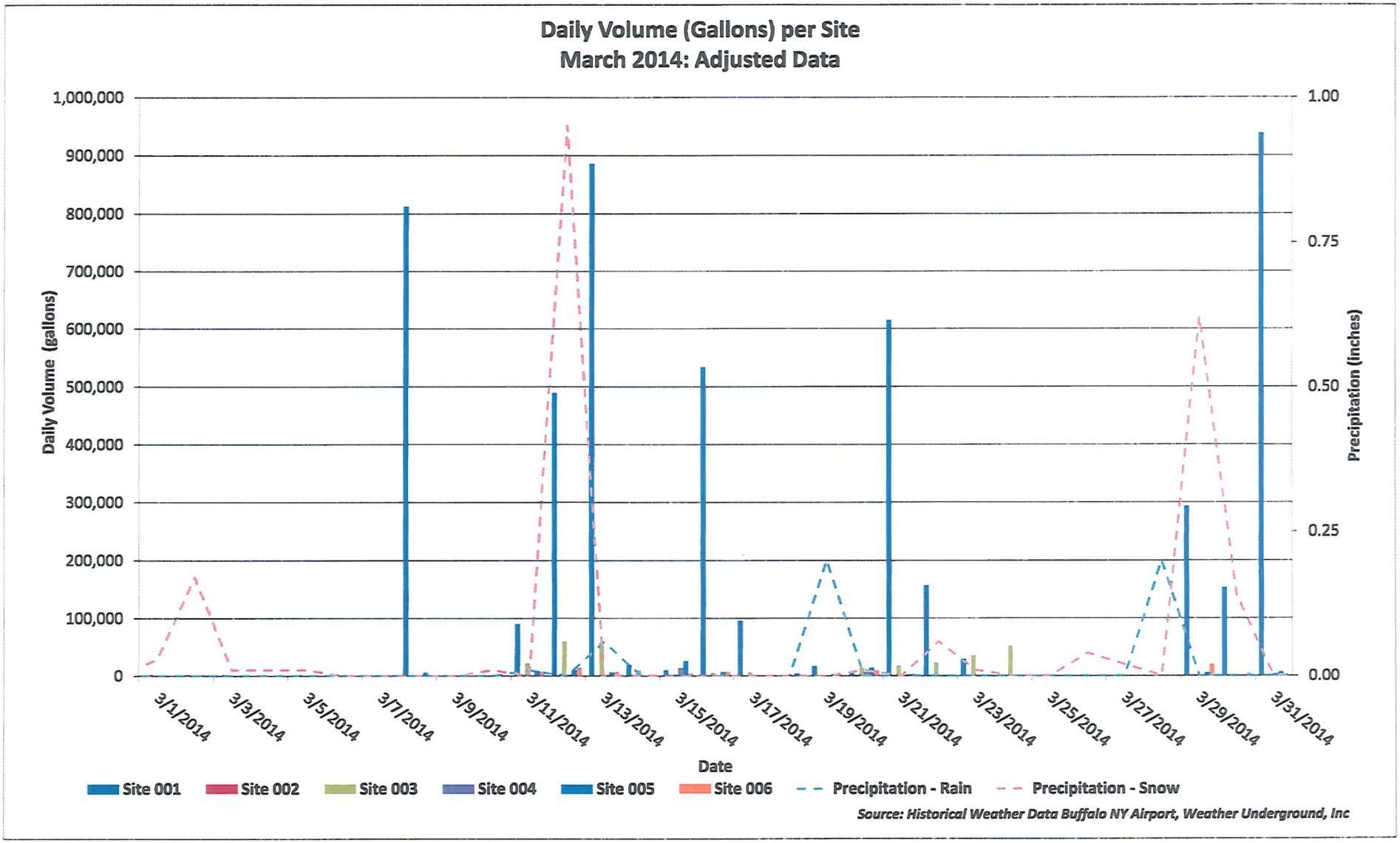

Daily Volume (Gallons) per Site
January 2014: Raw Data
Daily Volume (gallons)
300,000
280,000
260,000
240,000
220,000
200,000
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
Precipitation (inches)
1.00
0.75
0.50
0.25
0.00
1/1/2014
1/3/2014
1/5/2014
1/7/2014
1/9/2014
1/11/2014
1/13/2014
1/15/2014
1/17/2014
1/19/2014
1/21/2014
1/23/2014
1/25/2014
1/27/2014
1/29/2014
1/31/2014
Date
Site 001
Site 002
Site 003
Site 004
Site 005
Site 006
Precipitation - Rain
Precipitation - Snow
Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc

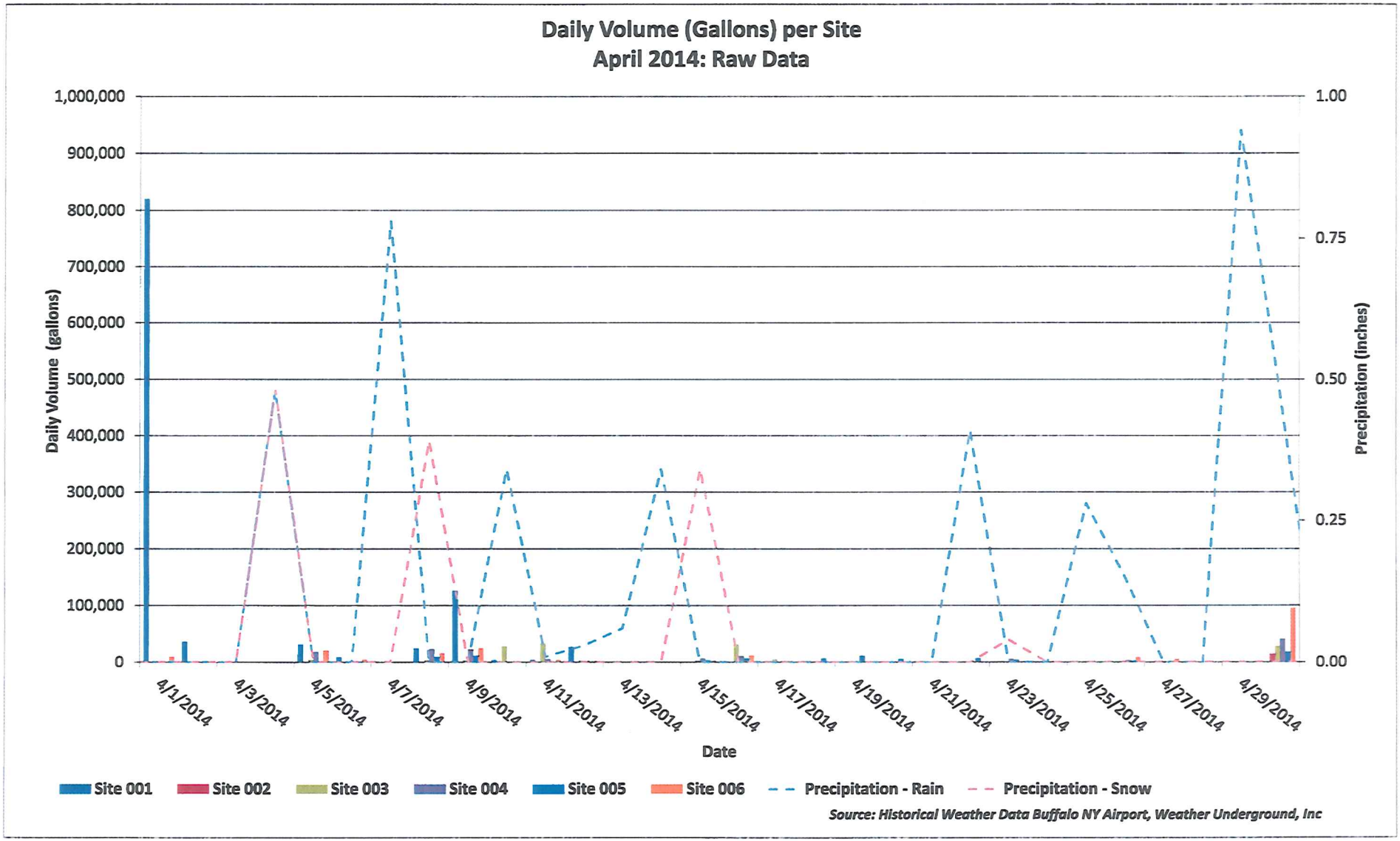

Daily Volume (Gallons) per Site
January 2014: Adjusted Data
Daily Volume (gallons)
300,000
280,000
260,000
240,000
220,000
200,000
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
Precipitation (Inches)
1.0
0.8
0.5
0.3
0.0
1/1/2014
1/3/2014
1/5/2014
1/7/2014
1/9/2014
1/11/2014
1/13/2014
1/15/2014
1/17/2014
1/19/2014
1/21/2014
1/23/2014
1/25/2014
1/27/2014
1/29/2014
1/31/2014
Date
Site 001
Site 002
Site 003
Site 004
Site 005
Site 006
Precipitation - Rain
Precipitation - Snow
Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc

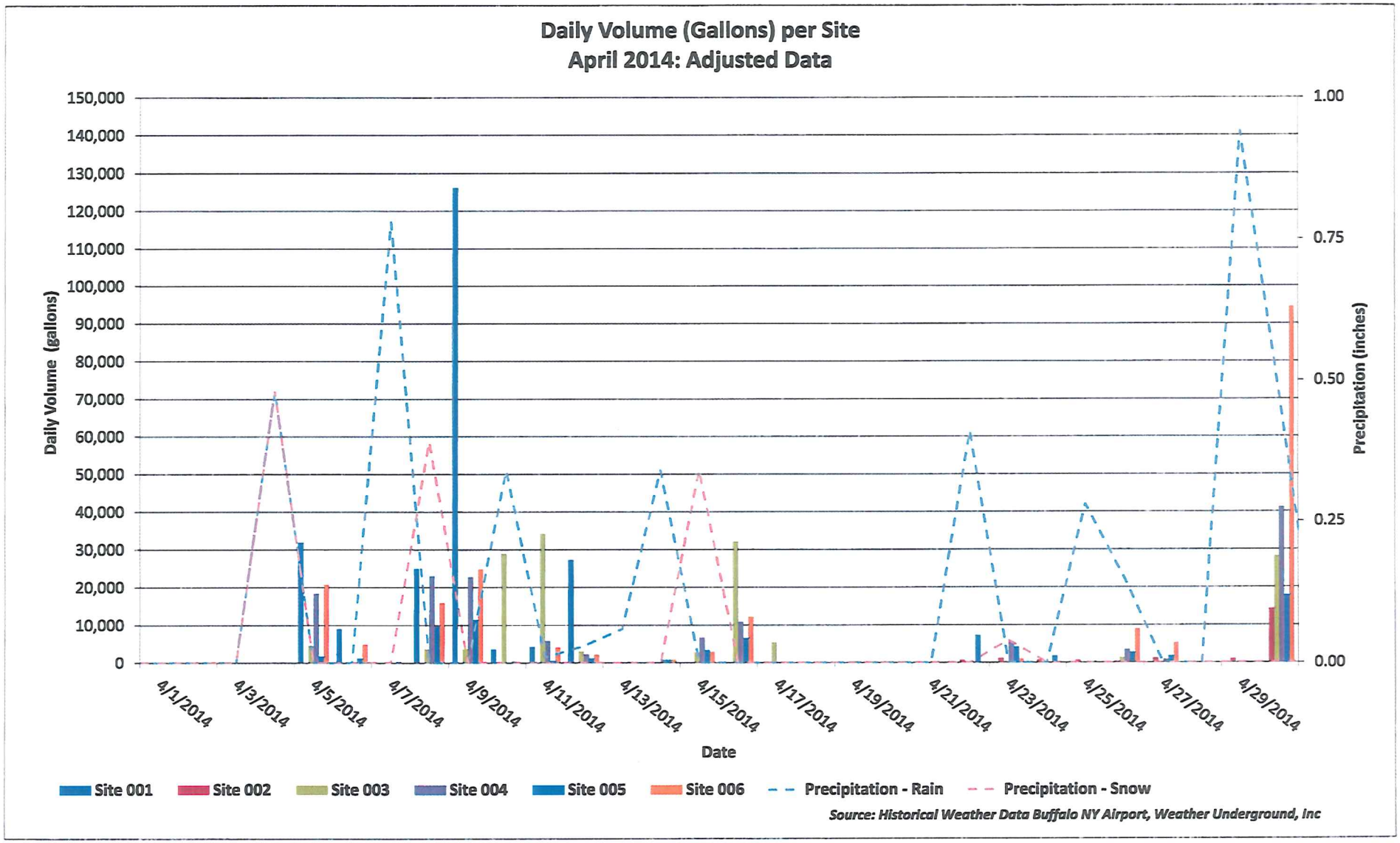

Daily Volume (Gallons) per Site
February 2014: Raw Data
Daily Volume (gallons)
150,000
140,000
130,000
120,000
110,000
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
Precipitation (inches)
1.25
1.00
0.75
0.50
0.25
0.00
2/1/2014
2/3/2014
2/5/2014
2/7/2014
2/9/2014
2/11/2014
2/13/2014
2/15/2014
2/17/2014
2/19/2014
2/21/2014
2/23/2014
2/25/2014
2/27/2014
Date
Site 001
Site 002
Site 003
Site 004
Site 005
Site 006
Precipitation - Rain
Precipitation - Snow
Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc

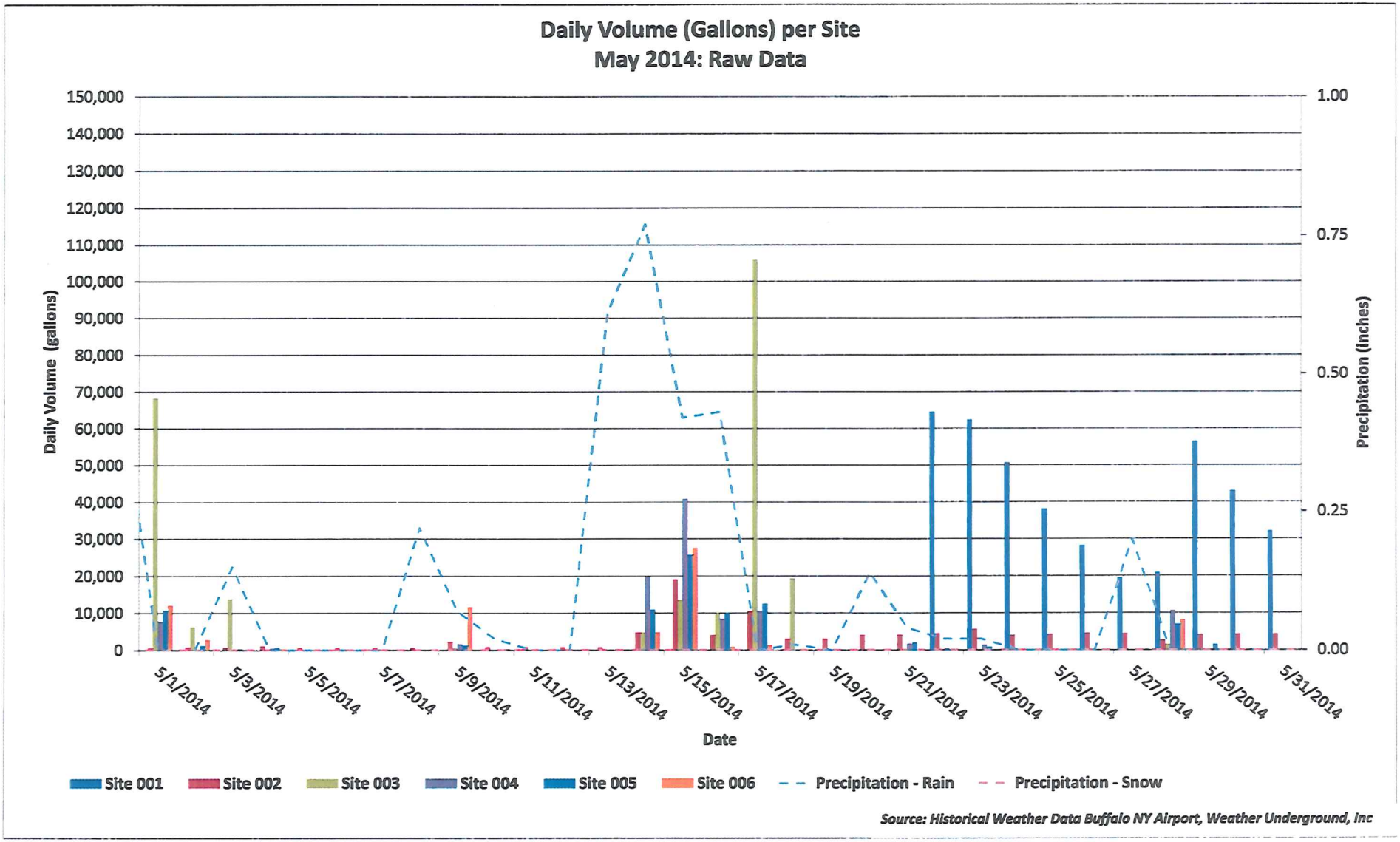

Daily Volume (Gallons) per Site
February 2014: Adjusted Data
Daily Volume (gallons)
150,000
140,000
130,000
120,000
110,000
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
Precipitation (inches)
1.25
1.00
0.75
0.50
0.25
0.00
2/1/2014
2/3/2014
2/5/2014
2/7/2014
2/9/2014
2/11/2014
2/13/2014
2/15/2014
2/17/2014
2/19/2014
2/21/2014
2/23/2014
2/25/2014
2/27/2014
Date
Site 001
Site 002
Site 003
Site 004
Site 005
Site 006
Precipitation - Rain
Precipitation - Snow
Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc


Daily Volume (Gallons) per Site
March 2014: Raw Data
Daily Volume (gallons)
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
Precipitation (inches)
1.00
0.75
0.50
0.25
0.00
3/1/2014
3/3/2014
3/5/2014
3/7/2014
3/9/2014
3/11/2014
3/13/2014
3/15/2014
3/17/2014
3/19/2014
3/21/2014
3/23/2014
3/25/2014
3/27/2014
3/29/2014
3/31/2014
Date
Site 001
Site 002
Site 003
Site 004
Site 005
Site 006
Precipitation - Rain
Precipitation - Snow
Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc

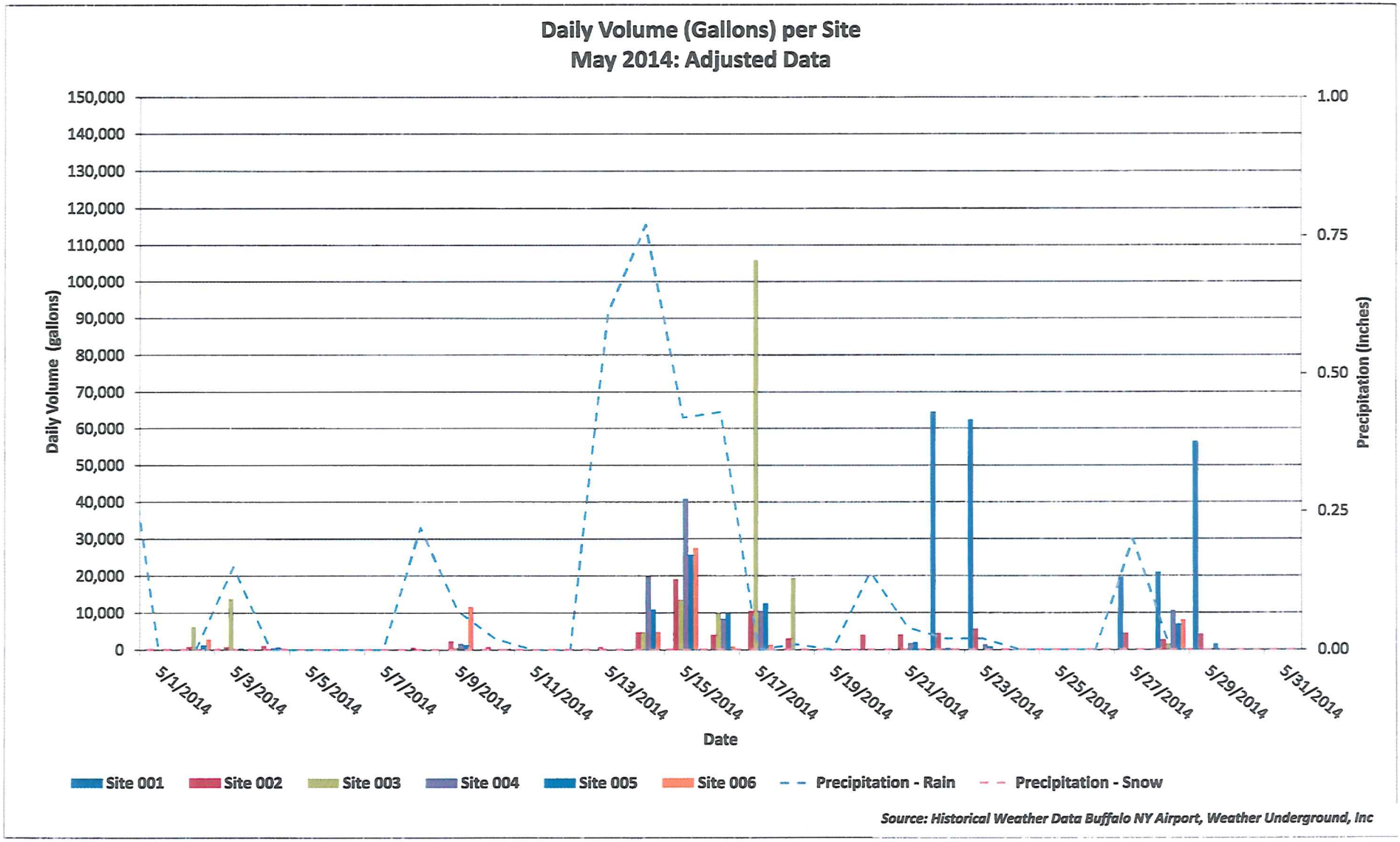

Daily Volume (Gallons) per Site
March 2014: Adjusted Data
Daily Volume (gallons)
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
Precipitation (inches)
1.00
0.75
0.50
0.25
0.00
3/1/2014
3/3/2014
3/5/2014
3/7/2014
3/9/2014
3/11/2014
3/13/2014
3/15/2014
3/17/2014
3/19/2014
3/21/2014
3/23/2014
3/25/2014
3/27/2014
3/29/2014
3/31/2014
Date
Site 001
Site 002
Site 003
Site 004
Site 005
Site 006
Precipitation - Rain
Precipitation - Snow
Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc


Daily Volume (Gallons) per Site
April 2014: Raw Data
Daily Volume (gallons)
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
Precipitation (inches)
1.00
0.75
0.50
0.25
0.00
4/1/2014
4/3/2014
4/5/2014
4/7/2014
4/9/2014
4/11/2014
4/13/2014
4/15/2014
4/17/2014
4/19/2014
4/21/2014
4/23/2014
4/25/2014
4/27/2014
4/29/2014
Date
Site 001
Site 002
Site 003
Site 004
Site 005
Site 006
Precipitation - Rain
Precipitation - Snow
Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc

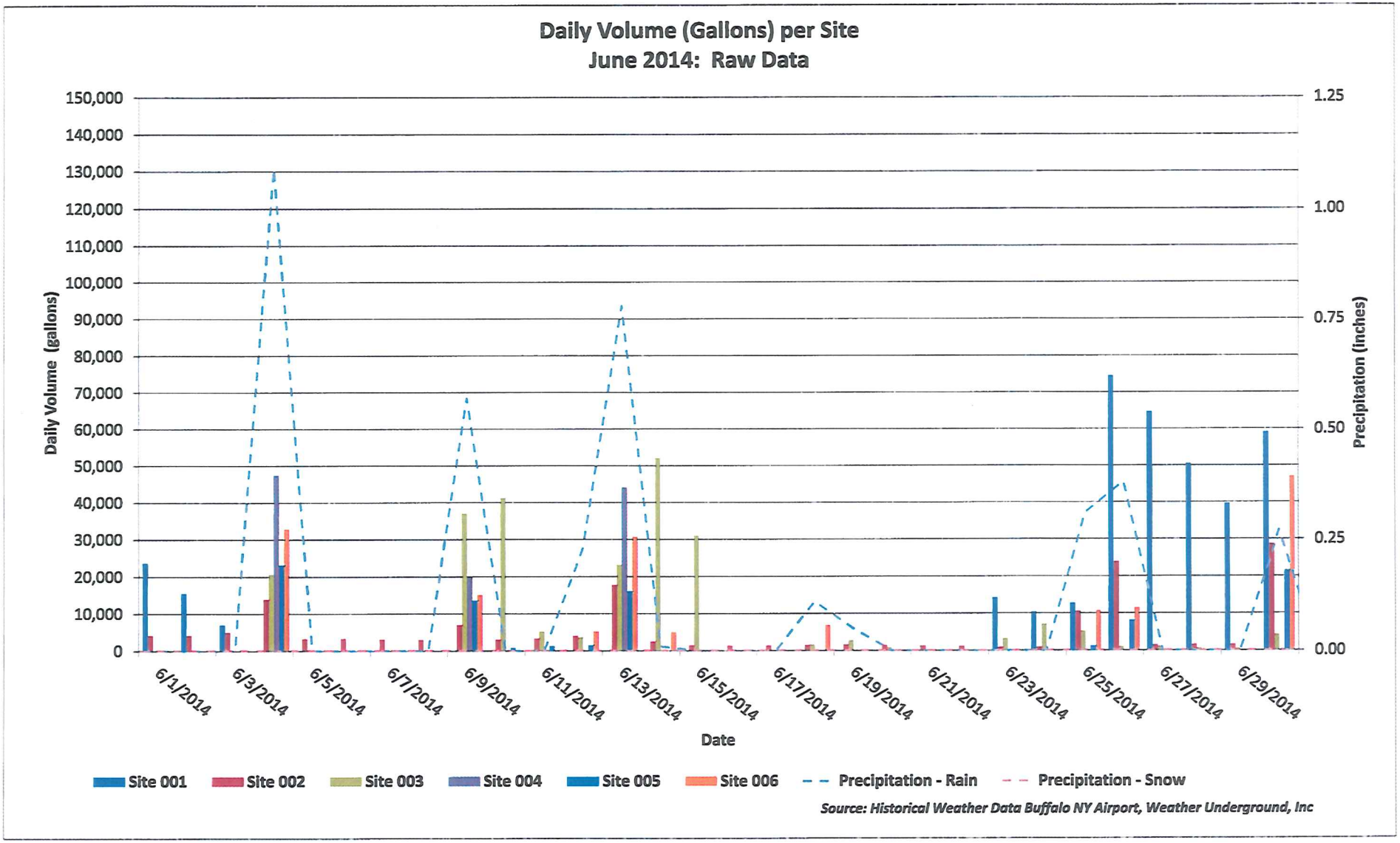

Daily Volume (Gallons) per Site
April 2014: Adjusted Data
Daily Volume (gallons)
150,000
140,000
130,000
120,000
110,000
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
Precipitation (inches)
1.00
0.75
0.50
0.25
0.00
4/1/2014
4/3/2014
4/5/2014
4/7/2014
4/9/2014
4/11/2014
4/13/2014
4/15/2014
4/17/2014
4/19/2014
4/21/2014
4/23/2014
4/25/2014
4/27/2014
4/29/2014
Date
Site 001
Site 002
Site 003
Site 004
Site 005
Site 006
Precipitation - Rain
Precipitation - Snow
Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc

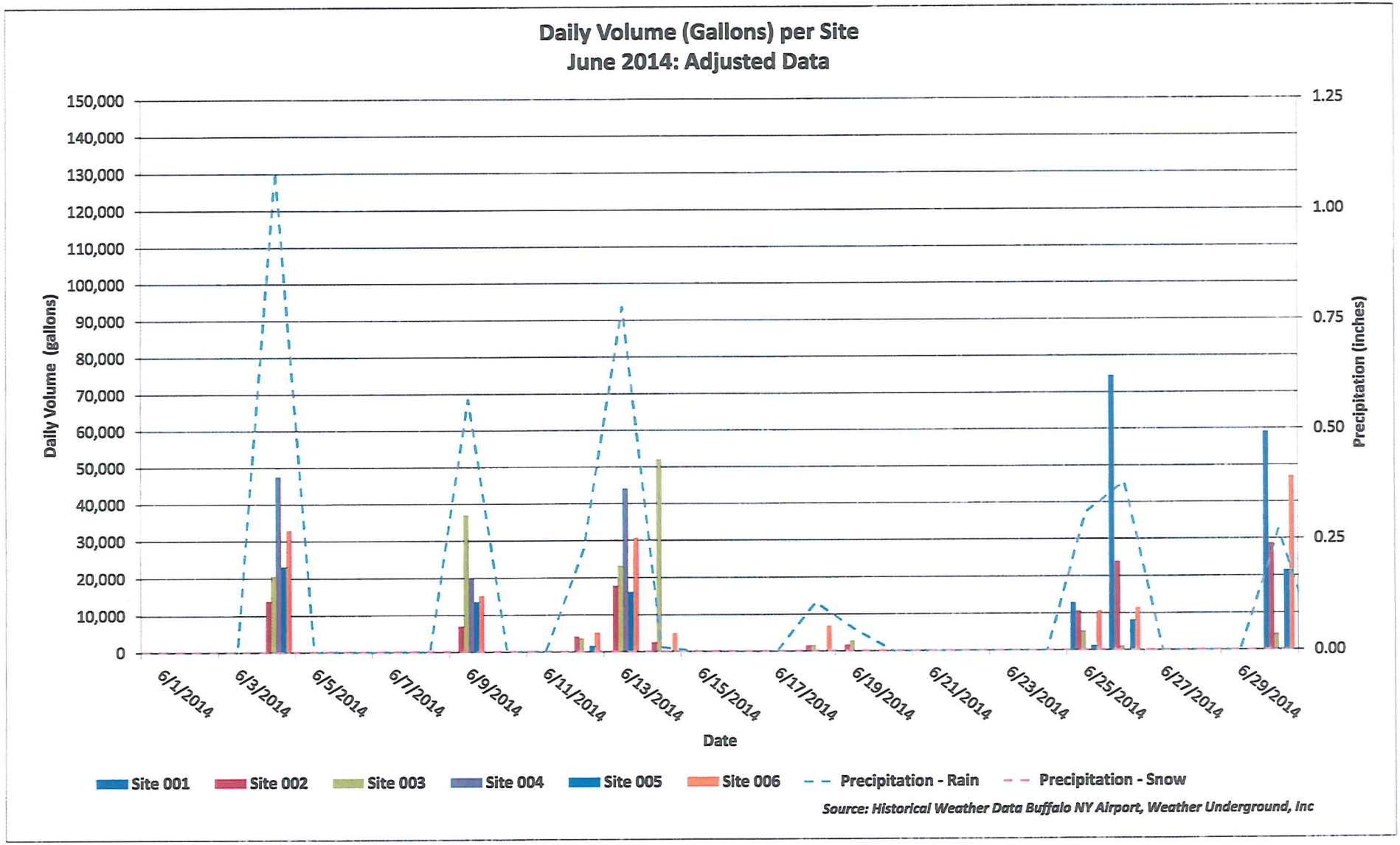


Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc



Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc


Daily Volume (Gallons) per Site
June 2014: Raw Data
Daily Volume (gallons)
150,000
140,000
130,000
120,000
110,000
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
Precipitation (inches)
1.25
1.00
0.75
0.50
0.25
0.00
6/1/2014
6/3/2014
6/5/2014
6/7/2014
6/9/2014
6/11/2014
6/13/2014
6/15/2014
6/17/2014
6/19/2014
6/21/2014
6/23/2014
6/25/2014
6/27/2014
6/29/2014
Date
Site 001
Site 002
Site 003
Site 004
Site 005
Site 006
Precipitation - Rain
Precipitation - Snow
Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc


Daily Volume (Gallons) per Site
June 2014: Adjusted Data
Daily Volume (gallons)
150,000
140,000
130,000
120,000
110,000
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
Precipitation (inches)
1.25
1.00
0.75
0.50
0.25
0.00
6/1/2014
6/3/2014
6/5/2014
6/7/2014
6/9/2014
6/11/2014
6/13/2014
6/15/2014
6/17/2014
6/19/2014
6/21/2014
6/23/2014
6/25/2014
6/27/2014
6/29/2014
Date
Site 001
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Precipitation - Rain
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Source: Historical Weather Data Buffalo NY Airport, Weather Underground, Inc