MAR 26 2014

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved.
OMB No. 2040-0004

RECEIVED
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BY

Reason(s) for Submission (Check all that apply):

- [x] Submitting monitoring data (Fill in all Sections).
- [ ] Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F).
- [ ] Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4).
- [ ] Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4).
- [ ] Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F).

A. Permit Tracking Number: MAR05DF51

Note: Read Instructions before completing this Form.

B. Facility Information

1. Facility Name: WILLIAM F SULLIVAN CO INC
2. Facility Location:
   a. Street: 107 APPLETON STREET
   b. City: HOLYOKE
   c. State: MA
   d. Zip Code: 01040 -
3. Additional Facility Information (Optional):
   Contact Name: BRIAN POWELL JR
   Email:
   Phone: 413 - 539 - 9664
   Ext.
4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)
   Prepared by: GRAHAM MCREDMOND
   Organization: IEC LLC
   Email: graham@indenvconsultants.com
   Phone: 615 - 730 - 5059
   Ext.

C. Discharge Information

1. Identify monitoring period.

- [ ] Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:

[x] Quarter 1 (April 1 – June 30)	[ ] Quarter 1:	From /	To /
[ ] Quarter 2 (July 1 – September 30)	[ ] Quarter 2:	From /	To /
[ ] Quarter 3 (October 1 – December 31)	[ ] Quarter 3:	From /	To /
[ ] Quarter 4 (January 1 – March 31)	[ ] Quarter 4:	From /	To /

2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? [x] Yes (Complete line item 2.a.) [ ] No (Skip to Section D)

2a. What is the hardness level of the receiving water? 125 mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? 01 List name of outfall(s) required to be monitored in table below.
2. Do any of your outfalls discharge substantially identical effluents? [ ] YES [ ] NO
2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below

3 A. Monitored Outfall Name*	3 B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3 A. (if applicable)]	3 C. No Discharge?
001	NA	[ ]
		[ ]
		[ ]
		[ ]
		[ ]

*Reference attachment if additional space needed to complete the table

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E. Monitoring Information — **Note: Make additional copies of this form as necessary.**

1. Permit Tracking Number: MAR05DF51

2. Nature of Discharge: ☐ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): 06 2.b. Rainfall amount (inches): 00.3 2.c. Time since previous measurable storm event (days): 014

3.a. Outfall Name	3.b. Monitoring Type (QBM, ELG, S/T, I, O)*	3.c. Parameter	3.d. Quality or Concentration	3.e. Units	3.f. Results Description	3.g. Collection Date	3.h. Exceedance due to natural background pollutant levels	3.i. No further pollutant reductions achievable?
001	QBM	ALUMINUM	0.322	mg/l		4/27/2010	☐	☐
		COPPER	0.159	mg/l		4/27/2010	☐	☐
		IRON	10.1	mg/l		4/27/2010	☐	☐
		LEAD	0.0777	mg/l		4/27/2010	☐	☐
		ZINC	0.673	mg/l		4/27/2010	☐	☐
		COD	22	mg/l		4/27/2010	☐	☐
		TSS	12	mg/l		4/27/2010	☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐

* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) -Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Exceeding parameters concentration and associated Benchmark values: Cu - 0.159 mg/l > 0.0156 mg/l; Fe - 10.1 mg/l > 1 mg/l; Zn - 0.673 mg/l > 0.13 mg/l

F. Certification

Brian Powell

Typed or Printed Name/Title of Principal Executive Officer or Authorized Agent

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 gathered and evaluated 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

3/18/14

Date

Email of Principal Executive Officer or Authorized Agent: brianpowell@sullivanmetals.com