WMX

Wheelabrator EOS Inc.
A WMX Technologies Company

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

Phone 412.381.3622
Fax 412.381.6271

January 21, 1997

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: December 1996 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site

Dear Mr. Haklar:

The December 1996 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. 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.
Division Manager

Enclosure

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

562257

Printed on recycled paper

T-VWX-014

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO. NJ PERMIT EQUIV

REPORTING PERIOD Mo. Yr. 7/96 Mo. Yr. 12/96

PERMITTEE: Name: MR WAYNE THURMAN C/O SCH SERVICES INC
Address: 1 LINCOLN CROSSING 400 OLD LINCOLN HWY
SUITE 100 FAIRLESS HILLS PA. 19030

FACILITY: Name: KIN-BUC LANDFILL TREATMENT PLANT
Address: 383 MEADOW RD.
EDISON NJ. 08817

Telephone:

FORMS ATTACHED (Indicate Quantity of Each)

SLUDGE REPORT - SANITARY
___T-VWX-007 ___T-VWX-008 ___T-VWX-009
___ EPA Form 3320-1

SLUDGE REPORT - INDUSTRIAL
___T-VWX-010A ___ T-VWX-010B

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

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

NJPDES DISCHARGE MONITORING
X EPA FORM 3320-1

Operating Exceptions

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

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

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

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly 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.

LICENSED OPERATOR

Name (Printed) PIERRE A. WATKINS
Grade & Registry No. 000879 GN-D
Signature Pierre A. Watkins

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) PIERRE A. WATKINS
Title (Printed) SUPERVISOR
Signature Pierre A. Watkins

Date Jan 21, 1997 Date JAN 21, 1997.

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month 12 Year 96

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	8	12	8	12	8	16	8	8	12	8	12	8	16	8	8	12

Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator	8	8	8	8	–	–	8	H	H	H	8	–	–	8	H	
Others	8	12	8	16	8	8	12	8	8	8	16	8	8	8	8	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME Mr. Wayne Thurman
ADDRESS c/o SCA Services Inc.
1 Lincoln Crossing, 400 Old Lincoln Hwy., Suite 100
Fairless Hills, PA 19030
FACILITY Kin-Buc Landfill
LOCATION Edison, NJ

DISCHARGE MONITORING REPORT (DMR)

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

(17-19) 001 — DISCHARGE NUMBER

Dec '96

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	12	01	TO	96	12	31
	(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	.09513	.131402							Cont	Flow meter
	PERMIT REQUIREMENT	Report Only	Report Only	MGD	**********	**********	**********	********		Cont.	Flow Meter
pH	SAMPLE MEASUREMENT				6.62		7.60			Weekly	Grab
	PERMIT REQUIREMENT	**********	**********	*******	5.0 DailyMin	**********	9.0	S.U.		Weekly	Grab
Petroleum Hydrocarbons	SAMPLE MEASUREMENT					<0.500	<0.500			2/mo	Grab
	PERMIT REQUIREMENT	**********	**********	*******	**********	10	15	mg/l		2/month	Grab.
COD	SAMPLE MEASUREMENT	1.8888	5.554608			70.0	77.6			2/mo	Comp
	PERMIT REQUIREMENT	Report Only	Report Only	kg/day	**********	Report Only		mg/l		2/month	Comp.
BOD-5 % Removal	SAMPLE MEASUREMENT				>99					2/mo	Calc
	PERMIT REQUIREMENT	**********	**********	*******	90	**********	**********	%		2/month	Calc.
Total Suspended Solids	SAMPLE MEASUREMENT	0.00885	0.15032			1.99	2.70			Weekly	Comp
	PERMIT REQUIREMENT	Report Only	Report Only	kg/day	**********	30	45(1)	mg/l		Weekly	Comp.
Dissolved Oxygen	SAMPLE MEASUREMENT				8.4					Weekly	Comp
	PERMIT REQUIREMENT	**********	**********		4.0 Min. Instant.	**********	**********	mg/l		Weekly	Comp.

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 97, MO 01, D

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

(REPLACES EPA FORM 1 40 WHICH MAY NOT BE USED)

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Benzene	SAMPLE MEASUREMENT	<0.00035790	<0.00035790			<5.0	<5.0			2/mo	Grab
	PERMIT REQUIREMENT	0.009	0.02	kg/day	**********	57	134	ug/l		2/month	Grab
Chlorobenzene	SAMPLE MEASUREMENT	<0.00024337	<0.00024337			<3.4	<3.4			2/mo	Grab
	PERMIT REQUIREMENT	0.022	0.058	kg/day	**********	142	380	ug/l		2/month	Grab
1,1 Dichloroethene	SAMPLE MEASUREMENT	<0.0002147	<0.0002147			<3.0	<3.0			2/mo	Grab
	PERMIT REQUIREMENT	0.003	0.009	kg/day	**********	22	59	ug/l		2/month	Grab
Ethylbenzene	SAMPLE MEASUREMENT	<0.0003579	<0.0003579			<5.0	<5.0			2/mo	Grab
	PERMIT REQUIREMENT	0.022	0.058	kg/day	**********	142	380	ug/l		2/month	Grab
Tetrachloroethylene	SAMPLE MEASUREMENT	<0.0002505	<0.0002505			<3.5	<3.5			2/mo	Grab
	PERMIT REQUIREMENT	0.008	0.025	kg/day	**********	52	164	ug/l		2/month	Grab
Toluene	SAMPLE MEASUREMENT	<0.0003579	<0.0003579			<5.0	<5.0			2/mo	Grab
	PERMIT REQUIREMENT	0.004	0.011	kg/day	**********	28	74	ug/l		2/month	Grab
1,2-transDichloroethylene	SAMPLE MEASUREMENT	<0.0002362	<0.0002362			<3.3	<3.3			2/mo	Grab
	PERMIT REQUIREMENT	0.004	0.009	kg/day	**********	25	60	ug/l		2/month	Grab

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Plant Supervisor
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TELEPHONE: AREA CODE 908 — NUMBER 572-4743

DATE: YEAR 97 — MO 01 — D 21

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

(REFER TO EPA FORM 3320-1 WHICH MAY NOT BE USED)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME Mr. Wayne Thurman
ADDRESS c/o SCA Services Inc.
1 Lincoln Crossing, 400 Old Lincoln Hwy, Suite 100
Fairless Hills, PA 19030
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LOCATION Edison, NJ

DISCHARGE MONITORING REPORT (DMR)

(2-16) NJ Permit Equil. — PERMIT NUMBER
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Trichloroethylene	SAMPLE MEASUREMENT	<0.0002004	<0.0002004			<2.8	<2.8			2/mo	Grab
	PERMIT REQUIREMENT	0.004	0.010	kg/day	**********	26	69	ug/l		2/month	Grab
Vinyl Chloride	SAMPLE MEASUREMENT	<0.0003215	<0.0003215			<4.0	<4.0			1/wk	Grab
	PERMIT REQUIREMENT	0.008	0.016	kg/day	**********	52.8	106	ug/l		Weekly	Grab
Acenaphthylene	SAMPLE MEASUREMENT	<0.00002845	<0.00002845			<0.94	<0.94			1/mo	Grab
	PERMIT REQUIREMENT	0.00026	0.00052	kg/day	**********	1.72	3.43	ug/l		Monthly	Grab
Benzo(a)Anthracene	SAMPLE MEASUREMENT	<0.00002694	<0.00002694			<0.89	<0.89			1/mo	Grab
	PERMIT REQUIREMENT	0.00026	0.00052	kg/day	**********	1.72	3.43	ug/l		Monthly	Grab
Benzo(a)Pyrene	SAMPLE MEASUREMENT	<0.00001453	<0.00001453			<0.48	<0.48			1/mo	Grab
	PERMIT REQUIREMENT	0.00026	0.00052	kg/day	**********	1.72	3.43	ug/l		Monthly	Grab
Benzo(ghi)Perylene	SAMPLE MEASUREMENT	<0.00001634	<0.00001634			<0.54	<0.54			1/mo	Grab
	PERMIT REQUIREMENT	0.00026	0.00052	kg/day	**********	1.72	3.43	ug/l		Monthly	Grab
Benzo(k)Fluoranthene	SAMPLE MEASUREMENT	<0.00002784	<0.00002784			<0.92	<0.92			1/mo	Grab
	PERMIT REQUIREMENT	0.00026	0.00052	kg/day	**********	1.72	3.43	ug/l		Monthly	Grab

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Plant Supervisor
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TELEPHONE: AREA CODE 908, NUMBER 572-4743

DATE: YEAR 97, MO 01, D 21

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Ideno(1,2,3cd)Pyrene	SAMPLE MEASUREMENT	<0.00001786	<0.00001786			<0.59	<0.59			1/mo	Grab
	PERMIT REQUIREMENT	0.00026	0.00052	kg/day	**********	1.72	3.43	ug/l		Monthly	Grab
Phenanthrene	SAMPLE MEASUREMENT					<0.57	<0.57			1/wk	Grab
	PERMIT REQUIREMENT	**********	**********	*******	**********	Report Only	5.4(2)	ug/l		Weekly	Grab
Aldrin	SAMPLE MEASUREMENT	<0.00000151	<0.00000151			<0.050	<0.050			1/mo	Grab
	PERMIT REQUIREMENT	0.000133	0.00026	kg/day	**********	0.0875	0.176	ug/l		Monthly	Grab
4,4-DDT	SAMPLE MEASUREMENT	<0.00000804	<0.00000804			<0.10	<0.10			1/wk	Grab
	PERMIT REQUIREMENT	0.0000578	0.000116	kg/day	**********	0.38	0.765	ug/l		Weekly	Grab
PCB-1242	SAMPLE MEASUREMENT	<0.00002411	<0.00002411			<0.30	<0.30			1/wk	Grab
	PERMIT REQUIREMENT	**********	**********	*******	**********	Report Only	0.5(2)	ug/l		Weekly	Grab
PCB-1248	SAMPLE MEASUREMENT	<0.00002411	<0.00002411			<0.30	<0.30			1/wk	Grab
	PERMIT REQUIREMENT	**********	**********	*******	**********	Report Only	0.5(2)	ug/l		Weekly	Grab
PCB-1254	SAMPLE MEASUREMENT	<0.00002411	<0.00002411			<0.30	<0.30			1/wk	Grab
	PERMIT REQUIREMENT	**********	**********	*******	**********	Report Only	0.5(2)	ug/l		Weekly	Grab

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TELEPHONE: AREA CODE 908 — NUMBER 572-4743

DATE: YEAR 97 — MO 01 — D 28

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

(REPLACES EPA FORM 40 WHICH MAY NOT BE USED)

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PCB-1260	SAMPLE MEASUREMENT	<0.00002411	<0.00002411			<0.30	<0.30			1/wk	Grab
	PERMIT REQUIREMENT	**********	**********	*******	**********	Report Only	0.5(2)	ug/l		Weekly	Grab
Arsenic	SAMPLE MEASUREMENT	0.001288	0.002492			21.9	31.0			1/wk	Comp
	PERMIT REQUIREMENT	0.013	0.026	kg/day	**********	85.8	172	ug/l		Weekly	Comp.
Cadmium	SAMPLE MEASUREMENT	<0.0004019	<0.0004019			<5.00	<5.00			1/wk	Comp
	PERMIT REQUIREMENT	0.0073	0.017	kg/day	**********	48.2	112	ug/l		Weekly	Comp.
Chromium	SAMPLE MEASUREMENT	<0.0008037	<0.0008037			<10.0	<10.0			1/wk	Comp
	PERMIT REQUIREMENT	0.030	0.060	kg/day	**********	198	396	ug/l		Weekly	Comp.
Copper	SAMPLE MEASUREMENT					3.4	7.1			1/wk	Comp
	PERMIT REQUIREMENT	**********	**********	*******	**********	Report Only	10	ug/l		Weekly	Comp.
Lead	SAMPLE MEASUREMENT					<1.3	<4.0			1/wk	Comp
	PERMIT REQUIREMENT	**********	**********	*******	**********	Report Only	10	ug/l		Weekly	Comp.
Nickel	SAMPLE MEASUREMENT	0.004233	0.005546			75.9	81.8			1/wk	Comp
	PERMIT REQUIREMENT	0.140	0.281	kg/day	**********	924	1850	ug/l		Weekly	Comp.

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Zinc	SAMPLE MEASUREMENT	0.001956	0.002499			35.5	50.6			1/wk	Comp
	PERMIT REQUIREMENT	0.177	0.356	kg/day	**********	1170	2350	ug/l		Weekly	Comp.
Cyanide	SAMPLE MEASUREMENT	<0.0008037	<0.0008037			<10.5	<11.5			1/wk	Comp
	PERMIT REQUIREMENT	0.002	0.004	kg/day	**********	13.2	26.4	ug/l		Weekly	Comp.
Aluminum	SAMPLE MEASUREMENT	<0.008037	<0.008037			<100	<100			1/wk	Comp
	PERMIT REQUIREMENT	1.40	2.81	kg/day	**********	9240	18,500	ug/l		Weekly	Comp.
Iron	SAMPLE MEASUREMENT	0.0059795	0.0080375			76.0	126			1/wk	Comp
	PERMIT REQUIREMENT	80.6	162	kg/day	**********	532,000	1,070,000	ug/l		Weekly	Comp.
Acute Toxicity, (LC50)	SAMPLE MEASUREMENT										
	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

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 97, MO 02, D 21

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

(REPLACES EPA FORM 7 40 WHICH MAY NOT BE USED)