**Wheelabrator EOS Inc.**
A Wheelabrator Technologies Company

SSS Environmental Division
921 Saw Mill Run Boulevard
Pittsburgh, PA 15220

Phone 412.381.3822
Fax 412.381.6271

October 23, 1995

Mr. James S. Haklar, P.E.
New Jersey Branch II
Emergency and Remedial Response
United States Environmental Protection Agency
290 Broadway, 19th Floor
New York, NY 10007-1866

Re: Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site

Dear Mr. Haklar:

The September Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit 1, Kin-Buc Landfill Superfund Site, prepared by Wheelabrator EOS, Inc., is attached. As agreed, we will provide copies of the DMR to Ian Curtis and Susan Dietrick at the NJDEP.

Should you have any questions concerning the DMR or other site items, please contact me or Pete Watkins at the Kin-Buc site.

Very truly yours,
WHEELABRATOR EOS, INC.
On behalf of SCA Services, Inc.,

Dennis J. Duryea, P.E.
Sr. Environmental Project Manager

Enclosure

cc: Ian Curtis - NJDEP
Susan Dietrick - NJDEP
Rick Karr - SCA
Bob Morano - Kin-Buc Inc.
Wayne Thurman - SCA

Printed on recycled paper

562242

*KIN-BUC LANDFILL*
383 MEADOW RD.
EDISON, N. J. 08817

OCTOBER 12, 1995

Mr. James S. Haklar, P.E.
New Jersey Branch II
Emergency and Remedial Response
United States Environmental Protection Agency
290 Broadway, 19th Floor
New York, N. Y. 10007-1866

Dear Sir:

Enclosed with this months DMR report, please find copies of NJPDES BIOMONITORING FORMS for the Months of August, 1995 and September, 1995. Due to staffing changes and miscommunication they were not sent previously. Copies are also being provided to Ian Curtis and Susan Dietrick at NJDEP. his will complete the four monthly tests as per our permit equivalent requirement, therefor we will be performing this test in the future, on a quarterly basis.

Sincerely,

Pierre A. Watkins

Pierre A. Watkins
Plant Supervisor
Wheelabrator E. O. S. INC.

# NJPDES BIOMONITORING REPORT FORM - ACUTE BIOASSAY

Permit No.: NJ Permit Equivalent DSN 001

Facility Name: Kin-Buc Landfill

Facility Location: 383 Meadow Road
Edison, NJ 08818

Laboratory/Investigator(s): AQUA SURVEY INC.
L. Brown, T. Dolce, R. Fristrom

Laboratory Certification No. 10309

## Bioassay Specification:

Effluent Type (e.g.,final, pre-chlorination): Final

Test Type: Static: _ Renewal(6 hr): _
Renewal(24 hr): _ Flow-through: x

Test Duration(hours): 24 _ 48 _ 96 x Other(specify): __

Test Organism: Mysid shrimp (common name); Mysidopsis bahia (scientific name)

Test Endpoint: LC50 x EC50 ___ Other(specify): __

## Summary of Final Results:

Test Starting Date: 9/25/95 Completion Date: 9/29/95

LC50/EC50 (% effluent): >100% 95% Confidence Interval: NA

Percent Mortality in 100% Effluent (if applicable): 13.6%

## Quality Control Summary:

Control Mortality: 9.1%

Temperature maintained within +/- 2°C of test temperature?
Yes x No _

Dissolved Oxygen Levels always greater than 40% saturation?
Yes x No _

Loading factor for all exposure chambers less than or equal to maximum allowed for the test type and temperature? Yes x No _

Two or more concentrations exhibit a trend deviation? Yes _ No x

## Certification:

Accuracy of report certified by: York Terrell 10/13/95
York Terrell, Project Manager — Date

**Test Organism Data:**

Test Organism Source:

Cultured(check): x Commercial Hatchery (specify): _

Test Organism Acclimation to Dilution Water:

Initial Number of Organisms 150

Total Acclimation Period: N/A days, N/A hours

Acclimation Period to 100 percent dilution water at the specified test temperature: N/A hours

Number of Mortalities (48 hours prior to test) N/A

Test Organism Age at Start of Test: 3 days

**Test Design:**

Number of Effluent Test Concentrations (Minimum of 5) 5

Number of Replicates/Test Concentration 2

Number of Test Organisms/Replicate 11

Volume of Test Chamber (liters) 1.0

Flow-through Bioassay Exchange Rate 5.0 (replacements/day)

**Effluent Sampling:**

Plant Sampling Location: Final effluent just before weir

Treatment Plant Retention Time (hours): 82

Type of Sample: Grab ___ 24 hr. composite ___

6 hr. composite x Continuous feed ___

Sample Collection:

Beginning Date: 9/24/95 Beginning Time: 11:00 am

Ending Date: 9/28/95 Ending Time: 11:00 am

If composite sample, number of grab samples in a composite *; interval between grab samples (minutes): *A continuous low volume sample was collected over 6 hours.

Maximum Sample Holding Time (hours): <24

Testing Location: On-site: Mobile Lab _ Flemington lab x

**Dilution Water:**

Effluent Receiving Water: Raritan River

Dilution Water Source: Manasquan Inlet

(If reconstituted water is used specify type)

If a substitute dilution water (i.e. not the receiving water) was used, had its use been approved by NJDEPE? Yes x No _

Collection Location: Manasquan Inlet; 3rd & Riverside Drive

Collection Date(s): 9/25/95 9:00 am



499 Point Breeze Road • Flemington, New Jersey 08822 • Telephone (908) 788-8700 FAX (908) 788-9165

Mortality Data (number dead or if Daphnia used number immobilized):

| Exposure Time | Test Concentration (Percent Effluent) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Control | | 12.5 | | 25 | | 50 | | 75 | | 100 | |
| (hrs.) | A | B | A | B | A | B | A | B | A | B | A | B |
| 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 72 | 2 | 0 | 0 | 1 | 0 | 0 | 3 | 2 | 0 | 1 | 1 | 0 |
| 96 | 2 | 0 | 0 | 2 | 0 | 2 | 3 | 2 | 0 | 1 | 1 | 2 |

Note: ATTACH TO FORM, MORTALITY VS. LOG CONCENTRATION PLOT FOR COMPLETED TEST

Bioassay Results:

| | 24 hour | 48 hour | 72 hour | 96 hour |
|---|---|---|---|---|
| LC50/EC50 (% Effluent) | >100%* | >100%* | >100%* | >100%* |

Calculation Method: Probit Method ___
Graphical Interpolation ___
Visual Inspection *

Does the data satisfy the statistical assumptions of the specified calculation method? Yes _ No _

Is the calculated LC50/EC50 valid according to the specifications of the method used? Yes _ No _

Miscellaneous:

Was test organism stress observed during the test? Yes _ No x
If yes specify concentrations and abnormalities:

Were any exposure chambers aerated during the test? Yes _ No x
If yes specify concentrations and duration:

Were any salinity adjustments made? Yes x No _
If yes specify adjustment(s) and source of sea salts or brine used: Effluent adjusted to that of the dilution water using Forty Fathoms Sea Salts.



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# PHYSICAL CHEMICAL DATA SHEET

AQUA SURVEY, INC.

TEST START DATE: September 25, 1995 END DATE: September 29, 1995
JOB #: 95-356
SPECIES: *M. bahia*

CLIENT: Kin-Buc Landfill

| SAMPLE ID | | N* | TEMPERATURE (DEGREES C) MEAN | LOW | | HIGH | DISSOLVED OXYGEN (mg/L) MEAN | LOW | | HIGH | pH MEAN | s | CONDUCTIVITY (micromhos/cm) MEAN | s | ALKALINITY (mg/L as CaCO3) MEAN | s | SALINITY (ppt) MEAN | s |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CONTROL | A | 5 | 20.5 | 20.0 | - | 21.0 | 7.1 | 6.5 | - | 7.5 | 7.9 | 0.11 | 43000 | 707.1 | 116 | 4.9 | 31 | 0.8 |
| | B | 5 | 20.5 | 20.0 | - | 21.0 | 7.0 | 6.5 | - | 7.3 | 7.9 | 0.11 | 43000 | 707.1 | 117 | 5.0 | 31 | 0.8 |
| 12.5% | A | 5 | 20.5 | 20.0 | - | 21.0 | 7.1 | 6.5 | - | 7.4 | 8.0 | 0.11 | 43100 | 741.6 | 123 | 8.7 | 31 | 0.5 |
| | B | 5 | 20.5 | 20.0 | - | 21.0 | 7.1 | 6.5 | - | 7.4 | 8.0 | 0.11 | 43100 | 741.6 | 124 | 7.3 | 31 | 0.5 |
| 25% | A | 5 | 20.6 | 20.0 | - | 21.0 | 6.7 | 6.5 | - | 7.1 | 8.0 | 0.11 | 43000 | 353.6 | 141 | 12.8 | 31 | 0.4 |
| | B | 5 | 20.6 | 20.0 | - | 21.0 | 6.7 | 6.2 | - | 7.0 | 8.0 | 0.11 | 43000 | 353.6 | 143 | 8.2 | 31 | 0.4 |
| 50% | A | 5 | 20.7 | 20.5 | - | 21.0 | 6.5 | 6.3 | - | 6.7 | 8.2 | 0.11 | 42800 | 273.9 | 159 | 16.1 | 31 | 0.6 |
| | B | 5 | 20.7 | 20.5 | - | 21.0 | 6.5 | 6.3 | - | 6.7 | 8.2 | 0.11 | 42800 | 273.9 | 164 | 9.8 | 31 | 0.6 |
| 75% | A | 5 | 20.8 | 20.5 | - | 21.0 | 6.2 | 5.9 | - | 6.5 | 8.2 | 0.13 | 42600 | 651.9 | 178 | 18.0 | 30 | 0.8 |
| | B | 5 | 20.8 | 20.5 | - | 21.0 | 6.1 | 5.7 | - | 6.5 | 8.2 | 0.13 | 42600 | 651.9 | 184 | 16.3 | 30 | 0.8 |
| 100% | A | 5 | 20.8 | 20.5 | - | 21.0 | 6.5 | 6.2 | - | 6.7 | 8.3 | 0.07 | 42200 | 908.3 | 215 | 35.0 | 30 | 0.9 |
| | B | 5 | 20.8 | 20.5 | - | 21.0 | 6.5 | 6.2 | - | 6.6 | 8.3 | 0.07 | 42200 | 908.3 | 228 | 17.0 | 30 | 0.9 |

s = standard deviation

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AQUA SURVEY, INC.

# NJPDES BIOMONITORING REPORT FORM - ACUTE BIOASSAY

Permit No.: NJ Permit Equivalent DSN 001

Facility Name: Kin-Buc Landfill

Facility Location: 383 Meadow Road
Edison, NJ 08818

Laboratory/Investigator(s): AQUA SURVEY INC.
L. Brown, T. Dolce, R. Fristrom, N. Hardtmann, E. Smutney

Laboratory Certification No. 10309

## Bioassay Specification:

Effluent Type (e.g.,final, pre-chlorination): Final

Test Type: Static: _ Renewal(6 hr): _
Renewal(24 hr): _ Flow-through: x

Test Duration(hours): 24 _ 48 _ 96 x Other(specify): __

Test Organism: Mysid shrimp (common name); Mysidopsis bahia (scientific name)

Test Endpoint: LC50 x EC50 ___ Other(specify): __

## Summary of Final Results:

Test Starting Date: 8/21/95 Completion Date: 8/25/95

LC50/EC50 (% effluent): >100% 95% Confidence Interval: NA

Percent Mortality in 100% Effluent (if applicable): 4.5%

## Quality Control Summary:

Control Mortality: zero

Temperature maintained within +/- 2°C of test temperature?
Yes x No _

Dissolved Oxygen Levels always greater than 40% saturation?
Yes x No _

Loading factor for all exposure chambers less than or equal to maximum allowed for the test type and temperature? Yes x No _

Two or more concentrations exhibit a trend deviation? Yes _ No x

## Certification:

Accuracy of report certified by: York Terrell 9/8/95
York Terrell Date
Project Manager

Test Organism Data:

Test Organism Source:

Cultured(check): x Commercial Hatchery (specify): _

Test Organism Acclimation to Dilution Water:

Initial Number of Organisms 150

Total Acclimation Period: N/A days, N/A hours

Acclimation Period to 100 percent dilution water at the specified test temperature: N/A hours

Number of Mortalities (48 hours prior to test) N/A

Test Organism Age at Start of Test: 3 days

Test Design:

Number of Effluent Test Concentrations (Minimum of 5) 5

Number of Replicates/Test Concentration 2

Number of Test Organisms/Replicate 11

Volume of Test Chamber (liters) 1.0

Flow-through Bioassay Exchange Rate 5.2 (replacements/day)

Effluent Sampling:

Plant Sampling Location: Final effluent just before weir

Treatment Plant Retention Time (hours): 82

Type of Sample: Grab ___ 24 hr. composite ___

6 hr. composite x Continuous feed ____

Sample Collection:

Beginning Date: 8/20/95 Beginning Time: 10:00 am

Ending Date: 8/24/95 Ending Time: 10:00 am

If composite sample, number of grab samples in a composite *; interval between grab samples (minutes): *A continuous low volume sample was collected over 6 hours.

Maximum Sample Holding Time (hours): <24

Testing Location: On-site: Mobile Lab _ Flemington lab x

Dilution Water:

**Effluent Receiving Water: Raritan River**

Dilution Water Source: Manasquan Inlet

(If reconstituted water is used specify type)

If a substitute dilution water (i.e. not the receiving water) was used, had its use been approved by NJDEPE? Yes x No _

Collection Location: Manasquan Inlet; 3rd & Riverside Drive

Collection Date(s): 8/21/95 1:30 pm



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Mortality Data (number dead or if Daphnia used number immobilized):

| Exposure Time | Test Concentration (Percent Effluent) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Control | | 12.5 | | 25 | | 50 | | 75 | | 100 | |
| (hrs.) | A | B | A | B | A | B | A | B | A | B | A | B |
| 0.0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 |
| 48 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 0 |
| 72 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 0 |
| 96 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 0 |

Note: ATTACH TO FORM, MORTALITY VS. LOG CONCENTRATION PLOT FOR COMPLETED TEST

Bioassay Results:

| | 24 hour | 48 hour | 72 hour | 96 hour |
|---|---|---|---|---|
| LC50/EC50 (% Effluent) | >100%* | >100%* | >100%* | >100%* |

Calculation Method: Probit Method ___
Graphical Interpolation ___
Visual Inspection *

Does the data satisfy the statistical assumptions of the specified calculation method? Yes _ No _

Is the calculated LC50/EC50 valid according to the specifications of the method used? Yes _ No _

Miscellaneous:

Was test organism stress observed during the test? Yes _ No x
If yes specify concentrations and abnormalities:

Were any exposure chambers aerated during the test? Yes _ No x
If yes specify concentrations and duration:

Were any salinity adjustments made? Yes x No _
If yes specify adjustment(s) and source of sea salts or brine used: Effluent adjusted to that of the dilution water using Forty Fathoms Sea Salts.



asi 499 Point Breeze Road • Flemington, New Jersey 08822 • Telephone (908) 788-8700 FAX (908) 788-9165

# PHYSICAL CHEMICAL DATA SHEET

AQUA SURVEY, INC.

TEST START DATE: August 21, 1995 END DATE: August 25, 1995
JOB #: 95-309
SPECIES: *M. bahia*

CLIENT: Conti Environmental Services

| SAMPLE ID | | N* | TEMPERATURE (DEGREES C) MEAN | LOW | | HIGH | DISSOLVED OXYGEN (mg/L) MEAN | LOW | | HIGH | pH MEAN | s | CONDUCTIVITY (micromhos/cm) MEAN | s | ALKALINITY (mg/L as CaCO3) MEAN | s | HARDNESS (mg/L as CaCO3) MEAN | s |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CONTROL | A | 5 | 20.9 | 20.0 | - | 23.5 | 6.3 | 5.6 | - | 7.3 | 7.8 | 0.13 | 40700 | 1036.8 | 110 | 4.6 | 28 | 0.4 |
| | B | 5 | 20.9 | 20.0 | - | 23.5 | 6.4 | 5.5 | - | 7.4 | 7.9 | 0.16 | 40500 | 1172.6 | 108 | 0.0 | 28 | 0.4 |
| 12.5% | A | 5 | 20.9 | 20.0 | - | 23.5 | 6.0 | 4.8 | - | 6.8 | 8.0 | 0.17 | 41000 | 1172.6 | 126 | 4.6 | 29 | 0.4 |
| | B | 5 | 20.9 | 20.0 | - | 23.5 | 6.1 | 5.1 | - | 6.9 | 8.0 | 0.16 | 40900 | 1245.0 | 124 | 3.3 | 29 | 0.4 |
| 25% | A | 5 | 20.9 | 20.0 | - | 23.5 | 5.9 | 4.7 | - | 6.9 | 8.0 | 0.15 | 40700 | 836.7 | 141 | 6.6 | 29 | 0.5 |
| | B | 5 | 20.9 | 20.0 | - | 23.5 | 6.0 | 4.7 | - | 7.0 | 8.1 | 0.11 | 40700 | 836.7 | 142 | 5.2 | 29 | 0.5 |
| 50% | A | 5 | 21.0 | 20.0 | - | 24.0 | 5.8 | 4.7 | - | 6.8 | 8.2 | 0.09 | 40800 | 908.3 | 178 | 10.4 | 29 | 0.6 |
| | B | 5 | 21.0 | 20.0 | - | 24.0 | 5.8 | 4.7 | - | 6.8 | 8.2 | 0.09 | 40800 | 908.3 | 180 | 8.6 | 29 | 0.6 |
| 75% | A | 5 | 21.1 | 20.0 | - | 24.0 | 5.9 | 4.9 | - | 7.0 | 8.2 | 0.09 | 41000 | 1172.6 | 215 | 18.0 | 29 | 0.8 |
| | B | 5 | 21.1 | 20.0 | - | 24.0 | 6.0 | 5.0 | - | 6.9 | 8.3 | 0.09 | 40900 | 1245.0 | 220 | 17.3 | 29 | 0.8 |
| 100% | A | 5 | 21.1 | 20.0 | - | 24.0 | 6.1 | 5.2 | - | 7.0 | 8.3 | 0.07 | 41100 | 1596.9 | 255 | 24.9 | 29 | 0.7 |
| | B | 5 | 21.1 | 20.0 | - | 24.0 | 6.1 | 5.1 | - | 6.8 | 8.3 | 0.07 | 41200 | 1524.8 | 263 | 18.6 | 29 | 0.7 |

s = standard deviation

JN (E.C 9/8/95

Form T-VWX-014
5/93

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Figure 3

## MONITORING REPORT — TRANSMITTAL SHEET

NJPDES NO: NJ Permit Equivalent

REPORTING PERIOD: MO. YR. 09 95 THRU MO. YR. 10 95

**PERMITTEE:**
Name: Mr Wayne Thurman
Address: c/o SCA Services Inc
36 Greenwood Square
Bensalem, PA. 19020

**FACILITY:**
Name: Kin-Buc Landfill Treatment Plant
Address: 383 Meadow Rd.
Edison (County) Middlesex, NJ
Telephone: 908 572 4743

**FORMS ATTACHED** *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY
[ ] T-VWX-007 [ ] T-VWX-008 [ ] T-VWX-009

SLUDGE REPORTS - INDUSTRIAL
[ ] T-VWX-010A [ ] T-VWX-010B

WASTEWATER REPORTS
[ ] T-VWX-011 [ ] T-VWX-012 [ ] T-VWX-013

GROUNDWATER REPORTS
[ ] VWX-015(A,B) [ ] VWX-016 [ ] VWX-017

NPDES DISCHARGE MONITORING REPORT
[X] EPA FORM 3320-1

**OPERATING EXCEPTIONS**

| | YES | NO |
|---|---|---|
| DYE TESTING | ☐ | ☒ |
| TEMPORARY BYPASSING | ☐ | ☒ |
| DISINFECTION INTERRUPTION | ☐ | ☒ |
| MONITORING MALFUNCTIONS | ☐ | ☒ |
| UNITS OUT OF OPERATION | ☐ | ☒ |
| OTHER | ☐ | ☒ |

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

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

**AUTHENTICATION** - I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonmen

*LICENSED OPERATOR*

Name *(Printed)* Pierre A Watkins
Grade & Registry No. 000879
Signature Pierre A Watkins
Date Oct 23, 1995

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* Pierre A. Watkins
Title *(Printed)* Supervisor
Signature Pierre A Watkins
Date Oct 23, 1995

OPERATING EXCEPTIONS DETAILED

Figure 3 Contin

NONE

HOURS ATTENDED AT PLANT

Month 09 Year 95

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

Facility Name/Location (if different)
NAME Mr. Wayne Thurman
ADDRESS c/o SCA Services Inc.
3 Greenwood Square
Bensalem, PA 19020
FACILITY Kin-Buc Landfill
LOCATION Edison, NJ

# DISCHARGE MONITORING REPORT (DMR)

(2-16) NJ Permit Equil. — PERMIT NUMBER

(17-19) 001 — DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 95 | 09 | 01 | TO | 95 | 09 | 30 |
| | (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) | SAMPL TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | SAMPLE MEASUREMENT | 0.027 | 0.031 | | | | | | 0 | Cont | Flow-meter |
| | PERMIT REQUIREMENT | Report Only | Report Only | MGD | ********** | ********** | ********** | ********** | | Cont. | Flow Meter |
| pH | SAMPLE MEASUREMENT | | | | 7.58 | | 8.13 | | 0 | 1/week | grab |
| | PERMIT REQUIREMENT | ********** | ********** | ******** | 6.0 Daily Min | ********** | 9.0 | S.U. | | Weekly | Grab |
| Petroleum Hydrocarbons | SAMPLE MEASUREMENT | | | | | <1.1 | <1.1 | | 0 | 2/month | grab |
| | PERMIT REQUIREMENT | ********** | ********** | ****** | ********** | 10 | 15 | mg/l | | 2/Month | Grab |
| COD | SAMPLE MEASUREMENT | 3.399 | 3.583 | | | 19.55 | 34.1 | | 0 | 2/month | comp. |
| | PERMIT REQUIREMENT | Report Only | Report Only | kg/day | ********** | Report Only | | mg/l | | 2/Month | Comp. |
| BOD5 % Removal | SAMPLE MEASUREMENT | | | | 92.9 | | | | 0 | 2/month | calc. |
| | PERMIT REQUIREMENT | ********** | ********** | ****** | 90 | ********** | ********** | % | | 2/Month | Calcu-lated |
| Total Suspended Solids | SAMPLE MEASUREMENT | 0.654 | 1.253 | | | 6.9 | 11. | | 0 | 1/week | comp. |
| | PERMIT REQUIREMENT | Report Only | Report Only | kg/day | ********** | 30 | 45(1) | mg/l | | Weekly | Comp. |
| Dissolved Oxygen | SAMPLE MEASUREMENT | | | | 7.9 | | | | 0 | 1/week | grab |
| | PERMIT REQUIREMENT | ********** | ********** | | 4.0 Min Instantaneous | ********** | ********** | mg/l | | Weekly | Grab |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Pierre A. Watkins, Sr.
Plant Supervisor
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE — At Plant: AREA CODE 908, NUMBER 572-4743

DATE — YEAR 95, MO 10, D 23

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

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

(1) - 7-day average

Facility Name/Location (if different)
NAME Mr. Wayne Thurman
ADDRESS c/o SCA Services Inc.
3 Greenwood Square
Bensalem, PA 19020
FACILITY Kin-Buc Landfill
LOCATION Edison, NJ

# DISCHARGE MONITORING REPORT (DMR)

| (2-16) | (17-19) |
|---|---|
| NJ Permit Equil. | 001 |
| PERMIT NUMBER | DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 95 | 09 | 01 | TO | 95 | 09 | 30 |
| | (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) | SAMPL TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Benzene | SAMPLE MEASUREMENT | <0.0003 | <0.0003 | | | <2 | <2 | | 0 | 2/month | grab |
| | PERMIT REQUIREMENT | 0.009 | 0.02 | kg/day | ********** | 57 | 134 | ug/l | | 2/Month | Grab |
| Chlorbenzene | SAMPLE MEASUREMENT | <0.0007 | <0.0007 | | | <5 | <5 | | 0 | 2/month | grab |
| | PERMIT REQUIREMENT | 0.022 | 0.058 | kg/day | ********** | 142 | 380 | ug/l | | 2/Month | Grab |
| 1,1 Dichloroethane | SAMPLE MEASUREMENT | <0.0007 | <0.0007 | | | <5 | <5 | | 0 | 2/month | grab |
| | PERMIT REQUIREMENT | 0.003 | 0.009 | kg/day | ********** | 22 | 59 | ug/l | | 2/Month | Grab |
| Ethylbenzene | SAMPLE MEASUREMENT | <0.0003 | <0.0003 | | | <2 | <2 | | 0 | 2/month | grab |
| | PERMIT REQUIREMENT | 0.022 | 0.058 | kg/day | ********** | 142 | 380 | ug/l | | 2/Month | Grab |
| Tetrachlorethylene | SAMPLE MEASUREMENT | <0.0007 | <0.0007 | | | <5 | <5 | | 0 | 2/month | grab |
| | PERMIT REQUIREMENT | 0.008 | 0.025 | kg/day | ********** | 52 | 164 | ug/l | | 2/Month | Grab |
| Toluene | SAMPLE MEASUREMENT | <0.0003 | <0.0003 | | | <2 | <2 | | 0 | 2/month | grab |
| | PERMIT REQUIREMENT | 0.0004 | 0.11 | kg/day | ********** | 28 | 74 | ug/l | | 2/Month | Grab |
| 1,2-trans Dichloroethylene | SAMPLE MEASUREMENT | <0.0007 | <0.0007 | | | <5 | <5 | | 0 | 2/month | grab |
| | PERMIT REQUIREMENT | 0.004 | 0.009 | kg/day | ********** | 25 | 60 | ug/l | | 2/Month | Grab |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Pierre A. Watkins, Sr.
Plant Supervisor
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

Pierre A. Watkins
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE | | DATE | | |
|---|---|---|---|---|
| 908 | 572-4743 | 95 | 10 | 23 |
| AREA CODE | NUMBER | YEAR | MO | D |

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

Facility Name/Location (if different)
NAME Mr. Wayne Thurman
ADDRESS c/o SCA Services Inc.
3 Greenwood Square
Bensalem, PA 19020
FACILITY Kin-Buc Landfill
LOCATION Edison, NJ

# DISCHARGE MONITORING REPORT (DMR)

| (2-16) | (17-19) |
|---|---|
| NJ Permit Equil. | 001 |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 95 | 09 | 01 | TO | 95 | 09 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | | (3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE | MAXIMUM | UNITS | (4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM | AVERAGE | (54-61) MAXIMUM | UNITS | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPL TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Trichloroethylene | SAMPLE MEASUREMENT | <0.0007 | <0.0007 | | | <5 | <5 | | 0 | 2/month | grab |
| | PERMIT REQUIREMENT | 0.004 | 0.010 | kg/day | ********** | 26 | 69 | ug/l | | 2/Month | Grab |
| Vinyl Chloride | SAMPLE MEASUREMENT | <0.001 | <0.001 | | | <10 | <10 | | 0 | 1/week | grab |
| | PERMIT REQUIREMENT | 0.008 | 0.016 | kg/day | ********** | 52.6 | 106 | ug/l | | Weekly | Grab |
| Acenaphthylene | SAMPLE MEASUREMENT | <0.0001 | <0.0001 | | | <0.8 | <0.8 | | 0 | 1/month | grab |
| | PERMIT REQUIREMENT | 0.00026 | 0.00052 | kg/day | ********** | 1.72 | 3.43 | ug/l | | Monthly | Grab |
| Benzo(a)Anthracene | SAMPLE MEASUREMENT | <0.00001 | <0.00001 | | | <0.1 | <0.1 | | 0 | 1/month | grab |
| | PERMIT REQUIREMENT | 0.00026 | 0.00052 | kg/day | ********** | 1.72 | 3.43 | ug/l | | Monthly | Grab |
| Benzo(a)Pyrene | SAMPLE MEASUREMENT | <0.00001 | <0.00001 | | | <0.1 | <0.1 | | 0 | 1/month | grab |
| | PERMIT REQUIREMENT | 0.00026 | 0.00052 | kg/day | ********** | 1.72 | 3.43 | ug/l | | Monthly | Grab |
| Benzo(ghi)Perylene | SAMPLE MEASUREMENT | <0.00004 | <0.00004 | | | <0.3 | <0.3 | | 0 | 1/month | grab |
| | PERMIT REQUIREMENT | 0.00026 | 0.00052 | kg/day | ********** | 1.72 | 3.43 | ug/l | | Monthly | Grab |
| Benzo(k)Fluoranthene | SAMPLE MEASUREMENT | <0.00001 | <0.00001 | | | <0.1 | <0.1 | | 0 | 1/month | grab |
| | PERMIT REQUIREMENT | 0.00026 | 0.00052 | kg/day | ********** | 1.72 | 3.43 | ug/l | | Monthly | Grab |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| Pierre A. Watkins, Sr.<br>Plant Supervisor | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.) | Pierre A. Watkins<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 908 | 572-4743 | 95 | 10 | 23 |
| TYPED OR PRINTED | | | AREA CODE | NUMBER | YEAR | MO | D |

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

Facility Name/Location (if different)
NAME Mr. Wayne Thurman
ADDRESS c/o SCA Services Inc.
3 Greenwood Square
Bensalem, PA 19020
FACILITY Kin-Buc Landfill
LOCATION Edison, NJ

# DISCHARGE MONITORING REPORT (DMR)

(2-16) NJ Permit Equil. — PERMIT NUMBER
(17-19) 001 — DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 95 | 09 | 01 | TO | 95 | 09 | 30 |
| | (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) | SAMPL TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Ideno(1,2,3cd) Pyrene | SAMPLE MEASUREMENT | < 0.00006 | < 0.00006 | | | < 0.4 | < 0.4 | | 0 | 1/month | grab |
| | PERMIT REQUIREMENT | 0.00026 | 0.00052 | kg/day | ********** | 1.72 | 3.43 | ug/l | | Monthly | Grab |
| Phenanthrene | SAMPLE MEASUREMENT | | | | | < 0.4 | < 0.4 | | 0 | 1/week | grab |
| | PERMIT REQUIREMENT | ********** | ********** | ***** | ********** | Report Only | 5.4(2) | ug/l | | Weekly | Grab |
| Aldrin | SAMPLE MEASUREMENT | <0.0000008 | <0.0000008 | | | <0.006 | <0.006 | | 0 | 1/month | grab |
| | PERMIT REQUIREMENT | 0.000193 | 0.00026 | kg/day | ********** | 0.0875 | 0.176 | ug/l | | Monthly | Grab |
| 4,4-DDT | SAMPLE MEASUREMENT | 0.000003 | 0.000007 | | | 0.044 | 0.147 | | 0 | 1/week | grab |
| | PERMIT REQUIREMENT | 0.0000578 | 0.000126 | kg/day | ********** | 0.38 | 0.765 | ug/l | | Weekly | Grab |
| PCB-1242 | SAMPLE MEASUREMENT | | | | | <0.104 | <0.104 | | 0 | 1/week | grab |
| | PERMIT REQUIREMENT | ********** | ********** | ***** | ********** | Report Only | 0.5(2) | ug/l | | Weekly | Grab |
| PCB-1248 | SAMPLE MEASUREMENT | | | | | <0.104 | <0.104 | | 0 | 1/week | grab |
| | PERMIT REQUIREMENT | ********** | ********** | ***** | ********** | Report Only | 0.5(2) | ug/l | | Weekly | Grab |
| PCB-1254 | SAMPLE MEASUREMENT | | | | | <0.104 | <0.104 | | 0 | 1/week | grab |
| | PERMIT REQUIREMENT | ********** | ********** | ***** | ********** | Report Only | 0.5(2) | ug/l | | Weekly | Grab |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Pierre A. Watkins, Sr.
Plant Supervisor
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 908, NUMBER 572-4743

DATE: YEAR 95, MO 10, D 23

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

Facility Name/Location (if different)
NAME Mr. Wayne Thurman
ADDRESS c/o SCA Services Inc.
3 Greenwood Square
Bensalem, PA 19020
FACILITY Kin-Buc Landfill
LOCATION Edison, NJ

# DISCHARGE MONITORING REPORT (DMR)

| (2-16) | (17-19) |
|---|---|
| NJ Permit Equil. | 001 |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 95 | 09 | 01 | TO | 95 | 09 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

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|---|---|---|---|---|---|---|---|---|---|---|---|
| PCB-1260 | SAMPLE MEASUREMENT | | | | | <0.104 | <0.104 | | 0 | 1/week | grab |
| | PERMIT REQUIREMENT | ********* | ********** | ***** | ********** | Report Only | 0.5(2) | ug/l | | Weekly | Grab |
| Arsenic | SAMPLE MEASUREMENT | 0.0006 | 0.001 | | | 6.38 | 10.5 | | 0 | 1/week | comp |
| | PERMIT REQUIREMENT | 0.013 | 0.026 | kg/day | ********** | 85.8 | 172 | ug/l | | Weekly | Comp |
| Cadmium | SAMPLE MEASUREMENT | <0.0007 | <0.0007 | | | <5 | <5 | | 0 | 1/week | comp |
| | PERMIT REQUIREMENT | 0.0073 | 0.010 | kg/day | ********** | 48.2 | 112 | ug/l | | Weekly | Comp. |
| Chromium | SAMPLE MEASUREMENT | <0.001 | <0.001 | | | <10 | <10 | | 0 | 1/week | comp |
| | PERMIT REQUIREMENT | 0.030 | 0.060 | kg/day | ********** | 198 | 396 | ug/l | | Weekly | Comp |
| Copper | SAMPLE MEASUREMENT | | | | | <10 | <10 | | 0 | 1/week | comp |
| | PERMIT REQUIREMENT | ********** | ********** | ***** | ********** | Report Only | 10 | ug/l | | Weekly | Comp. |
| Lead | SAMPLE MEASUREMENT | | | | | <3 | <3 | | 0 | 1/week | comp |
| | PERMIT REQUIREMENT | ********** | ********** | ***** | ********** | Report Only | 10 | ug/l | | Weekly | Comp |
| Nickel | SAMPLE MEASUREMENT | <0.006 | <0.006 | | | <40 | <40 | | 0 | 1/week | comp |
| | PERMIT REQUIREMENT | 0.140 | 0.281 | kg/day | ********** | 924 | 1850 | ug/l | | Weekly | Comp. |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
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| TYPED OR PRINTED | | | AREA CODE | NUMBER | YEAR | MO | D |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(2) Discharge Reporting Level - See Corresponding Footnote on Permit Equivalent

NAME Mr. Wayne Thurman
ADDRESS c/o SCA Services Inc.
3 Greenwood Square
Bensalem, PA 19020
FACILITY Kin-Buc Landfill
LOCATION Edison, NJ

# DISCHARGE MONITORING REPORT (DMR)

(2-16) NJ Permit Equil. — PERMIT NUMBER
(17-19) 001 — DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 95 | 09 | 01 | TO | 95 | 09 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| Zinc | SAMPLE MEASUREMENT | 0.003 | <0.005 | kg/day | | 28.4 | 50.5 | ug/l | 0 | 1/week | comp |
| | PERMIT REQUIREMENT | 0.177 | 0.356 | | ********** | 1170 | 2350 | | | Weekly | Comp. |
| Cyanide | SAMPLE MEASUREMENT | 0.0007 | 0.001 | kg/day | | 6.3 | 13 | ug/l | 0 | 8/month | comp. |
| | PERMIT REQUIREMENT | 0.002 | 0.004 | | ********** | 13.2 | 26.4 | | | Weekly | Comp |
| Aluminum | SAMPLE MEASUREMENT | < 0.028 | <0.028 | kg/day | | < 200 | <200 | ug/l | 0 | 1/week | comp |
| | PERMIT REQUIREMENT | 1.40 | 2.81 | | ********** | 9240 | 18,500 | | | Weekly | Comp. |
| Iron | SAMPLE MEASUREMENT | 0.007 | 0.008 | kg/day | | 77.3 | 159 | ug/l | 0 | 1/week | comp. |
| | PERMIT REQUIREMENT | 80.6 | 161 | | ********** | 532,000 | 1,070,000 | | | Weekly | Comp. |
| Acute Toxicity, (LC50) | SAMPLE MEASUREMENT | | | ***** | >100 | | | % | 0 | 1/month | 96-hr comp. |
| | PERMIT REQUIREMENT | ********** | ********** | | 50(3) | ********** | ********** | | | See Permit Equivalent | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Pierre A. Watkins, Sr.
Plant Supervisor
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE | | DATE | | |
|---|---|---|---|---|
| AREA CODE | NUMBER | YEAR | MO | D |
| 908 | 572-4743 | 95 | 10 | 23 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(3) This limitation is equivalent to 2tu maximum.