USFilter

USEPA

OPERATING SERVICES
921 SAW MILL RUN BOULEVARD
PITTSBURGH, PA 15220-5307
TELEPHONE 412-381-3622
FACSIMILE 412-381-6271

January 20, 1999

Ms. Grisell V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region III
290 Broadway, 19th Floor
New York, New York 10007-1866

RE: December 1998 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site

Dear Ms. Diaz-Cotto:

The December 1998 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit 1, Kin-Buc Landfill Superfund Site, prepared by USFilter Operating Services 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 Pete Watkins or me at the Kin-Buc site.

Very truly yours,

USFilter Operating Services
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.
Carl Januszkiewicz – Waste Management, Inc.

568441

T-VWX-014

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO. NJ TERMINT EQUIV.

REPORTING PERIOD
Mo. Yr. 1998 Mo. Yr. 1998

PERMITTEE: Name: CARL JANUSZKIEWICZ
Address:

FACILITY: Name: KIN-BUC LANDFILL TREATMENT PLANT
Address: 383 MEADOW RD.
EDISON, N.J. 08817
Telephone: 732-572 4743

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 T N-4
Signature Pierre A. Watkins

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Name (Printed) PIERRE A. WATKINS
Title (Printed) PLANT OPERATOR/MANAGER
Signature Pierre A. Watkins

Date 1/22/99 Date 1/22/99

OPERATING EXCEPTIONS DETAILED

HOURS ATTENDED AT PLANT

Month 1 L Year 9 8

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		4	8	8	8	8	8		4	8	8	8
Others	16	16	16	16	4		16	16	16	16	16	4		16	16	16

Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Licensed Operator	8	8		4	8	8	8	4	4			8	V	V	H
Others	16	16	4		16	16	16	16		4	4	16	16	16	16

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME Carl Januskiewicz
ADDRESS c/o SCA Services Inc.
100 Lister Avenue
Newark, NJ
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

Dec '98

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
98	12	01	98	12	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	24400	36491							Cont	Flow meter
	PERMIT REQUIREMENT	Report Only	Report Only	MGD	**********	**********	**********	********		Cont.	Flow Meter
pH	SAMPLE MEASUREMENT				8.16	—	8.49			1/wk	Grab
	PERMIT REQUIREMENT	**********	**********	********	5.0 Daily Min	**********	9.0	S.U.		Weekly	Grab
Petroleum Hydrocarbons	SAMPLE MEASUREMENT					< 0.5	< 0.5			2/mo	Grab
	PERMIT REQUIREMENT	**********	**********	********	**********	10	15	mg/l		2/month	Grab
COD	SAMPLE MEASUREMENT	12.14	17.07			108	159			2/mo	Comp
	PERMIT REQUIREMENT	Report Only	Report Only	kg/day	**********	Report Only		mg/l		2/month	Comp.
BOD-5 % Removal	SAMPLE MEASUREMENT				>90%					2/mo	Calc
	PERMIT REQUIREMENT	**********	**********	********	90	**********	**********	%		2/month	Calc.
Total Suspended Solids	SAMPLE MEASUREMENT	0.0949	0.136			1.0	1.9			1/wk	Comp
	PERMIT REQUIREMENT	Report Only	Report Only	kg/day	**********	30	45 (1)	mg/l		Weekly	Comp.
Dissolved Oxygen	SAMPLE MEASUREMENT				7.7		—			1/wk	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.)*

Pierre A Watkins
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 908 — NUMBER 572-4743

DATE: YEAR 99 — MO 01 — D 22

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME Carl Januskiewicz
ADDRESS c/o SCA Services Inc.
100 Lister Avenue
Newark, NJ
FACILITY Kin-Buc Landfill
LOCATION Edison, NJ

DISCHARGE MONITORING REPORT (DMR)

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Benzene	SAMPLE MEASUREMENT	<0.00031	<0.00031	kg/day		<2.3	<2.3	ug/l		2/mo	Grab
	PERMIT REQUIREMENT	0.005	0.02		**********	57	134			2/month	Grab
Chlorobenzene	SAMPLE MEASUREMENT	<0.00038	<0.00038	kg/day		<2.8	<2.8	ug/l		2/mo	Grab
	PERMIT REQUIREMENT	0.022	0.058		**********	142	380			2/month	Grab
1,1 Dichloroethene	SAMPLE MEASUREMENT	<0.00038	<0.00038	kg/day		<2.8	<2.8	ug/l		2/mo	Grab
	PERMIT REQUIREMENT	0.0031	0.009		**********	22	59			2/month	Grab
Ethylbenzene	SAMPLE MEASUREMENT	<0.00038	<0.00038	kg/day		<2.8	<2.8	ug/l		2/mo	Grab
	PERMIT REQUIREMENT	0.022	0.058		**********	142	380			2/month	Grab
Tetrachloroethylene	SAMPLE MEASUREMENT	0.00042	0.00042	kg/day		<3.1	<3.1	ug/l		2/mo	Grab
	PERMIT REQUIREMENT	0.009	0.026		**********	52	164			2/month	Grab
Toluene	SAMPLE MEASUREMENT	<0.00061	<0.00061	kg/day		<4.4	<4.4	ug/l		2/mo	Grab
	PERMIT REQUIREMENT	0.004	0.011		**********	28	74			2/month	Grab
1,2-transDichloroethylene	SAMPLE MEASUREMENT	<0.00034	<0.00034	kg/day		<2.5	<2.5	ug/l		2/mo	Grab
	PERMIT REQUIREMENT	0.004	0.009		**********	25	60			2/month	Grab

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

TELEPHONE: AREA CODE 908 NUMBER 572-4743

DATE: YEAR 99 MO 01 D

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

(USE ONLY SEE EPA FORM 7 40 WHICH MAY NOT BE USED)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Carl Januskiewicz
ADDRESS c/o SCA Services Inc.
100 Lister Avenue
Newark, NJ
FACILITY Kin-Buc Landfill
LOCATION Edison, NJ

DISCHARGE MONITORING REPORT (DMR)

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

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Form Approved.
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Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	12	01	TO	98	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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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
Trichloroethylene	SAMPLE MEASUREMENT	0.00032	0.00032	kg/day		<2.4	<2.4	ug/l		2/mo	Grab
	PERMIT REQUIREMENT	0.0004	0.010		**********	26	69			2/month	Grab
Vinyl Chloride	SAMPLE MEASUREMENT	<0.00059	<0.00059	kg/day		<4.3	<4.3	ug/l		1/wk	Grab
	PERMIT REQUIREMENT	0.0008	0.016		**********	52.8	106			Weekly	Grab
Acenaphthylene	SAMPLE MEASUREMENT	<0.000042	<0.000042	kg/day		<0.94	<0.94	ug/l		1/mo	Grab
	PERMIT REQUIREMENT	0.000026	0.00052		**********	1.72	3.43			Monthly	Grab
Benzo(a)Anthracene	SAMPLE MEASUREMENT	<0.000040	<0.000040	kg/day		<0.89	<0.89	ug/l		1/mo	Grab
	PERMIT REQUIREMENT	0.000026	0.00052		**********	1.72	3.43			Monthly	Grab
Benzo(a)Pyrene	SAMPLE MEASUREMENT	<0.000022	<0.000022	kg/day		<0.48	<0.48	ug/l		1/mo	Grab
	PERMIT REQUIREMENT	0.00026	0.00052		**********	1.72	3.43			Monthly	Grab
Benzo(ghi)Perylene	SAMPLE MEASUREMENT	<0.000024	<0.000024	kg/day		<0.54	<0.54	ug/l		1/mo	Grab
	PERMIT REQUIREMENT	0.000026	0.00052		**********	1.72	3.43			Monthly	Grab
Benzo(k)Fluoranthene	SAMPLE MEASUREMENT	<0.000042	<0.000042	kg/day		<0.92	<0.92	ug/l		1/mo	Grab
	PERMIT REQUIREMENT	0.000026	0.00052		**********	1.72	3.43			Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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Plant Supervisor

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

TELEPHONE: AREA CODE 908, NUMBER 572-4743

DATE: YEAR 99, MO 01, D 22

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

(USE AREA FOR FORM 40 WHICH MAY NOT BE USED)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME Carl Januskiewicz
ADDRESS c/o SCA Services Inc.
100 Lister Avenue
Newark, NJ
FACILITY Kin-Buc Landfill
LOCATION Edison, NJ

DISCHARGE MONITORING REPORT (DMR)

(2-16) NJ Permit Equil. — PERMIT NUMBER
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MONITORING PERIOD
FROM YEAR 98 (20-21) MO 12 (22-23) DAY 01 (24-25) TO YEAR 98 (26-27) MO 12 (28-29) DAY 31 (30-31)

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Ideno(1,2,3cd)Pyrene	SAMPLE MEASUREMENT	<0.000027	<0.000027			<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	<0.000077	<0.000077			<0.57	<0.57			1/wk	Grab
	PERMIT REQUIREMENT	**********	**********	********	**********	Report Only	5.4(2)	ug/l		Weekly	Grab
Aldrin	SAMPLE MEASUREMENT	<0.0000022	<0.0000022			<0.025	<0.025			1/mo	Grab
	PERMIT REQUIREMENT	0.000013	0.00026	kg/day	**********	0.0875	0.176	ug/l		Monthly	Grab
4,4-DDT	SAMPLE MEASUREMENT	<0.000013	<0.000013			<0.1	<0.1			1/wk	Grab
	PERMIT REQUIREMENT	0.00006578	0.000146	kg/day	**********	0.38	0.765	ug/l		Weekly	Grab
PCB-1242	SAMPLE MEASUREMENT	<0.000041	<0.000041			<0.3	<0.3			1/wk	Grab
	PERMIT REQUIREMENT	**********	**********	********	**********	Report Only	0.5(2)	ug/l		Weekly	Grab
PCB-1248	SAMPLE MEASUREMENT	<0.000041	<0.000041			<0.3	<0.3			1/wk	Grab
	PERMIT REQUIREMENT	**********	**********	********	**********	Report Only	0.5(2)	ug/l		Weekly	Grab
PCB-1254	SAMPLE MEASUREMENT	<0.000041	<0.000041			<0.3	<0.3			1/wk	Grab
	PERMIT REQUIREMENT	**********	**********	********	**********	Report Only	0.5(2)	ug/l		Weekly	Grab

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

TELEPHONE: AREA CODE 908 NUMBER 572-4743

DATE: YEAR 99 MO 01 D 22

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

(USE AREA FOR FORM T-40 WHICH MAY NOT BE USED)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME Carl Januskiewicz
ADDRESS c/o SCA Services Inc.
100 Lister Avenue
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DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

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PCB-1260	SAMPLE MEASUREMENT	<0.000041	<0.000041			<0.3	<0.3			1/wk	Grab
	PERMIT REQUIREMENT	**********	**********	*******	**********	Report Only	0.5(2)	ug/l		Weekly	Grab
Arsenic	SAMPLE MEASUREMENT	<0.0014	<0.0014			<10	<10			1/wk	Comp
	PERMIT REQUIREMENT	0.011	0.026	kg/day	**********	85.8	172	ug/l		Weekly	Comp.
Cadmium	SAMPLE MEASUREMENT	<0.00068	<0.00068			<5.0	<5.0			1/wk	Comp
	PERMIT REQUIREMENT	0.0071	0.017	kg/day	**********	48.2	112	ug/l		Weekly	Comp.
Chromium	SAMPLE MEASUREMENT	<0.0014	<0.0014			<10	<10			1/wk	Comp
	PERMIT REQUIREMENT	0.030	0.080	kg/day	**********	198	396	ug/l		Weekly	Comp.
Copper	SAMPLE MEASUREMENT	0.00021	0.00051			2.5	4.3			1/wk	Comp
	PERMIT REQUIREMENT	**********	**********	*******	**********	Report Only	10	ug/l		Weekly	Comp.
Lead	SAMPLE MEASUREMENT	<0.00014	<0.00014			<1.0	<1.0			1/wk	Comp
	PERMIT REQUIREMENT	**********	**********	*******	**********	Report Only	10	ug/l		Weekly	Comp.
Nickel	SAMPLE MEASUREMENT	<0.0054	<0.0054			<40	<40			1/wk	Comp
	PERMIT REQUIREMENT	0.140	0.281	kg/day	**********	924	1850	ug/l		Weekly	Comp.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Pierre A. Watkins, Sr.
Plant Manager

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TELEPHONE: AREA CODE 908, NUMBER 572-4743

DATE: YEAR 99, MO 01, 22

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(REFER TO FORM 2-40 WHICH MAY NOT BE USED)

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Zinc	SAMPLE MEASUREMENT	0.00099	0.00136			18.7	15.8			1/wk	Comp
	PERMIT REQUIREMENT	0.177	0.356	kg/day	**********	1170	2350	ug/l		Weekly	Comp.
Cyanide	SAMPLE MEASUREMENT	<0.0014	<0.0014			<10	<10			1/wk	Comp
	PERMIT REQUIREMENT	0.002	0.004	kg/day	**********	13.2	26.4	ug/l		Weekly	Comp.
Aluminum	SAMPLE MEASUREMENT	<0.014	<0.014			<100	<100			1/wk	Comp
	PERMIT REQUIREMENT	[illegible]	[illegible]	kg/day	**********	9240	18,500	ug/l		Weekly	Comp.
Iron	SAMPLE MEASUREMENT	<0.014	<0.014			<100	<100			1/wk	Comp
	PERMIT REQUIREMENT	[illegible]	[illegible]	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.)

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

TELEPHONE: AREA CODE 908 NUMBER 572-4743

DATE: YEAR 99 MO 12 D 22

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

[illegible] FOR FORM 2C WHICH MAY NOT BE USED)