PERMITTEE NAME ADDRESS *(Include Facility Name / Location)*

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME: Clairton Municipal Authority
ADDRESS: One North State Street
Clairton, PA 15025

FACILITY: Clairton Sewage Treatment Plant
LOCATION: City of Clairton, Allegheny County

(2-16)	(17-19)
PA0026824	001
PERMIT NUMBER	DISCHARGE NUMBER

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

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46--53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
Flow	Sample Measurement				*	*	*				
	Permit Requirement	MONITOR AND REPORT		MGD	*	*	*	*	*	CONTINUOUS	RECORDED
CBOD-5 Day	Sample Measurement				*						
	Permit Requirement	1251.0	1877.0	LB/DY	*	25	37.5	MG/L	*	DAILY	24-HOUR COMPOSITE
Suspended Solids	Sample Measurement				*						
	Permit Requirement	1501.0	2252.0	LB/DY	*	30	45	MG/L	*	DAILY	24-HOUR COMPOSITE
Fecal Coliform	Sample Measurement	*	*		*						
May 1 to Sep 30 Oct 1 to Apr 30	Permit Requirement	*	*	*	*	200 2000	1000 10000	#/100ML	*	DAILY	GRAB
pH	Sample Measurement	*	*			*					
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	DAILY	GRAB
Total Residual Chlorine	Sample Measurement	*	*		*						
	Permit Requirement	*	*	*	*	0.5	INST. MAX. 1.0	MG/L	*	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)		TELEPHONE		DATE	
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO DAY

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

NOTE: YOUR PERMIT WILL EXPIRE ON JAN 31 2014. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUL 31 2013.

DISCHARGE MONITORING REPORT (DMR) for
Combined Sewer Overflows

Outfall No. _____ Month _____

Overflow Location _____ Prepared By _____

Permittee Name _____ Signature/Date _____

County _____ Title/Position _____

Municipality _____ NPDES # _____

DATE	FLOW (mg*)	DURATION (Hours)	CAUSE	COMMENTS (Rainfall, Intensity, etc.)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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19				
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23				
24				
25				
26				
27				
28				
29				
30				
31				

Use one report form each month for each monitored overflow point; use separate sheet for additional comments or narrative explanations.

*Identify the method used to determine overflow volumes, (For example, 10 MG C):

O = Observed duration and rate of flow to approximate overflow volume.
C = Calculated overflow volume utilizing a model or empirical analysis.
M = Measured overflow volume from data collected by a calibrated flow monitor.

3800-PM-WSFR0083v 9/2005
rev for SW regional office 11/2007
Annual Inspection

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WATER MANAGEMENT PROGRAM

ANNUAL INSPECTION FORM
APPLICABLE TO STORM WATER DISCHARGES

1. Date of Inspection _____

3. NPDES Permit #PA _____

2. Facility Owner/Operator Name and Address:

_____

_____

_____

Tel: _____ Fax: _____

4. Facility Address and Location

Street _____

Municipality _____ County _____

VISUAL INSPECTION

Provide the following information for the storm event

5. Duration _____

6. Estimation of rainfall (in inches) † _____

† The annual inspection should be conducted after a storm event that is greater than 0.1 inches in magnitude and that occurred at least 72 hours from the previous 0.1 inch storm event.

7. Estimate the time between the previous rain event _____

8. Estimate the total volume (in gallons) for each outfall and report it in item 9.

Volume = C x I A,

where C is the runoff coefficient (i.e, 0.9 for paved and 0.5 for unpaved)

I is the rainfall amount (in ft), and

A is the area (square feet) drained to the outfall inspected

(convert from cubic feet to gallons by multiplying by 7.481).

9. Estimate the size of the drainage area (in square feet) for each outfall.

Outfall #	Drainage Area	% Paved	% Unpaved	Volume in gallons

Complete the following information for each outfall inspected (items 10 through 15)

VISUAL INSPECTION OF OUTFALL NUMBER _____

10. Description of area(s) that drains to outfall. _____

11. Description of stormwater management practices, erosion and sedimentation control practices, and other structural control measures that are in place to control pollutants from running off-site.

12. Is there visible flow from the pipe? ☐ Yes ☐ No (Go to number 14) Pipe Dia. (inches) _____

a. ODOR:	Chemical	Musty	Sewage	Rotten Eggs	Other	_____
b. COLOR:	Clear	Red	Yellow	Brown	Other	_____
c. CLARITY:	Clear	Cloudy	Opaque	Suspended Solids	Other	_____
d. FLOATABLES:	Suds	Oily Film	Garbage	Sewage	Other	_____
e. DEPOSITS/STAINS:	None	Oily	Sediment		Other	_____
f. VEGETATION:	None	Normal	Excessive	Inhibited	Other	_____

13. Is there standing water present? ☐ Yes ☐ No (Go to number 16)

a. ODOR:	Chemical	Musty	Sewage	Rotten Eggs	Other	_____
b. COLOR:	Clear	Red	Yellow	Brown	Other	_____
c. CLARITY:	Clear	Cloudy	Opaque	Suspended Solids	Other	_____
d. FLOATABLES:	Suds	Oily Film	Garbage	Sewage	Other	_____
e. DEPOSITS/STAINS:	None	Oily	Sediment		Other	_____
f. VEGETATION:	None	Normal	Excessive	Inhibited	Other	_____

14. Is there any evidence of or potential for any pollutant being discharged at this outfall? ☐ Yes ☐ No

Describe: _____

If yes, identify substances present in the sediment (if possible). _____

15. Description of corrective measures taken or planned to remove sediments or debris if found during inspection. Please provide a schedule if actions are planned.

COMPREHENSIVE SITE COMPLIANCE EVALUATION

16. Do drainage maps reflect current conditions? ☐ ☐ No

If no, provide your comments.

Comments: _____

17. Based on review of PPC Plan (including Housekeeping Measures), are any changes, corrections or updates necessary? ☐ Yes ☐ No

If yes, provide your comments.

Comments: _____

18. Have you inspected all structural stormwater controls used to implement the PPC Plan to determine if they are adequate? ☐ Yes ☐ No

If no, provide your comments.

Comments: _____

19. Have you inspected the entire site to determine if erosion and sedimentation control measures are adequate? ☐ Yes ☐ No

If no, provide your comments.

Comments: _____

20. Summarize corrective actions/measures completed or planned to correct any deficiencies found as a result of the inspection. Please provide a schedule if actions are planned.

_____

21. Signature of Inspector

Name of Inspector: _____

Date Report Prepared: _____

Signature of Inspector: _____

22. Signature of Owner/Operator of Facility

Name/Title Principal Executive Officer _____ Signature _____ Date _____

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMRISONMENT. SEE 18 Pa. C.S. § 4904 (relating to unsworn falsification).