A.3. Company representative to serve as signatory authority:

Name Steven Rath Title Assistant Vice President

Telephone No. 843-346-8029

A.4. Company representative to serve as contact person:

Name Tom Bailey Title Environmental Coordinator

Telephone No. 843-346-8117

A.5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.)

All terrain vehicle (ATV) and Side by Side (SxS) manufacturing.

A.6. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

See Appendix A for a complete description.

A.7. Standard Industrial Classification Number(s) (SIC Code) for your facilities:

SIC 3799 NAICS 33699

A.8 This facility generates the following type of wastes (check all that apply):

		Average Gallons Per Day	
1. [✓]	Domestic Wastes (restrooms, employee showers, etc.)	11,890	[ ] estimated [✓] measured
2. [ ]	Cooling Water, Non-Contact		[ ] estimated [ ] measured
3. [ ]	Boiler/Tower Blowdown		[ ] estimated [ ] measured
4. [ ]	Cooling Water, Contact		[ ] estimated [ ] measured
5. [✓]	PROCESS	ATV & SxS 1,770	[ ] estimated [✓] measured
6. [ ]	Equipment/Facility Washdown		[ ] estimated [ ] measured

7. [ ] Air Pollution Control Unit _____ [ ] estimated [ ] measured

8. [ ] Storm Water Runoff to Sewer _____ [ ] estimated [ ] measured

9. [ ] Contaminated Ground Water Recovery _____ [ ] estimated [ ] measured

10. [ ] Medical Wastewater _____ [ ] estimated [ ] measured

11. [✓] Other (describe) Oily Water 488 GPD, Air Comp Condensate 5 GPD 493 [ ] estimated [✓] measured

Total A.8.1-A.8.11 14,153

A.9. Wastes are discharged to (check all that apply):

	Average Gallons Per Day	
[✓] Sanitary Sewer	13,665	[ ] estimated [✓] measured
[ ] Storm Sewer		[ ] estimated [ ] measured
[ ] Surface Water		[ ] estimated [ ] measured
[ ] Ground Water		[ ] estimated [ ] measured
[✓] Waste Haulers	488	[ ] estimated [✓] measured
[ ] Evaporation		[ ] estimated [ ] measured
[ ] Other (describe)		[ ] estimated [ ] measured

Provide name and address of waste hauler(s), if used.

HAZ~MAT Environmental Services, 210 Dalton Ave., Charlotte, NC 28206

A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

[✓] yes [ ] no

A.11. List any environmental control permits issued to the facility and any discharge limits associated with those permits.

SCR003304 (General Stormwater Permit) no limits, SCR000006643 (EPA Hazardous Waste ID #) CESQ Generator, BAQ Operating Permit 1040-0094, Infectious Waste Generator Registration SC21-029G

Note: If your facility did not check one or more of the items listed in A.8.4 through A.8.11 above, skip to page 13 and complete Section E.3.b, E.3.c and all of Section E.4. If any items A.8.4 through A.8.11 were checked, complete the remainder of this survey/application.

SECTION B - FACILITY OPERATION CHARACTERISTICS

B.1. Number of employee shifts worked per 24-hour day is 3.

Average number of employees per shift is 1st-922, 2nd-18, 3rd-10.

B.2. Starting times of each shift: Five day operation. Third shift Sunday night thru second shift Friday night.

1st 6:30 [✓]am [ ]pm 2nd 2:30 [ ]am [✓]pm 3rd 10:30 [ ]am [✓]pm

Note: The following information in this section must be completed for each product line. Attach additional sheets as needed.

B.3. Principal product produced: ATV's and SxS's

B.4 Raw materials and process additives used: (Use separate sheet if needed)
Pounds/Day or Gal/Day

SEE Appendix B

B.5. Production Process is:
[ ] Batch [ ] Continuous [✓] Both

% batch 12.5
%continuous 87.5

Average number of batches per 24-hour day 1

B.6. Hours of operation: _____ am to _____ pm [✓]continuous

B.7. Is production subject to seasonal variation? [ ] yes [✓] no
If yes, briefly describe seasonal production cycle.

B.8. Are any process changes or expansions planned during the next three years.
[✓] yes [ ] no

If yes, attached a separate sheet to this form describing the nature of planned changes or expansions. **See Appendix C**

B.9 Average monthly water usage:
427,917 gallons

SECTION C - WASTEWATER INFORMATION

C.1 If your facility employs processes in any of the industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

Industrial Categories

1. [✓] Aluminum Forming **Part 467 Aluminum Forming / Aluminum Die Casting - No process water discharged to POTW**
2. [ ] Asbestos Manufacturing
3. [ ] Battery Manufacturing
4. [ ] Canned and Preserved Fruits and Vegetables Processing
5. [ ] Canned and Preserved Seafood Processing
6. [ ] Carbon Black Manufacturing
7. [ ] Cement Manufacturing
8. [ ] Centralized Waste Treatment
9. [ ] Coal Mining
10. [ ] Coil Coating
11. [ ] Concentrated Animal Feeding Operations (CAFO)
12. [ ] Concentrated Aquatic Animal Production
13. [ ] Copper Forming
14. [ ] Dairy Products Processing
15. [ ] Electric and Electronic Components Manufcaturing
16. [ ] Electroplating
17. [ ] Explosives Manufacturing
18. [ ] Ferroalloy Manufacturing
19. [ ] Fertilizer Manufacturing
20. [ ] Glass Manufacturing
21. [ ] Grain Mills Manufacturing
22. [ ] Gum & Wood Chemicals Manufacturing
23. [ ] Hospitals
24. [ ] Ink Formulating
25. [ ] Inorganic Chemicals Manufacturung
26. [ ] Iron and Steel Manufacturing
27. [ ] Landfills
28. [ ] Leather Tanning and Finishing
29. [ ] Meat and Poultry Products
30. [✓] Metal Finishing **Part 433 Metal Finishing (phosphate coating of ATV and SxS frames for powder painting)**
31. [✓] Metal Molding and Casting **Part 464 - See #1 above**
32. [ ] Metal Products and Machinery
33. [ ] Mineral Mining and Processing
34. [ ] Nonferrous Metals Forming and Metal Powders
35. [ ] Nonferrous Metals Manufacturing
36. [ ] Oil & Gas Extraction
37. [ ] Ore Mining & Dressing
38. [ ] Organic Chemicals, Plastics, & Synthetic Fibers
39. [ ] Paint Formulating
40. [ ] Paving and Roofing Materials (Tars and Asphalt)
41. [ ] Pesticide Chemicals
42. [ ] Petroleum Refining
43. [ ] Pharmaceutical Manufacturing
44. [ ] Photographic
45. [ ] Phosphate Manufacturing
46. [✓] Plastics Molding & Forming **Part 463 Plastics Molding & Forming - Injection & Blowmolding - non-contact air compressor condensate is only process water discharged to POTW**
47. [ ] Porcelain Enameling

48. [ ] Pulp, Paper & Paperboard
49. [ ] Rubber Manufacturing
50. [ ] Soap and Detergent Manufacturing
51. [ ] Steam Electric Power Generating
52. [ ] Sugar Processing
53. [ ] Timber Products Processing
54. [ ] Textile Mills
55. [ ] Transportation Equipment Cleaning
56. [ ] Waste Combustors
57. [ ] Other (identify)_____

C.2. Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate).

[ ] Air Flotation
[ ] Centrifuge
[ ] Chemical precipitation
[ ] Chlorination
[ ] Cyclone
[✓] Filtration
[✓] Flow Equalization
[✓] Grease or oil separation, type Gravity Separation - Hydroflow Brand
[✓] Grease trap Cafeteria discharge only
[ ] Grit removal
[ ] Ion Exchange
[✓] Neutralization, pH correction
[ ] Ozonation
[ ] Reverse Osmosis
[ ] Screen
[ ] Sedimentation
[ ] Septic tank
[ ] Solvent separation
[✓] Spill prevention
[✓] Sump Wastewater treatment room only
[ ] Biological treatment, type _____
[ ] Rainwater diversion or storage
[ ] Other chemical treatment, type _____
[ ] Other physical treatment, type _____
[ ] Other, type _____
[ ] No pretreatment provided

Describe any wastewater pretreatment system including the name of the operator and location of the testing laboratory.

Honda's wastewater treatment consists of pretreatment of wastewater from the ATV frame preparation for powder painting. This involves phosphate coating of the metal frame (Part 433 Metal Finishing). Pretreatment starts with equalization. The alkaline stages are collected in one eq tank and the zinc stages (acidic) are collected in another eq tank. The wastewater from the alkaline side is treated with hydrochloric acid to crack the oil and grease out. It then goes through the oil water separator. Next the pH is raised with lime. From there it goes to a recirculation tank that feed an ultra filtration unit. The permeate from the ultra filtration unit goes to the final pH adjust tank where hydrochloric acid is used to adjust the effluent to the permit pH range. The reject from the ultra filtration unit goes back to the recirculation tank. Once the solids level is high enough the sludge is discharged from the recirculation tank to the sludge thickening tank. The wastewater from the acidic stages goes from the eq tank to the chemical addition tank where lime is added to raise the pH and precipitate the metals. From there it goes to a recirculation tank that feeds the acidic side ultra filtration system. The permeate goes to the same final pH adjust tank as the alkaline side. The solids concentrate in the recirculation tank until the sludge is discharged to the same sludge thickening tank as the alkaline side. The sludge from the thickening tank is pumped through a filter press. The liquid returns to the acidic eq tank. The solids from the filter press is accumulated in a covered roll-off. Once the roll-off is full, the filter cake (non-hazardous) is sent off-site to a fuels blending program. Davis & Brown is contracted to do the self-monitoring and analysis and provide the A Operator supervision. The A operator of record is Mike Brown.

C.3. If any wastewater analysis have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

C.4. Priority Pollutant Information: Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Absent", "Known to be Absent", "Suspected to be Present" or "Known to be Present" in your manufacturing or service activity or generated as a by-product.

	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
I.	**METALS AND INORGANICS**				
1.	Antimony	[ ]	[ ]	[X]	[ ]
2.	Arsenic	[ ]	[ ]	[X]	[ ]
3.	Asbestos	[ ]	[ ]	[X]	[ ]
4.	Beryllium	[ ]	[ ]	[X]	[ ]
5.	Cadmium	[ ]	[ ]	[X]	[ ]
6.	Chromium	[ ]	[ ]	[X]	[ ]
7.	Copper	[X]	[ ]	[ ]	[ ]
8.	Cyanide	[X]	[ ]	[ ]	[ ]
9.	Lead	[ ]	[ ]	[X]	[ ]
10.	Mercury	[ ]	[ ]	[X]	[ ]
11.	Molybdenum	[ ]	[ ]	[X]	[ ]
12.	Nickel	[X]	[ ]	[ ]	[ ]
13.	Selenium	[ ]	[ ]	[X]	[ ]
14.	Silver	[ ]	[ ]	[X]	[ ]
15.	Thallium	[ ]	[ ]	[X]	[ ]
16.	Zinc	[X]	[ ]	[ ]	[ ]
II.	**PHENOLS AND CRESOLS**				
17.	Phenol(s)	[ ]	[ ]	[X]	[ ]
18.	Phenol, 2-chloro	[ ]	[ ]	[X]	[ ]
19.	Phenol, 2, 4-dichloro	[ ]	[ ]	[X]	[ ]
20.	Phenol,2,4, 6-trichloro	[ ]	[ ]	[X]	[ ]
21.	Phenol, pentachloro	[ ]	[ ]	[X]	[ ]
22.	Phenol,2-nitro	[ ]	[ ]	[X]	[ ]
23.	Phenol,4-nitro	[ ]	[ ]	[X]	[ ]
24.	Phenol,2,4-dinitro	[ ]	[ ]	[X]	[ ]
25.	Phenol,2,4-dimethyl	[ ]	[ ]	[X]	[ ]
26.	m-Cresol,p-chloro	[ ]	[ ]	[X]	[ ]

	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
27.	o-Cresol,4, 6-dinitro	[ ]	[ ]	[X]	[ ]
III.	**MONOCYCLIC AROMATICS** (Excluding Phenols, Cresols and Phthalates)				
28.	Benzene	[ ]	[ ]	[X]	[ ]
29.	Benzene, chloro	[ ]	[ ]	[X]	[ ]
30.	Benzene, 1,2-dichloro	[ ]	[ ]	[X]	[ ]
31.	Benzene,1,3-dichloro	[ ]	[ ]	[X]	[ ]
32.	Benzene 1,4 dichloro	[ ]	[ ]	[X]	[ ]
33.	Benzene, 1,2, 4-trichloro	[ ]	[ ]	[X]	[ ]
34.	Benzene, hexachloro	[ ]	[ ]	[X]	[ ]
35.	Benzene, ethyl	[ ]	[ ]	[X]	[ ]
36.	Benzene,nitro	[ ]	[ ]	[X]	[ ]
37.	Toluene	[ ]	[ ]	[X]	[ ]
38.	Toluene,2,4-dinitro	[ ]	[ ]	[X]	[ ]
39.	Toluene,2,6-dinitro	[ ]	[ ]	[X]	[ ]
IV.	**PCBs AND RELATED COMPOUNDS**				
40.	PCB-1016	[ ]	[ ]	[X]	[ ]
41.	PCB-1221	[ ]	[ ]	[X]	[ ]
42.	PCB-1232	[ ]	[ ]	[X]	[ ]
43.	PCB-1242	[ ]	[ ]	[X]	[ ]
44.	PCB-1248	[ ]	[ ]	[X]	[ ]
45.	PCB-1254	[ ]	[ ]	[X]	[ ]
46.	PCB-1260	[ ]	[ ]	[X]	[ ]
47.	2-Chloronaphthalene	[ ]	[ ]	[X]	[ ]
V.	**ETHERS**				
48.	Ether, bis (chloromethyl)	[ ]	[ ]	[X]	[ ]
49.	Ether, bis (2-Chloroethyl)	[ ]	[ ]	[X]	[ ]
50.	Ether, bis (2-chloroisopropyl)	[ ]	[ ]	[X]	[ ]
51.	Ether, vinyl (2-chloroethyl)	[ ]	[ ]	[X]	[ ]
52.	Ether, phenyl (4-bromophenyl)	[ ]	[ ]	[X]	[ ]

	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
53.	Ether,phenyl (4-chlorophenyl)	[ ]	[ ]	[X]	[ ]
54.	Bis, methane (2-chloroethoxy)	[ ]	[ ]	[X]	[ ]
VI.	**NITROSAMINES AND OTHER NITROGEN-CONTAINING COMPOUNDS**				
55.	Nitrosamine, Dimethyl	[ ]	[ ]	[X]	[ ]
56.	Nitrosamine, Diphenyl	[ ]	[ ]	[X]	[ ]
57.	Nitrosamine, di-n-propyl	[ ]	[ ]	[X]	[ ]
58.	Benzidine	[ ]	[ ]	[X]	[ ]
59.	Benzidine, 3,3'-dichloro	[ ]	[ ]	[X]	[ ]
60.	Hydrazine 1,2-diphenyl	[ ]	[ ]	[X]	[ ]
61.	Acrylonitrile	[ ]	[ ]	[X]	[ ]
VII.	**HALOGENATED ALIPHALTICS**				
62.	Methane, bromo (methyl bromide)	[ ]	[ ]	[X]	[ ]
63.	Methane, chloro (methyl chloride)	[ ]	[ ]	[X]	[ ]
64.	Methane, dichloro	[ ]	[ ]	[X]	[ ]
65.	Methane, chlorodibromo-	[ ]	[ ]	[X]	[ ]
66.	Methane, dichlorobromo-	[ ]	[ ]	[X]	[ ]
67.	Methane,tribromo-	[ ]	[ ]	[X]	[ ]
68.	Methane,trichloro (chloroform)	[ ]	[ ]	[X]	[ ]
69.	Methane, tetrachloro (carbon tetrachloride)	[ ]	[ ]	[X]	[ ]
70.	Methane, trichlorofluoro	[ ]	[ ]	[X]	[ ]
71.	Methane, dichlorodifluoro	[ ]	[ ]	[X]	[ ]
72.	Ethane,chloro	[ ]	[ ]	[X]	[ ]
73.	Ethane,1,1-dichloro	[ ]	[ ]	[X]	[ ]
74.	Ethane, 1,2-dichloro	[ ]	[ ]	[X]	[ ]
75.	Ethane, 1,1 1-trichloro	[ ]	[ ]	[X]	[ ]
76.	Ethane, 1,1, 2-trichloro	[ ]	[ ]	[X]	[ ]

	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
77.	Ethane, 1,1,2 2-tetrachloro	[ ]	[ ]	[X]	[ ]
78.	Ethane, hexachloro	[ ]	[ ]	[X]	[ ]
79.	Ethene, chloro (vinyl chloride)	[ ]	[ ]	[X]	[ ]
80.	Ethene,1,1-dichloro	[ ]	[ ]	[X]	[ ]
81.	Ethene, 1,2-trans-dichloro	[ ]	[ ]	[X]	[ ]
82.	Ethene,trichloro	[ ]	[ ]	[X]	[ ]
83.	Ethene, tetrachloro	[ ]	[ ]	[X]	[ ]
84.	Propane, 1,2-dichloro	[ ]	[ ]	[X]	[ ]
85.	Propene, 1,3-dichloro	[ ]	[ ]	[X]	[ ]
86.	Butadiene, hexachloro	[ ]	[ ]	[X]	[ ]
87.	Cyclopentadiene hexachloro	[ ]	[ ]	[X]	[ ]
VIII.	**PHTHALATE ESTERS**				
88.	Phthalate, di-o-methyl	[ ]	[ ]	[X]	[ ]
89.	Phthalate, di-n-ethyl	[ ]	[ ]	[X]	[ ]
90.	Phthalate, di-n-butyl	[X]	[ ]	[ ]	[ ]
91.	Phthalate, di-n-octyl	[ ]	[ ]	[X]	[ ]
92.	Phthalate, bis (2-ethylhexyl)	[X]	[ ]	[ ]	[ ]
93.	Phthalate (butyl benzyl)	[ ]	[ ]	[X]	[ ]
IX.	**POLYCYCLIC AROMATIC HYDROCARBONS**				
94.	Acenaphthene	[ ]	[ ]	[X]	[ ]
95.	Acenaphthylene	[ ]	[ ]	[X]	[ ]
96.	Anthracene	[ ]	[ ]	[X]	[ ]
97.	Benzo (a) anthracene	[ ]	[ ]	[X]	[ ]
98.	Benzo (b) fluoranthene	[ ]	[ ]	[X]	[ ]
99.	Benzo (k) fluroanthene	[ ]	[ ]	[X]	[ ]

	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
100.	Benzo (ghi) Perylene	[]	[]	[X]	[]
101.	Benzo (a) pyrene	[]	[]	[X]	[]
102.	Chrysene	[]	[]	[X]	[]
103.	Dibenzo (a,h) anthracene	[]	[]	[X]	[]
104.	Fluoranthene	[]	[]	[X]	[]
105.	Fluorene	[]	[]	[X]	[]
106.	Indeno (1,2,3-cd) pyrene	[]	[]	[X]	[]
107.	Naphthalene	[]	[]	[X]	[]
108.	Phenanthrene	[]	[]	[X]	[]
109.	Pyrene	[]	[]	[X]	[]
X.	**PESTICIDES**				
110.	Acrolein	[]	[]	[X]	[]
111.	Aldrin	[]	[]	[X]	[]
112.	BHC (Alpha)	[]	[]	[X]	[]
113.	BHC (Beta)	[]	[]	[X]	[]
114.	BHC (Gamma) or Lindane	[]	[]	[X]	[]
115.	BHC (Delta)	[]	[]	[X]	[]
116.	Chlordane	[]	[]	[X]	[]
117.	DDD	[]	[]	[X]	[]
118.	DDE	[]	[]	[X]	[]
119.	DDT	[]	[]	[X]	[]
120.	Dieldrin	[]	[]	[X]	[]
121.	Endosulfan (Alpha)	[]	[]	[X]	[]
122.	Endosulfan (Beta)	[]	[]	[X]	[]
123.	Endosulfan Sulfate	[]	[]	[X]	[]
124.	Endrin	[]	[]	[X]	[]
125.	Endrin Aldehyde	[]	[]	[X]	[]
126.	Heptachlor	[]	[]	[X]	[]
127.	Heptachlor epoxide	[]	[]	[X]	[]
128.	Isophorone	[]	[]	[X]	[]
129.	TCDD (or Dioxin)	[]	[]	[X]	[]
130.	Toxaphene	[]	[]	[X]	[]

C.5. If you are unable to identify the chemical constituents of products you use that are discharged in your wastewater, attach copies of the materials safety data sheets for such products.

SECTION D - OTHER WASTES

D.1. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

[✓] yes [ ] no

if "no" skip remainder of Section D.
if "yes", complete the following items.

D.2. These wastes may be best described as:

	Estimated Gallons or Pounds/Year
[ ] Acids and Alkalies	
[ ] Heavy Metal Sludges	
[ ] Inks/Dyes	
[✓] Oil and/or Grease	oils are picked up with & included in oily water numbers below
[✓] Paints	800 lb/yr
[ ] Pesticides	
[ ] Plating Wastes	
[✓] Pretreatment Sludges	40,560 lb/yr
[ ] Solvents/Thinners	
[ ] Other Hazardous Wastes (specify)	

[✓] Other Wastes (specify)

Oily Water	176,540 gallons
Universal Waste & Used Batteries	Batteries 200 pounds, fluo [illegible]

D.3. For the above checked wastes, does your company practice:

[✓] On-site storage
[ ] Off-site storage
[ ] On-site disposal
[✓] Off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

Waste paint is a hazardous waste. It is stored in our Waste Storage Building for shipment off-site to a permitted TSDF for waste to energy. The universal wastes are stored in this building also. The universal wastes are sent off-site to recyclers.

Pretreatment sludge is non-hazardous. It is stored in a roll-off box then sent to a fuels blending program.

Oily water is stored in 15,000 gallon tank on-site until it is picked up by tanker truck. It is treated off-site by a contract company for oil recovery & the water through wastewater treatment.

SECTION E - WASTESTREAM CHARACTERISTICS

E.1. Number of discharges from regulated processes (those with an existing or proposed categorical limit) to sanitary sewer system and their locations.

Honda has 1 permitted discharge:

#001 is a discharge from the pretreatment of categorical process wastewater and is located in the ATV Plant's wastewater treatment room. The pretreatment flow is monitored by a V-notch weir flowmeter that discharges to the sanitary sewer at that location.

E.2. **Provide a schematic drawing** showing the regulated process wastestreams, domestic wastewater flows, cooling water, boiler blowdown, etc.

See Appendix F

E.3. Wastewater characteristics

a. Identify the discharge from each regulated process and give flow for each type of discharge.

	FLOW (gpd)		
PROCESS	CONTINUOUS	INTERMITENT	BATCH
ATV & SxS frame preparation for powder painting		1,770	

b. Daily Flow: Average Daily Flow (GPD) 1,770
Average Maximum Daily Flow (GPD) 8,157

c. Waste characteristics at point of discharge:

BOD _____ mg/l pH _____

COD _____ mg/l NH3-N _____

TSS _____ mg/l TKN _____

Oil & Grease _____ mg/l

See Appendix D for last analysis for Outfall #001

Priority Pollutants shown in Section C.4.

Pollutants	Concentration (mg/l)
See Appendix E for TTO Analysis	

Flow at time sample collected _____ MGD

d. Priority Pollutants at each regulated process:

Process #	Pollutants	Concentration (mg/l)
	See Appendix E for TTO Analysis	

E.4. Does the wastewater discharged:

a) Create a fire or explosion hazard? [ ] Yes [✓] No

b) Have a pH lower than 5.0? [ ] Yes [✓] No

c) Contain a substance that can obstruct the flow in the collection system? [ ] Yes [✓] No

d) Have a temperature of greater than 140 ☐F? [ ] Yes [✓] No

e) Contain petroleum oil, nonbiodegradable cutting oil, or products of mineral oil origin? [✓] Yes [ ] No

f) Contain pollutants which may create toxic gases, vapors, or fumes? [ ] Yes [✓] No

g) Consist of trucked or hauled wastes? [ ] Yes [✓] No

E.5. Does your facility employ evaporators for any purpose? [ ] Yes [✓] No

SECTION F - SLUG / SPILL PREVENTION

F.1. Does your facility utilize chemical storage containers, bins, or ponds at your facility?

[✓] yes [ ] no

If "yes", please provide a description of their location(s), contents, size, type, and frequency/method of cleaning. Include a diagram or comment on the proximity of the storage containers to a sewer or storm drain. Identify if buried metal containers include cathodic protection. Attach additional pages as necessary.

See Appendix B

F.2. Are any floor drains or other sewer/storm drain inlets located in manufacturing or chemical storage area(s)?

[ ] yes [✓] no

If "yes", where do they discharge to? _____

F.3. Could an accidental spill from any chemical storage containers, bins, or ponds lead to a discharge to any of the following (check all that apply)?

[ ] on-site disposal system
[✓] sanitary sewer system
[✓] storm drain system
[✓] to ground
[ ] other, specify: _____
[ ] not applicable or no possible discharge to any of the above

F.4. Have any of the following plans been prepared for your facility?

[✓] Spill Prevention Control and Countermeasure Plan (SPCCP) **Appendix I**
[ ] Slug Control Plan (SCP)
[✓] Toxic Organic Management Plan (TOMP) **Appendix H**
[ ] Solvent Management Plan (SMP)

If "yes", please include a copy with your Discharge Permit Questionnaire/Application.

F.5. Has your facility experienced any accidental spill events or slug discharges?

[ ] yes [✓] no

If "yes", please describe (location, date, material, and volume) and identify any remedial and/or corrective action measures taken to prevent a reoccurrence:

APPENDIX A

PROCESS DESCRIPTION FOR

HONDA OF SOUTH CAROLINA

Process Description for Honda of South Carolina

Honda of South Carolina (HSC) manufactures All Terrain Vehicles (ATV's),Side by Side (SxS's), and service parts. In this manufacturing HSC operates an Aluminum Die Casting operation that takes aluminum ingots and melts them in natural gas fired furnaces. The molten aluminum is cast into ATV engine cases by high-pressure die-casting and ATV engine heads by low-pressure die-casting. Process water from the high-pressure die-casting consists of used die lube (oily water) that is collected in a tank on-site and pumped out by a contract company that treats the water off-site to recover the oil and the water for discharge. Low-pressure die casting process water consists of water that is used to quench the heads after heat-treating. This water is only pumped out when the tank needs to be worked on. This water is also pumped out by the contract company for off-site treatment. Die casting operations use closed loop (no discharge) chilled water systems for cooling.

After die casting, the aluminum parts go to the machining department. Machining uses synthetic, semi-synthetic, and cutting oils in the machining of aluminum and steel. Any used coolant and oils are pumped out by a contract company for off-site treatment. The parts then go to engine assembly where complete engines are built.

To manufacture the frame, steel parts are MIG welded into the completed frame. The frame and other steel parts go through a 9-Stage system that degreases (using alkaline cleaners) the metal and coats it with a zinc/nickel phosphate coating in preparation for Powder Painting. The painted frame then goes to final assembly. The wastewater from the 9-Stage system goes to the permitted wastewater pretreatment unit before discharge to the sanitary sewer (Outfall 001).

HSC has plastic injection molding machines to make the ATV & SxS fenders and blow mold machines to make the ATV & SxS gas tanks. The machines use a closed loop chilled water system for cooling. The blowmold section has air compressors that discharge condensate (water) through an oil removal unit to the sanitary sewer. The finished fenders and tanks go to final assembly.

Final assembly builds the ATV's in Building 1 and SxS in Building 2 adding brake fluid, antifreeze, and engine oil to the units. The completed unit is packed for shipping by the Pack Department where it is sprayed with rust inhibitor and the battery acid pack is packaged with the container. The packaged unit is loaded onto trailers and shipped to Honda warehouses.

APPENDIX B

HSC RAW MATERIALS & PROCESS ADDITIVES

HSC Raw Materials & Process Additives

Weld

1. Steel parts
2. Carbon Dioxide (bulk refrigerated liquid tank)
3. Argon (bulk refrigerated liquid tank)
4. Spatter Shield
5. Simple Green (55 gallon drum)

Die Casting

1. Die Lube (300 gallon totes)
2. Glycol base hydraulic oil (300 gallon tote)
3. Aluminum Ingot (2 alloys)
4. Resin Coated Sand (bulk sacks)

Machining

1. Synthetic coolant / cutting fluids (55 gallon drums & totes)
2. Semi-synthetic coolant / cutting fluids (55 gallon drums & totes)
3. Petroleum oil cutting fluid (55 gallon drum & totes)
4. Hydraulic oils – petroleum based (55 gallon drum & totes)

Plastic – Injection & Blow Molding

1. Virgin HDPE pellets (stored in silo)
2. PVOH Plastic pellets (cubic yard boxes)
3. Colorant (colored plastic pellets) for coloring plastic (cubic yard boxes)
4. Hydraulic oil – petroleum based (55 gallon drums & totes)

Assembly

1. Honda Engine Oil 10W-30 (totes)
2. Gear Oil 80W-90 (portable tanks)
3. Honda Brake Fluid (55 gallon drums)
4. Antifreeze (ethylene glycol) – (55 gallon drums & totes)
5. Petroleum based greases (55 gallon drums)
6. Gasoline (bulk delivery & stored in 1,000 gallon AST's and 1-275 gallon AST)

Pack / Ship

1. Rust Proofer (55 gallon drum)
2. Battery Acid (plastic packs in cardboard box for shipment with each ATV)

Wastewater Pretreatment

1. Hydrochloric Acid 20°(55 gallon drum)
2. Hydrated Lime (bags)

Material Services & Facilities

1. Diesel Fuel (1 – 1,000 gallon AST and 1 – 375 gallon tank in the pump house)

HSC Raw Materials & Process Additives

Paint

1. Powder Paint (250 lb cardboard drums)
2. Touch-up Paint (aerosol cans & 1 gallon cans)
3. Alkaline Cleaner (Parco Cleaner 1523R) (55 gallon drum) Stages 1 & 2 of 9-Stage System
4. Fixodine ZX (126 lb cardboard drum) Stage 5
5. 50% Sodium Hydroxide (55 gallon drums) pH control of Stage 5
6. Accelerator 131 (55 gallon drum) Stage 6
7. Bonderite 952 Repl B (55 gallon drum) Stage 6
8. Parco Defoamer 14 (5 gallon pail) Stage 1 & 2

APPENDIX C

CHANGES OVER NEXT THREE YEARS

Process Changes or Expansions During Next Three Years

Production levels are projected to remain in the same range as the last few years. A second shift for assembly would be added if production were to increase enough to warrant it. A few departments currently operate two or three shifts. The number of associates at this time is approximately 950. This number will increase if needed for production purposes.

As far as process changes are concerned, a new Power Sports model (side by side) production was added in summer of 2013. This production takes place in what was the personal watercraft building (Building 2). Projections are for SxS production to increase steadily over the next three years. The operation in Building 2 is assembly only. The frame welding, painting, and plastic manufacturing will take place in the existing ATV Building. Expansion of the SxS building is possible in the future and will include welding and painting. The number of associates working in Building 2 currently is 105. There will not be any process water from Building 2. The only water discharged from Building 2 will be the sanitary sewer from the restrooms.

APPENDIX D

WASTEWATER ANALYSIS

Davis & Brown

PO Box 15038
Quinby, SC 29506
(843) 665-6746 FAX: (843) 629-1444

Certificate of Analysis

Client: HONDA ATV PLANT - TOM BAILEY
1111 HONDAWAY
TIMMONSVILLE, SC 29161

South Carolina Certification Number: 21117

Contact: TOM BAILEY
Client #: 982

Receipt Date: 20-Mar-14
Report Date: 03-Apr-14

Sample Date: 20-Mar-14
SDG #: SDG-098123
Lab Sample ID: LSID-216853
Sample ID: EFFLUENT (MONTHLY)

Approved By: Van Ward
Van Ward
Lab Director

Parameter	Result	Reporting Limit	Unit	Method	Flag	Date	Time	Analyst
Flow	0.004517		MGD			3/20/2014	11:50	CD
Chemical Oxygen Demand	<20.0	20	mg/L	EPA 410.4		3/24/2014	15:20	KD
Biochemical Oxygen Demand	<2.0	2	mg/L	SM 5210B		3/20/2014	14:08	JW

Davis & Brown

PO Box 15038
Quinby, SC 29506
(843) 665-6746 FAX: (843) 629-1444

Certificate of Analysis

Client: HONDA ATV PLANT - TOM BAILEY
1111 HONDAWAY
TIMMONSVILLE, SC 29161

South Carolina Certification Number: 21117

Contact: TOM BAILEY

Client #: 982

Receipt Date: 20-Mar-14

Report Date: 03-Apr-14

Sample Date: 20-Mar-14

SDG #: SDG-098123

Lab Sample ID: LSID-216854

Sample ID: EFFLUENT(MONTHLY)(GRAB)

Approved By: Van Ward
Van Ward
Lab Director

Parameter	Result	Reporting Limit	Unit	Method	Flag	Date	Time	Analyst
Flow (Instantaneous)	0.00432	0	MGD			3/20/2014	11:40	CD
Oil & Grease, Hexane	<5.0	5	mg/L	EPA 1664A		4/1/2014	15:20	CG
Temperature	14.9		C	SM 2550B		3/20/2014	11:45	CD
pH, Field (Liquids)	6.71		s.u.	SM 4500-H+B		3/20/2014	11:45	CD

DAVIS & BROWN

124 W. McIver Road
Florence, SC 29501

PH: 843-665-6746
FAX: 843-656-2208

PAGE # ____ OF ____
98123

REGULATORY: YES NO

CHAIN OF CUSTODY RECORD

TURNAROUND TIME: ___STANDARD RUSH ___P1 ___P2

CLIENT: HONDA ATV PLANT

ADDRESS:

PHONE: FAX:

SAMPLE ANALYSIS REQUESTED

USE CODES TO INDICTATE IF SAMPLE WAS FILTERED OR PRESERVED: A = HNO_3 B = HCL D = H_2SO_4 F = FILTRATION C = NAOH E = $NA_2S_2O_3$ G = ZINCACETATE

PROGRAM AREA: D = DRINKING WATER G = GROUNDWATER S = SOLID SL = SLUDGE W = WASTEWATER O=OTHER

PLEASE PRINT LEGIBLY

SHADED AREAS FOR LAB USE ONLY

SAMPLE ID	DATE	TIME	INITIAL	TYPE: Grab / Composite	TOTAL # OF CONTAINERS	BOD	COD		Oil & Grease								PROGRAM AREA	NOTES	LAB ID
	Preservative					D			D										
						Fill in the Number of Containers for EACH Test													
EFFLUENT(M)	START: 3-19-14	11:50	CD																216853
	FINISH: 3-20-14	11:50	CD	G	2	1	1										W		
EFFLUENT(M)-GRAB	START:																		
	FINISH: 3-20-14	11:40	CD	G	1				1								W	Inst. Flow- 3 GPM	216854
EFFLUENT-pH	START:																	0.00432	
	FINISH: 3-20-14	11:45	CD	G														pH- 6.71	
	START:																	Temp- 14.9	
	FINISH:																		

SAMPLER SIGNATURE: Corey Davidson

COMPOSITE TEMP 5.7 °C
( ) TIME (X) FLOW PROPORTIONAL
INTERVAL BETWN SAMPLES 3 pulsed
SAMPLE VOLUME 210 mls
OF SAMPLES 30

METER NUMBER
TRC
DPD LOT #
DO ph 17

FLOW INFO
9833173 0.004517
9828656

ICE YES NO ICE PACK
RECEIPT TEMP: 3.5 °C

Relinquished by:	Date:	Time:	Relinquished by	Date:	Time:	Relinquished by:	Date:	Time:
Corey Davidson	3-20-14	14:35						
Received by:	**Date:**	**Time:**	**Received by**	**Date:**	**Time:**	**Received by:**	**Date:**	**Time:**
Shannon Floyd	3/20/14	1435						

Comments:

ISSUED: NOVEMBER 2012

Davis & Brown

PO Box 15038
Quinby, SC 29506
(843) 665-6746 FAX: (843) 629-1444

Certificate of Analysis

Client: HONDA ATV PLANT - TOM BAILEY
1111 HONDAWAY
TIMMONSVILLE, SC 29161

South Carolina Certification Number: 21117

Contact: TOM BAILEY
Client #: 982

Receipt Date: 23-Jan-14
Report Date: 07-Feb-14

Sample Date: 23-Jan-14
SDG #: SDG-097192
Lab Sample ID: LSID-214915
Sample ID: EFFLUENT (QUARTERLY)

Approved By: Van Ward
Van Ward
Lab Director

Parameter	Result	Reporting Limit	Unit	Method	Flag	Date	Time	Analyst
Flow	0.007190		MGD			1/23/2014	9:58	CD
Acid Digestion (Liquids)	YES			EPA 200.2		1/27/2014	1:00	JR
Cadmium, Total	<0.005	0.005	mg/L	EPA 200.7		1/31/2014	12:11	JR
Chromium, Total	<0.005	0.005	mg/L	EPA 200.7		1/31/2014	12:11	JR
Copper, Total	0.020	0.005	mg/L	EPA 200.7		1/31/2014	12:11	JR
Lead, Total	<0.005	0.005	mg/L	EPA 200.7		1/31/2014	12:11	JR
Nickel, Total	0.104	0.005	mg/L	EPA 200.7		1/31/2014	12:11	JR
Silver, Total	<0.005	0.005	mg/L	EPA 200.7		1/28/2014	14:29	JR
Zinc, Total	0.118	0.005	mg/L	EPA 200.7		1/31/2014	12:11	JR
Chemical Oxygen Demand	94.4	20	mg/L	EPA 410.4		1/27/2014	13:46	KD/BW
Biochemical Oxygen Demand	12.8	2	mg/L	SM 5210B		1/23/2014	14:14	JW

Davis & Brown

PO Box 15038
Quinby, SC 29506
(843) 665-6746 FAX: (843) 629-1444

Certificate of Analysis

Client: HONDA ATV PLANT - TOM BAILEY
1111 HONDAWAY
TIMMONSVILLE, SC 29161

South Carolina Certification Number: 21117

Contact: TOM BAILEY
Client #: 982

Receipt Date: 23-Jan-14
Report Date: 07-Feb-14

Sample Date: 23-Jan-14
SDG #: SDG-097192
Lab Sample ID: LSID-214916
Sample ID: EFFLUENT QUARTERLY (GRAB)

Approved By: Van Ward
Van Ward
Lab Director

Parameter	Result	Reporting Limit	Unit	Method	Flag	Date	Time	Analyst
Flow (Instantaneous)	0.012240	0	MGD			1/23/2014	9:45	CD
Benzene	<0.001	0.001	mg/L	5035/8260B	S11A	1/29/2014	4:45	GK
BTEX, Total (Liquids)	<0.006	0.006	mg/L	5035/8260B		2/6/2014		WSF
Ethylbenzene	<0.001	0.001	mg/L	5035/8260B	S11A	1/29/2014	4:45	GK
Toluene	<0.001	0.001	mg/L	5035/8260B	S11A	1/29/2014	4:45	GK
Xylene, Total	<0.003	0.003	mg/L	5035/8260B	S11A	1/29/2014	4:45	GK
Oil & Grease, Hexane	<5.0	5	mg/L	EPA 1664A		2/3/2014	15:50	CG
Mercury, Total	<0.20	0.2	ug/L	EPA 245.1		1/30/2014	13:00	CG
Temperature	18.0		C	SM 2550B		1/23/2014	9:55	CD
Cyanide	<0.005	0.005	mg/L	SM 4500 CN-C		2/5/2014	13:59	BW
pH, Field (Liquids)	8.31		s.u.	SM 4500-H+B		1/23/2014	9:55	CD

Analytical Environmental Services, Inc Date: 1-Feb-14

Client:	Davis & Brown	**Client Sample ID:**	214916
Project Name:	214916	**Collection Date:**	1/23/2014 9:45:00 AM
Lab ID:	1401H16-001	**Matrix:**	Waste Water

Analyses	Result	Reporting Limit	Qual	Units	BatchID	Dilution Factor	Date Analyzed	Analyst
VOLATILE ORGANICS SW8260B					(SW5030B)			
Benzene	BRL	1.0		ug/L	186451	1	01/29/2014 04:45	GK
Toluene	BRL	1.0		ug/L	186451	1	01/29/2014 04:45	GK
Ethylbenzene	BRL	1.0		ug/L	186451	1	01/29/2014 04:45	GK
Xylenes, Total	BRL	3.0		ug/L	186451	1	01/29/2014 04:45	GK
Surr: 4-Bromofluorobenzene	100	66.2-120		%REC	186451	1	01/29/2014 04:45	GK

Qualifiers:

*	Value exceeds maximum contaminant level	E	Estimated (value above quantitation range)
BRL	Below reporting limit	S	Spike Recovery outside limits due to matrix
H	Holding times for preparation or analysis exceeded	Narr	See case narrative
N	Analyte not NELAC certified	NC	Not confirmed
B	Analyte detected in the associated method blank	<	Less than Result value
>	Greater than Result value	J	Estimated value detected below Reporting Limit

ACCESS
ANALYTICAL, INC.

ANALYTICAL REPORT

CLIENT

Davis & Brown
P.O. Box 15038
Quinby SC 29506

ATTENTION
Scott Fields

PROJECT ID
214916

LABORATORY REPORT NUMBER
1401H16

DATE
February 01, 2014

Primary Data Review By	Secondary Data Review By
CRKanhai	Ashley Amick
Chantelle Kanhai Project Manager, AES	Project Manager, Access Analytical aamick@axs-inc.com

PLEASE NOTE:

- **Unless otherwise noted, all analysis on this report performed at Analytical Environmental Services Inc. (AES Inc), 3785 Presidential Parkway, Atlanta, GA 30340.**
- **AES is SCDHEC certified laboratory # 98016, NCDENR certified lab # 562, GA certified lab # FL-E87582, NELAP certified laboratory # E87582**
- **Local support services for this project are provided by Access Analytical, Inc. Access Analytical is a representative of AES serving client in the SC/NC/GA areas. All questions regarding this report should be directed to your local Access Analytical representative at 803.781.4243 or toll fee at 883.315.4243**

Access/AES PO # 14-0-514 1401416

DAVIS & BROWN

124 W. McIver Road
Florence, SC 29501

PH: 843-665-6746
FAX: 843-659-2208

PAGE # ____ OF ____

REGULATORY: YES NO

CHAIN OF CUSTODY RECORD

TURNAROUND TIME: ___STANDARD RUSH ___P1 ___P2

CLIENT: Davis & Brown

ADDRESS:

PHONE: FAX:

USE CODES TO INDICTATE IF SAMPLE WAS FILTERED OR PRESERVED: A = HNO_3 B = HCL D = H_2SO_4 F = FILTRATION C = NAOH E = $NA_2S_2O_3$ G = ZINCACETATE

PROGRAM AREA: D = DRINKING WATER G = GROUNDWATER S = SOLID SL = SLUDGE W = WASTEWATER O = OTHER

PLEASE PRINT LEGIBLY

SHADED AREAS FOR LAB USE ONLY

SAMPLE ANALYSIS REQUESTED

Preservative: B

SAMPLE ID	DATE	TIME	INITIAL	TYPE: Grab / Composite	TOTAL # OF CONTAINERS	BTEX												PROGRAM AREA	NOTES	LAB ID
						Fill in the Number of Containers for EACH Test														
214916	1/23/14	945		G	2	2												W		

SAMPLER SIGNATURE

FLOW INFO

ICE: YES NO ICE PACK

RECEIPT TEMP: 3.3 °C

Relinquished by:	Date:	Time:	Relinquished by	Date:	Time:	Relinquished by:	Date:	Time:
Shannon Floyd	1/23/14	1600						
Received by:	**Date:**	**Time:**	**Received by**	**Date:**	**Time:**	**Received by:**	**Date:**	**Time:**
			[signature]	1.24.14	10.28			

Comments:

ISSUED: NOVEMBER 2012

Analytical Environmental Services, Inc.

Sample/Cooler Receipt Checklist

Client Access Work Order Number 1401H16

Checklist completed by [signature] 1.24.14
Signature Date

Carrier name: FedEx ✓ UPS __ Courier __ Client __ US Mail __ Other _____

Shipping container/cooler in good condition?	Yes ✓	No __	Not Present __
Custody seals intact on shipping container/cooler?	Yes __	No __	Not Present ✓
Custody seals intact on sample bottles?	Yes __	No __	Not Present ✓
Container/Temp Blank temperature in compliance? (4°C±2)*	Yes ✓	No __	

Cooler #1 3.3 Cooler #2 _____ Cooler #3 _____ Cooler #4 _____ Cooler#5 _____ Cooler #6 _____

Chain of custody present?	Yes ✓	No __
Chain of custody signed when relinquished and received?	Yes ✓	No __
Chain of custody agrees with sample labels?	Yes ✓	No __
Samples in proper container/bottle?	Yes ✓	No __
Sample containers intact?	Yes ✓	No __
Sufficient sample volume for indicated test?	Yes ✓	No __
All samples received within holding time?	Yes ✓	No __
Was TAT marked on the COC?	Yes __	No ✓
Proceed with Standard TAT as per project history?	Yes ✓	No __ Not Applicable __
Water - VOA vials have zero headspace? No VOA vials submitted __	Yes ✓	No __
Water - pH acceptable upon receipt?	Yes __	No __ Not Applicable __

Adjusted? _____ Checked by _____

Sample Condition: Good ✓ Other(Explain) _____

(For diffusive samples or AIHA lead) Is a known blank included? Yes __ No ✓

See Case Narrative for resolution of the Non-Conformance.

* Samples do not have to comply with the given range for certain parameters.

\\L\Quality Assurance\Checklists Procedures Sign-Off Templates\Checklists\Sample Receipt Checklists\Sample_Cooler_Receipt_Checklist

Analytical Environmental Services, Inc

Date: 1-Feb-14

Client: Davis & Brown
Project: 214916
Lab Order: 1401H16

Dates Report

Lab Sample ID	Client Sample ID	Collection Date	Matrix	Test Name	TCLP Date	Prep Date	Analysis Date
1401H16-001A	214916	1/23/2014 9:45:00AM	Groundwater	VOLATILE ORGANICS: BTEX		01/28/2014	01/29/2014

Analytical Environmental Services, Inc Date: 1-Feb-14

Client: Davis & Brown
Project Name: 214916
Workorder: 1401H16

ANALYTICAL QC SUMMARY REPORT

BatchID: 186451

Sample ID: MB-186451 | Client ID: | Units: ug/L | Prep Date: 01/28/2014 | Run No: 260343
SampleType: MBLK | TestCode: VOLATILE ORGANICS SW8260B | BatchID: 186451 | Analysis Date: 01/28/2014 | Seq No: 5472139

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	Low Limit	High Limit	RPD Ref Val	%RPD	RPD Limit	Qual
Benzene	BRL	1.0									
Ethylbenzene	BRL	1.0									
Toluene	BRL	1.0									
Xylenes, Total	BRL	2.0									
Surr: 4-Bromofluorobenzene	48.34	0	50.00		96.7	66.2	120				

Sample ID: LCS-186451 | Client ID: | Units: ug/L | Prep Date: 01/28/2014 | Run No: 260343
SampleType: LCS | TestCode: VOLATILE ORGANICS SW8260B | BatchID: 186451 | Analysis Date: 01/28/2014 | Seq No: 5472138

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	Low Limit	High Limit	RPD Ref Val	%RPD	RPD Limit	Qual
Benzene	53.04	1.0	50.00		106	74.2	129				
Ethylbenzene	52.92	1.0	50.00		106	76.6	128				
Toluene	52.24	1.0	50.00		104	74.2	129				
Xylenes, Total	157.4	2.0	150.0		105	77.6	129				
Surr: 4-Bromofluorobenzene	49.95	0	50.00		99.9	66.2	120				

Sample ID: 1401G76-018AMS | Client ID: | Units: ug/L | Prep Date: 01/28/2014 | Run No: 260343
SampleType: MS | TestCode: VOLATILE ORGANICS SW8260B | BatchID: 186451 | Analysis Date: 01/28/2014 | Seq No: 5472141

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	Low Limit	High Limit	RPD Ref Val	%RPD	RPD Limit	Qual
Benzene	24400	500	25000		97.6	70.2	138				
Ethylbenzene	24620	500	25000	420.0	96.8	71.9	133				
Toluene	23830	500	25000		95.3	70	139				
Xylenes, Total	74980	1000	75000	1395	98.1	70.7	136				
Surr: 4-Bromofluorobenzene	25060	0	25000		100	66.2	120				

Qualifiers:
- > Greater than Result value
- BRL Below reporting limit
- J Estimated value detected below Reporting Limit
- Rpt Lim Reporting Limit
- < Less than Result value
- E Estimated (value above quantitation range)
- N Analyte not NELAC certified
- S Spike Recovery outside limits due to matrix
- B Analyte detected in the associated method blank
- H Holding times for preparation or analysis exceeded
- R RPD outside limits due to matrix

Analytical Environmental Services, Inc

Date: 1-Feb-14

Client: Davis & Brown
Project Name: 214916
Workorder: 1401H16

ANALYTICAL QC SUMMARY REPORT

BatchID: 186451

Sample ID: 1401G76-018AMSD	Client ID:		Units: ug/L	Prep Date: 01/28/2014	Run No: 260343
SampleType: MSD	TestCode: VOLATILE ORGANICS SW8260B		BatchID: 186451	Analysis Date: 01/28/2014	Seq No: 5472142

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	Low Limit	High Limit	RPD Ref Val	%RPD	RPD Limit	Qual
Benzene	24950	500	25000		99.8	70.2	138	24400	2.23	20	
Ethylbenzene	25130	500	25000	420.0	98.8	71.9	133	24620	2.05	20	
Toluene	24160	500	25000		96.6	70	139	23830	1.40	20	
Xylenes, Total	76770	1000	75000	1395	100	70.7	136	74980	2.36	20	
Surr: 4-Bromofluorobenzene	24870	0	25000		99.5	66.2	120	25060	0	0	

Qualifiers:
- > Greater than Result value
- BRL Below reporting limit
- J Estimated value detected below Reporting Limit
- Rpt Lim Reporting Limit
- < Less than Result value
- E Estimated (value above quantitation range)
- N Analyte not NELAC certified
- S Spike Recovery outside limits due to matrix
- B Analyte detected in the associated method blank
- H Holding times for preparation or analysis exceeded
- R RPD outside limits due to matrix

DAVIS & BROWN

Data Qualifiers

Within the attached report, some analytical data may be reported as Qualified Data as indicated by Data Qualifier or flag next to the result. **The data qualifier "S" indicates that the analysis was performed by another South Carolina certified lab. This table summarizes the South Carolina Lab Certification Numbers for those laboratories.**

S	South Carolina Lab Certification Number: 23101
S1	South Carolina Lab Certification Number: 93013
S2	South Carolina Lab Certification Number: 23105
S3	South Carolina Lab Certification Number: 10120
S4	South Carolina Lab Certification Number: 84002
S5	South Carolina Lab Certification Number: 32117
S6	Agricultural Service Laboratory Clemson University
S7	South Carolina Lab Certification Number: 36001
S8	Lab samples were subcontracted. See attached documentation.
S9	South Carolina Lab Certification Number: 94014001; 94014002
S10	South Carolina Lab Certification Number: 84009
S11	South Carolina Lab Certification Number: 96026; 96031; 98001; 73006; 98016 Note: S11A indicates AES Laboratory; S11G indicates GCAL Laboratory
S12	AASHTO R18 Certified
S13	South Carolina Lab Certification Number: 96012
S14	South Carolina Lab Certification Number: 89002
S15	**********
S16	South Carolina Lab Certification Number: 84004
S17	South Carolina Lab Certification Number: 96037001
S18	South Carolina Lab Certification Number: 95005
S19	South Carolina Lab Certification Number: 23104
S20	South Carolina Lab Certification Number: 96027001
S21	South Carolina Lab Certification Number: 21005
S22	South Carolina Lab Certification Number: 24110
S23	South Carolina Lab Certification Number: 84001001
S24	South Carolina Lab Certification Number: 82014001
S25	Sample was analyzed by Microseeps, Inc Laboratory
S26	North Carolina Lab Certification Number: 21 (Wilson Division NC00120)
S27	South Carolina Lab Certification Number: 40569
S28	South Carolina Lab Certification Number: 32571

DAVIS & BROWN

124 W. McIver Road
Florence, SC 29501

PH: 843-665-6746
FAX: 843-656-2208

PAGE # ____ OF ____
97192

REGULATORY: (YES) NO

CHAIN OF CUSTODY RECORD

TURNAROUND TIME: ___P1 ___STANDARD RUSH ___P2

CLIENT: HONDA ATV PLANT

ADDRESS:

PHONE: FAX:

USE CODES TO INDICTATE IF SAMPLE WAS FILTERED OR PRESERVED: A = HNO_3 B = HCL D = H_2SO_4 F = FILTRATION C = NAOH E = $NA_2S_2O_3$ G = ZINCACETATE

PROGRAM AREA: D = DRINKING WATER G = GROUNDWATER S = SOLID SL = SLUDGE W = WASTEWATER O=OTHER

PLEASE PRINT LEGIBLY

SHADED AREAS FOR LAB USE ONLY

SAMPLE ANALYSIS REQUESTED

SAMPLE ID	DATE	TIME	INITIAL	TYPE: Grab / Composite	TOTAL # OF CONTAINERS	BOD (Preservative: D)	COD (Preservative: D)	Cd,Cr,Cu,Ni,Pb,Ag,Zn (Preservative: A)		Oil & Grease (Preservative: D)	Mercury (Preservative: A)	Cyanide (Preservative: C)	BTEX (Preservative: B)					PROGRAM AREA	NOTES	LAB ID
						Fill in the Number of Containers for EACH Test														
EFFLUENT(Q)	START: 1-22-14	9:45	CD																	214915
	FINISH: 1-23-14	9:50	CD	C	3	1	1	1										W		
EFFLUENT(Q)-GRAB	START:																			214916
	FINISH: 1-23-14	9:45	CD	G	6					1	1	1	3					W	Inst. Flow- 8.5 GPM	
EFFLUENT-pH	START:																		0.012240	
	FINISH: 1-23-14	9:55	CD	G															pH- 8.31	
	START:																		Temp- 18.0	
	FINISH:																			

SAMPLER SIGNATURE: Carey Davidson

COMPOSITE TEMP 5.8 °C
( ) TIME (X) FLOW PROPORTIONAL
INTERVAL BETWN SAMPLES 3 per hr
SAMPLE VOLUME 200 mls
OF SAMPLES 47

METER NUMBER
TRC ____
DPD LOT # ____
DO ____ pH 17

FLOW INFO
9703857 - 9007190
9696667

ICE: YES NO ICE PACK

RECEIPT TEMP: 5.8 °C

Relinquished by:	Date:	Time:	Relinquished by	Date:	Time:	Relinquished by:	Date:	Time:
Carey Davidson	1-23-14	13:00						
Received by:	**Date:**	**Time:**	**Received by**	**Date:**	**Time:**	**Received by:**	**Date:**	**Time:**
Shannon Floyd	1/23/14	130						

Comments:

ISSUED: NOVEMBER 2012

APPENDIX E

TTO / ANNUAL ANALYSIS

Davis & Brown

PO Box 15038
Quinby, SC 29506
(843) 665-6746 FAX: (843) 629-1444

Certificate of Analysis

Client: HONDA ATV PLANT - TOM BAILEY
1111 HONDAWAY
TIMMONSVILLE, SC 29161

South Carolina Certification Number: 21117

Contact: TOM BAILEY
Client #: 982

Receipt Date: 17-Oct-13
Report Date: 05-Nov-13

Sample Date: 17-Oct-13
SDG #: SDG-095612
Lab Sample ID: LSID-211584
Sample ID: EFFLUENT (QUARTERLY)

Approved By: Van Ward
Van Ward
Lab Director

Parameter	Result	Reporting Limit	Unit	Method	Flag	Date	Time	Analyst
Flow	0.003090		MGD			10/17/2013	10:00	CD
Acid Digestion (Liquids)	YES			EPA 200.2		10/21/2013	1:00	JR
Cadmium, Total	<0.005	0.005	mg/L	EPA 200.7		10/21/2013	16:24	JR
Chromium, Total	<0.005	0.005	mg/L	EPA 200.7		10/21/2013	16:24	JR
Copper, Total	0.010	0.005	mg/L	EPA 200.7		10/21/2013	16:24	JR
Lead, Total	<0.005	0.005	mg/L	EPA 200.7		10/21/2013	16:24	JR
Nickel, Total	0.093	0.005	mg/L	EPA 200.7		10/21/2013	16:24	JR
Silver, Total	<0.005	0.005	mg/L	EPA 200.7		10/22/2013	12:33	JR
Zinc, Total	0.013	0.005	mg/L	EPA 200.7		10/21/2013	16:24	JR
Chemical Oxygen Demand	149	20	mg/L	EPA 410.4		10/22/2013	11:05	BW
Biochemical Oxygen Demand	34.1	2	mg/L	SM 5210B	SC	10/17/2013	14:24	BW

Davis & Brown

PO Box 15038
Quinby, SC 29506
(843) 665-6746 FAX: (843) 629-1444

Certificate of Analysis

Client: HONDA ATV PLANT - TOM BAILEY
1111 HONDAWAY
TIMMONSVILLE, SC 29161

South Carolina Certification Number: 21117

Contact: TOM BAILEY

Client #: 982

Receipt Date: 17-Oct-13

Report Date: 05-Nov-13

Sample Date: 17-Oct-13

SDG #: SDG-095612

Lab Sample ID: LSID-211585

Sample ID: EFFLUENT ANNUAL (GRAB)

Approved By: Van Ward
Van Ward
Lab Director

Parameter	Result	Reporting Limit	Unit	Method	Flag	Date	Time	Analyst
Flow (Instantaneous)	0.010080	0	MGD			10/17/2013	9:55	CD
Benzene	<0.002	0.002	mg/L	5035/8260B	S11	10/26/2013	15:17	NP
BTEX, Total (Liquids)	<0.011	0.011	mg/L	5035/8260B	S11	11/5/2013		WSF
Ethylbenzene	<0.002	0.002	mg/L	5035/8260B	S11	10/26/2013	15:17	NP
Toluene	<0.002	0.002	mg/L	5035/8260B	S11	10/26/2013	15:17	NP
Xylene, Total	<0.005	0.005	mg/L	5035/8260B	S11	10/26/2013	15:17	NP
Total Toxic Organics	0.120		mg/L	8260B\8270D\	S11	10/25/2013	16:52	YH
Oil & Grease, Hexane	8.1	5	mg/L	EPA 1664A		10/22/2013	15:00	CG
Mercury, Total	<0.20	0.2	ug/L	EPA 245.1		10/21/2013	14:00	CG
Temperature	27.6		C	SM 2550B		10/17/2013	9:50	CD
Cyanide	<0.005	0.005	mg/L	SM 4500 CN-		10/21/2013	14:50	BW
pH, Field (Liquids)	8.55		s.u.	SM 4500-H+B		10/17/2013	9:50	CD

Analytical Environmental Services, Inc Date: 30-Oct-13

Client:	Davis & Brown	Client Sample ID:	211585
Project Name:	211585	Collection Date:	10/17/2013 9:55:00 AM
Lab ID:	1310174-001	Matrix:	Waste Water

Analyses	Result	Reporting Limit	Qual	Units	BatchID	Dilution Factor	Date Analyzed	Analyst
Volatile Organic Compounds by GC/MS SW8260B				(SW5030B)				
1,2,4-Trichlorobenzene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Acrolein	BRL	5.0		ug/L	182884	1	10/26/2013 15:17	NP
Acrylonitrile	BRL	5.0		ug/L	182884	1	10/26/2013 15:17	NP
Dichlorodifluoromethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
TCL-SEMIVOLATILE ORGANICS SW8270D				(E625)				
1,2-Diphenylhydrazine	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
PRIORITY POLLUTANT-VOLATILES E624				(E624)				
1,1,1-Trichloroethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
1,1,2,2-Tetrachloroethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
1,1,2-Trichloroethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
1,1-Dichloroethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
1,1-Dichloroethene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
1,2-Dichlorobenzene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
1,2-Dichloroethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
1,2-Dichloropropane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
1,3-Dichlorobenzene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
1,4-Dichlorobenzene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
2-Chloroethyl vinyl ether	BRL	5.0		ug/L	182884	1	10/26/2013 15:17	NP
Benzene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Bromodichloromethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Bromoform	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Bromomethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Carbon tetrachloride	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Chlorobenzene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Chloroethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Chloroform	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Chloromethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
cis-1,3-Dichloropropene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Dibromochloromethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Ethylbenzene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Methylene chloride	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Tetrachloroethene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Toluene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
trans-1,2-Dichloroethene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
trans-1,3-Dichloropropene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Trichloroethene	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Trichlorofluoromethane	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Vinyl chloride	BRL	2.0		ug/L	182884	1	10/26/2013 15:17	NP
Xylenes, Total	BRL	5.0		ug/L	182884	1	10/26/2013 15:17	NP

Qualifiers:

- * Value exceeds maximum contaminant level
- BRL Below reporting limit
- H Holding times for preparation or analysis exceeded
- N Analyte not NELAC certified
- B Analyte detected in the associated method blank
- > Greater than Result value
- E Estimated (value above quantitation range)
- S Spike Recovery outside limits due to matrix
- Narr See case narrative
- NC Not confirmed
- < Less than Result value
- J Estimated value detected below Reporting Limit

Analytical Environmental Services, Inc Date: 30-Oct-13

Client:	Davis & Brown	Client Sample ID:	211585
Project Name:	211585	Collection Date:	10/17/2013 9:55:00 AM
Lab ID:	1310174-001	Matrix:	Waste Water

Analyses	Result	Reporting Limit	Qual	Units	BatchID	Dilution Factor	Date Analyzed	Analyst
PRIORITY POLLUTANT-VOLATILES E624				(E624)				
Surr: 4-Bromofluorobenzene	89.4	66.2-120		%REC	182884	1	10/26/2013 15:17	NP
Surr: Dibromofluoromethane	99.5	79.5-121		%REC	182884	1	10/26/2013 15:17	NP
Surr: Toluene-d8	96.1	77-117		%REC	182884	1	10/26/2013 15:17	NP
PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625				(E625)				
2,4,6-Trichlorophenol	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
2,4-Dichlorophenol	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
2,4-Dimethylphenol	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
2,4-Dinitrophenol	BRL	250		ug/L	182861	5	10/25/2013 16:52	YH
2,4-Dinitrotoluene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
2,6-Dinitrotoluene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
2-Chloronaphthalene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
2-Chlorophenol	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
2-Nitrophenol	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
3,3'-Dichlorobenzidine	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
4,6-Dinitro-2-methylphenol	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
4-Bromophenyl phenyl ether	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
4-Chloro-3-methylphenol	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
4-Chlorophenyl phenyl ether	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
4-Nitrophenol	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Acenaphthene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Acenaphthylene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Anthracene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Benz(a)anthracene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Benzidine	BRL	500		ug/L	182861	5	10/25/2013 16:52	YH
Benzo(a)pyrene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Benzo(b)fluoranthene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Benzo(g,h,i)perylene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Benzo(k)fluoranthene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Bis(2-chloroethoxy)methane	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Bis(2-chloroethyl)ether	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Bis(2-chloroisopropyl)ether	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Bis(2-ethylhexyl)phthalate	120	50		ug/L	182861	5	10/25/2013 16:52	YH
Butyl benzyl phthalate	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Chrysene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Di-n-butyl phthalate	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Di-n-octyl phthalate	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Dibenz(a,h)anthracene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Diethyl phthalate	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Dimethyl phthalate	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Fluoranthene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH

Qualifiers:

- * Value exceeds maximum contaminant level
- BRL Below reporting limit
- H Holding times for preparation or analysis exceeded
- N Analyte not NELAC certified
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- > Greater than Result value
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- S Spike Recovery outside limits due to matrix
- Narr See case narrative
- NC Not confirmed
- < Less than Result value
- J Estimated value detected below Reporting Limit

Analytical Environmental Services, Inc Date: 30-Oct-13

Client:	Davis & Brown	Client Sample ID:	211585
Project Name:	211585	Collection Date:	10/17/2013 9:55:00 AM
Lab ID:	1310174-001	Matrix:	Waste Water

Analyses	Result	Reporting Limit	Qual	Units	BatchID	Dilution Factor	Date Analyzed	Analyst
PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625				(E625)				
Fluorene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Hexachlorobenzene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Hexachlorobutadiene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Hexachlorocyclopentadiene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Hexachloroethane	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Indeno(1,2,3-cd)pyrene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Isophorone	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
N-Nitrosodi-n-propylamine	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
N-Nitrosodimethylamine	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
N-Nitrosodiphenylamine	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Naphthalene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Nitrobenzene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Pentachlorophenol	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Phenanthrene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Phenol	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Pyrene	BRL	50		ug/L	182861	5	10/25/2013 16:52	YH
Surr: 2,4,6-Tribromophenol	59.1	50.9-150		%REC	182861	5	10/25/2013 16:52	YH
Surr: 2-Fluorobiphenyl	66.3	50.7-121		%REC	182861	5	10/25/2013 16:52	YH
Surr: 2-Fluorophenol	32.8	25.6-120		%REC	182861	5	10/25/2013 16:52	YH
Surr: 4-Terphenyl-d14	55.5	44-147		%REC	182861	5	10/25/2013 16:52	YH
Surr: Nitrobenzene-d5	69	41.6-120		%REC	182861	5	10/25/2013 16:52	YH
Surr: Phenol-d5	21	13-120		%REC	182861	5	10/25/2013 16:52	YH

Qualifiers:

- * Value exceeds maximum contaminant level
- BRL Below reporting limit
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- N Analyte not NELAC certified
- B Analyte detected in the associated method blank
- > Greater than Result value
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- S Spike Recovery outside limits due to matrix
- Narr See case narrative
- NC Not confirmed
- < Less than Result value
- J Estimated value detected below Reporting Limit

ACCESS
ANALYTICAL, INC.

ANALYTICAL REPORT

CLIENT

Davis & Brown
P.O. Box 15038
Quinby SC 29506

ATTENTION
Scott Fields

PROJECT ID
211585

LABORATORY REPORT NUMBER
1310174

DATE
October 30, 2013

Primary Data Review By	Secondary Data Review By
CRKanhai	Ashley Amick
Chantelle Kanhai Project Manager, AES	Project Manager, Access Analytical aamick@axs-inc.com

PLEASE NOTE:

- **Unless otherwise noted, all analysis on this report performed at Analytical Environmental Services Inc. (AES Inc), 3785 Presidential Parkway, Atlanta, GA 30340.**
- **AES is SCDHEC certified laboratory # 98016, NCDENR certified lab # 562, GA certified lab # FL-E87582, NELAP certified laboratory # E87582**
- Local support services for this project are provided by Access Analytical, Inc. Access Analytical is a representative of AES serving client in the SC/NC/GA areas. All questions regarding this report should be directed to your local Access Analytical representative at 803.781.4243 or toll free at 883.315.4243.

Access/AES P.O# 14-0-153 1310I74

DAVIS & BROWN

124 W. McIver Road
Florence, SC 29501

PH: 843-665-6746
FAX: 843-656-2208

PAGE # ____ OF ____

REGULATORY: YES NO

CHAIN OF CUSTODY RECORD

TURNAROUND TIME: ___STANDARD RUSH ___P1 ___P2

CLIENT: Davis & Brown

ADDRESS:

PHONE: FAX:

USE CODES TO INDICTATE IF SAMPLE WAS FILTERED OR PRESERVED: A = HNO_3 B = HCL D = H_2SO_4 F = FILTRATION C = NAOH E = $NA_2S_2O_3$ G = ZINCACETATE

PROGRAM AREA: D = DRINKING WATER G = GROUNDWATER S = SOLID SL = SLUDGE W = WASTEWATER O = OTHER

PLEASE PRINT LEGIBLY

SHADED AREAS FOR LAB USE ONLY

SAMPLE ANALYSIS REQUESTED

SAMPLE ID	DATE	TIME	INITIAL	TYPE: Grab / Composite	TOTAL # OF CONTAINERS	TTO semi vol.	BTEX	TTO vol.	PROGRAM AREA	NOTES	LAB ID
						Fill in the Number of Containers for EACH Test					
211585	10/17/13	955		G	4	1	1	2	W		

SAMPLER SIGNATURE

FLOW INFO

ICE: YES NO ICE PACK

RECEIPT TEMP: 3.5°C

Relinquished by:	Date:	Time:	Relinquished by	Date:	Time:	Relinquished by:	Date:	Time:
Brannon Flagel	10/22/13	1600						
Received by:	**Date:**	**Time:**	**Received by**	**Date:**	**Time:**	**Received by:**	**Date:**	**Time:**
			Latoya R	10/23/13	11:45			

Comments:

ISSUED: NOVEMBER 2012

Analytical Environmental Services, Inc

Date: 31-Oct-13

Client: Davis & Brown **Project:** 211585 **Lab ID:** 1310174	**Case Narrative**

Semi Volatile Organic Analysis by Method 625:

LCS-182861 recovery for Dimethylphthalate was outside control limits biased high. Target analyte was not detected in the analytical samples, and data is reportable with high bias.

Due to sample matrix, sample 1310174-001B required dilution during analysis resulting in elevated reporting limits.

Analytical Environmental Services, Inc.

Sample/Cooler Receipt Checklist

Client Access Analytical Work Order Number 1310I74

Checklist completed by [signature] 10/25/13
Signature Date

Carrier name: FedEx ✓ UPS __ Courier __ Client __ US Mail __ Other _____

Shipping container/cooler in good condition?	Yes ✓	No __	Not Present __
Custody seals intact on shipping container/cooler?	Yes __	No __	Not Present ✓
Custody seals intact on sample bottles?	Yes __	No __	Not Present ✓
Container/Temp Blank temperature in compliance? (4°C±2)*	Yes ✓	No __	

Cooler #1 3.5 Cooler #2 _____ Cooler #3 _____ Cooler #4 _____ Cooler#5 _____ Cooler #6 _____

Chain of custody present?	Yes ✓	No __
Chain of custody signed when relinquished and received?	Yes ✓	No __
Chain of custody agrees with sample labels?	Yes ✓	No __
Samples in proper container/bottle?	Yes ✓	No __
Sample containers intact?	Yes ✓	No __
Sufficient sample volume for indicated test?	Yes ✓	No __
All samples received within holding time?	Yes ✓	No __
Was TAT marked on the COC?	Yes __	No ✓
Proceed with Standard TAT as per project history?	Yes ✓	No __ Not Applicable __

Water - VOA vials have zero headspace? No VOA vials submitted __ Yes ✓ No __

Water - pH acceptable upon receipt? Yes ✓ No __ Not Applicable __

Adjusted? _____ Checked by [initials]

Sample Condition: Good ✓ Other(Explain) _____

(For diffusive samples or AIHA lead) Is a known blank included? Yes __ No ✓

See Case Narrative for resolution of the Non-Conformance.

* Samples do not have to comply with the given range for certain parameters.

\L\Quality Assurance\Checklists Procedures Sign-Off Templates\Checklists\Sample Receipt Checklists\Sample_Cooler_Receipt_Checklist

Analytical Environmental Services, Inc

Date: 30-Oct-13

Client: Davis & Brown
Project: 211585
Lab Order: 1310I74

Dates Report

Lab Sample ID	Client Sample ID	Collection Date	Matrix	Test Name	TCLP Date	Prep Date	Analysis Date
1310I74-001A	211585	10/17/2013 9:55:00AM	Waste Water	PP-VOLATILES		10/25/2013	10/26/2013
1310I74-001A	211585	10/17/2013 9:55:00AM	Waste Water	PP-VOLATILES		10/25/2013	10/26/2013
1310I74-001A	211585	10/17/2013 9:55:00AM	Waste Water	Volatile Organic Compounds by GC/MS		10/25/2013	10/26/2013
1310I74-001B	211585	10/17/2013 9:55:00AM	Waste Water	PP-SEMIVOLATILE ORGANICS		10/24/2013	10/25/2013
1310I74-001B	211585	10/17/2013 9:55:00AM	Waste Water	TCL-SEMIVOLATILE ORGANICS		10/24/2013	10/25/2013

CLIENT: Davis & Brown
Work Order: 1310I74
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: MB-182884	SampType: MBLK	Batch ID: 182884	Units: ug/L	Prep Date: 10/25/2013	RunNo: 254599
Client ID:	TestCode: PRIORITY POLLUTANT-VOLATILES E624			Analysis Date: 10/25/2013	SeqNo: 5348199

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1,1-Trichloroethane	BRL	2.0	0	0	0	0	0	0	0		
1,1,2,2-Tetrachloroethane	BRL	2.0	0	0	0	0	0	0	0		
1,1,2-Trichloroethane	BRL	2.0	0	0	0	0	0	0	0		
1,1-Dichloroethane	BRL	2.0	0	0	0	0	0	0	0		
1,1-Dichloroethene	BRL	2.0	0	0	0	0	0	0	0		
1,2-Dichlorobenzene	BRL	2.0	0	0	0	0	0	0	0		
1,2-Dichloroethane	BRL	2.0	0	0	0	0	0	0	0		
1,2-Dichloropropane	BRL	2.0	0	0	0	0	0	0	0		
1,3-Dichlorobenzene	BRL	2.0	0	0	0	0	0	0	0		
1,4-Dichlorobenzene	BRL	2.0	0	0	0	0	0	0	0		
2-Chloroethyl vinyl ether	BRL	5.0	0	0	0	0	0	0	0		
Benzene	BRL	2.0	0	0	0	0	0	0	0		
Bromodichloromethane	BRL	2.0	0	0	0	0	0	0	0		
Bromoform	BRL	2.0	0	0	0	0	0	0	0		
Bromomethane	BRL	2.0	0	0	0	0	0	0	0		
Carbon tetrachloride	BRL	2.0	0	0	0	0	0	0	0		
Chlorobenzene	BRL	2.0	0	0	0	0	0	0	0		
Chloroethane	BRL	2.0	0	0	0	0	0	0	0		
Chloroform	BRL	2.0	0	0	0	0	0	0	0		
Chloromethane	BRL	2.0	0	0	0	0	0	0	0		
cis-1,3-Dichloropropene	BRL	2.0	0	0	0	0	0	0	0		
Dibromochloromethane	BRL	2.0	0	0	0	0	0	0	0		
Ethylbenzene	BRL	2.0	0	0	0	0	0	0	0		
Methylene chloride	BRL	2.0	0	0	0	0	0	0	0		
Tetrachloroethene	BRL	2.0	0	0	0	0	0	0	0		
Toluene	BRL	2.0	0	0	0	0	0	0	0		
trans-1,2-Dichloroethene	BRL	2.0	0	0	0	0	0	0	0		

Qualifiers:						
	<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
	BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
	J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
	Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: MB-182884 SampType: MBLK Batch ID: 182884 Units: ug/L Prep Date: 10/25/2013 RunNo: 254599
Client ID: TestCode: PRIORITY POLLUTANT-VOLATILES E624 Analysis Date: 10/25/2013 SeqNo: 5346199

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
trans-1,3-Dichloropropene	BRL	2.0	0	0	0	0	0	0	0		
Trichloroethene	BRL	2.0	0	0	0	0	0	0	0		
Trichlorofluoromethane	BRL	2.0	0	0	0	0	0	0	0		
Vinyl chloride	BRL	2.0	0	0	0	0	0	0	0		
Surr: 4-Bromofluorobenzene	45.42	0	50	0	90.8	68.2	120	0	0		
Surr: Dibromofluoromethane	48.64	0	50	0	97.3	79.5	121	0	0		
Surr: Toluene-d8	48.14	0	50	0	96.3	77	117	0	0		

Sample ID: LCS-182884 SampType: LCS Batch ID: 182884 Units: ug/L Prep Date: 10/25/2013 RunNo: 254599
Client ID: TestCode: PRIORITY POLLUTANT-VOLATILES E624 Analysis Date: 10/25/2013 SeqNo: 5345715

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1,1-Trichloroethane	21.41	2.0	20	0	107	75	125	0	0		
1,1,2,2-Tetrachloroethane	20.19	2.0	20	0	101	61	140	0	0		
1,1,2-Trichloroethane	21.48	2.0	20	0	107	71	129	0	0		
1,1-Dichloroethane	20.07	2.0	20	0	100	73	128	0	0		
1,1-Dichloroethene	20.51	2.0	20	0	103	51	150	0	0		
1,2-Dichlorobenzene	19.05	2.0	20	0	95.2	63	137	0	0		
1,2-Dichloroethane	21.31	2.0	20	0	107	68	132	0	0		
1,2-Dichloropropane	22.61	2.0	20	0	113	34	166	0	0		
1,3-Dichlorobenzene	19.09	2.0	20	0	95.4	73	127	0	0		
1,4-Dichlorobenzene	18.4	2.0	20	0	92	63	137	0	0		
2-Chloroethyl vinyl ether	45.21	5.0	40	0	113	1	224	0	0		
Benzene	20.49	2.0	20	0	102	64	138	0	0		
Bromodichloromethane	21.86	2.0	20	0	109	66	135	0	0		
Bromoform	22.53	2.0	20	0	113	71	129	0	0		
Bromomethane	18.99	2.0	20	0	95	14	186	0	0		
Carbon tetrachloride	21.72	2.0	20	0	109	73	127	0	0		

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: LCS-182884 SampType: LCS Batch ID: 182884 Units: ug/L Prep Date: 10/25/2013 RunNo: 254599
Client ID: TestCode: PRIORITY POLLUTANT-VOLATILES E624 Analysis Date: 10/25/2013 SeqNo: 5345715

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Chlorobenzene	19.82	2.0	20	0	99.1	66	134	0	0		
Chloroethane	17.38	2.0	20	0	86.9	38	162	0	0		
Chloroform	20.49	2.0	20	0	102	68	133	0	0		
Chloromethane	16.75	2.0	20	0	83.8	1	204	0	0		
cis-1,3-Dichloropropene	22	2.0	20	0	110	24	176	0	0		
Dibromochloromethane	21.36	2.0	20	0	107	68	133	0	0		
Ethylbenzene	20.63	2.0	20	0	103	59	141	0	0		
Methylene chloride	20.26	2.0	20	0	101	61	140	0	0		
Tetrachloroethene	19.83	2.0	20	0	99.2	74	127	0	0		
Toluene	20.64	2.0	20	0	103	75	126	0	0		
trans-1,2-Dichloroethene	19.76	2.0	20	0	98.8	70	131	0	0		
trans-1,3-Dichloropropene	22.5	2.0	20	0	112	50	150	0	0		
Trichloroethene	18.84	2.0	20	0	94.2	67	134	0	0		
Trichlorofluoromethane	22.77	2.0	20	0	114	48	152	0	0		
Vinyl chloride	20.04	2.0	20	0	100	4	196	0	0		
Surr: 4-Bromofluorobenzene	51.5	0	50	0	103	68.2	120	0	0		
Surr: Dibromofluoromethane	49.54	0	50	0	99.1	79.5	121	0	0		
Surr: Toluene-d8	52.3	0	50	0	105	77	117	0	0		

Sample ID: 1310G23-001AMS SampType: MS Batch ID: 182884 Units: ug/L Prep Date: 10/25/2013 RunNo: 254599
Client ID: TestCode: PRIORITY POLLUTANT-VOLATILES E624 Analysis Date: 10/25/2013 SeqNo: 5348474

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1,1-Trichloroethane	19.07	2.0	20	0	95.4	52	162	0	0		
1,1,2,2-Tetrachloroethane	18.56	2.0	20	0	92.8	46	157	0	0		
1,1,2-Trichloroethane	19.96	2.0	20	0	99.8	52	150	0	0		
1,1-Dichloroethane	18.7	2.0	20	0	93.5	59	155	0	0		
1,1-Dichloroethene	18.64	2.0	20	0	93.2	1	234	0	0		

Qualifiers:					
<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: 1310G23-001AMS	SampType: MS	Batch ID: 182884	Units: ug/L	Prep Date: 10/25/2013	RunNo: 254599
Client ID:	TestCode: PRIORITY POLLUTANT-VOLATILES E624			Analysis Date: 10/25/2013	SeqNo: 5346474

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,2-Dichlorobenzene	17.53	2.0	20	0	87.6	18	190	0	0		
1,2-Dichloroethane	19.76	2.0	20	0	98.8	49	155	0	0		
1,2-Dichloropropane	20.9	2.0	20	0	104	1	210	0	0		
1,3-Dichlorobenzene	17.92	2.0	20	0	89.6	59	156	0	0		
1,4-Dichlorobenzene	16.91	2.0	20	0	84.6	18	190	0	0		
2-Chloroethyl vinyl ether	41.8	5.0	40	0	104	1	305	0	0		
Benzene	19.47	2.0	20	0	97.4	37	151	0	0		
Bromodichloromethane	19.99	2.0	20	0	100	35	155	0	0		
Bromoform	19.28	2.0	20	0	96.4	45	169	0	0		
Bromomethane	17.34	2.0	20	0	86.7	1	242	0	0		
Carbon tetrachloride	20.01	2.0	20	0	100	70	140	0	0		
Chlorobenzene	18.52	2.0	20	0	92.6	34	160	0	0		
Chloroethane	16.19	2.0	20	0	81	14	230	0	0		
Chloroform	18.23	2.0	20	0	91.2	51	138	0	0		
Chloromethane	15.19	2.0	20	0	76	1	273	0	0		
cis-1,3-Dichloropropene	17.78	2.0	20	0	88.9	1	227	0	0		
Dibromochloromethane	18.87	2.0	20	0	94.4	53	149	0	0		
Ethylbenzene	18.95	2.0	20	0	94.8	37	162	0	0		
Methylene chloride	15.64	2.0	20	0	78.2	1	221	0	0		
Tetrachloroethene	18.29	2.0	20	0	91.4	64	148	0	0		
Toluene	19.88	2.0	20	0	99.4	47	150	0	0		
trans-1,2-Dichloroethene	18.25	2.0	20	0	91.2	54	156	0	0		
trans-1,3-Dichloropropene	19.94	2.0	20	0	99.7	17	183	0	0		
Trichloroethene	17.62	2.0	20	0	88.1	71	157	0	0		
Trichlorofluoromethane	20.09	2.0	20	0	100	17	181	0	0		
Vinyl chloride	17.95	2.0	20	0	89.8	1	251	0	0		
Surr: 4-Bromofluorobenzene	52.28	0	50	0	105	66.2	120	0	0		
Surr: Dibromofluoromethane	49.81	0	50	0	99.6	79.5	121	0	0		

Qualifiers:					
<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310I74
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: 1310G23-001AMS	SampType: MS	Batch ID: 182884	Units: ug/L	Prep Date: 10/25/2013	RunNo: 254599
Client ID:	TestCode: PRIORITY POLLUTANT-VOLATILES E624			Analysis Date: 10/25/2013	SeqNo: 5346474

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Surr: Toluene-d8	53.51	0	50	0	107	77	117	0	0		

Sample ID: 1310G23-001AMSD	SampType: MSD	Batch ID: 182884	Units: ug/L	Prep Date: 10/25/2013	RunNo: 254599
Client ID:	TestCode: PRIORITY POLLUTANT-VOLATILES E624			Analysis Date: 10/25/2013	SeqNo: 5346476

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1,1-Trichloroethane	21.05	2.0	20	0	105	52	162	19.07	9.87	23	
1,1,2,2-Tetrachloroethane	19.53	2.0	20	0	97.6	46	157	18.56	5.09	37	
1,1,2-Trichloroethane	22.27	2.0	20	0	111	52	150	19.96	10.9	27.5	
1,1-Dichloroethane	20.57	2.0	20	0	103	59	155	18.7	9.52	25.5	
1,1-Dichloroethene	20.15	2.0	20	0	101	1	234	18.64	7.79	45.5	
1,2-Dichlorobenzene	18.51	2.0	20	0	92.6	18	190	17.53	5.44	35.5	
1,2-Dichloroethane	22.25	2.0	20	0	111	49	155	19.76	11.9	30	
1,2-Dichloropropane	22.72	2.0	20	0	114	1	210	20.9	8.34	69	
1,3-Dichlorobenzene	18.49	2.0	20	0	92.5	59	156	17.92	3.13	27.5	
1,4-Dichlorobenzene	18.23	2.0	20	0	91.2	18	190	16.91	7.51	35.5	
2-Chloroethyl vinyl ether	45.44	5.0	40	0	114	1	305	41.8	8.34	130	
Benzene	21.33	2.0	20	0	107	37	151	19.47	9.12	34.5	
Bromodichloromethane	21.95	2.0	20	0	110	35	155	19.99	9.35	32	
Bromoform	19.84	2.0	20	0	99.2	45	169	19.28	2.86	27	
Bromomethane	19.29	2.0	20	0	96.5	1	242	17.34	10.6	89.5	
Carbon tetrachloride	22.21	2.0	20	0	111	70	140	20.01	10.4	26	
Chlorobenzene	19.85	2.0	20	0	99.2	34	160	18.52	6.93	31.5	
Chloroethane	18.01	2.0	20	0	90	14	230	16.19	10.6	57	
Chloroform	20.73	2.0	20	0	104	51	138	18.23	12.8	30.5	
Chloromethane	17.02	2.0	20	0	85.1	1	273	15.19	11.4	99	
cis-1,3-Dichloropropene	19.67	2.0	20	0	98.4	1	227	17.78	10.1	79	
Dibromochloromethane	20.39	2.0	20	0	102	53	149	18.87	7.74	30.5	

Qualifiers:					
<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: 1310G23-001AMSD SampType: MSD Batch ID: 182884 Units: ug/L Prep Date: 10/25/2013 RunNo: 254599
Client ID: TestCode: PRIORITY POLLUTANT-VOLATILES E624 Analysis Date: 10/25/2013 SeqNo: 5346476

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Ethylbenzene	20.91	2.0	20	0	105	37	162	18.95	9.83	37.5	
Methylene chloride	17.47	2.0	20	0	87.4	1	221	15.84	11.1	37	
Tetrachloroethene	19.48	2.0	20	0	97.4	64	148	18.29	6.30	25	
Toluene	21.94	2.0	20	0	110	47	150	19.88	9.85	24	
trans-1,2-Dichloroethene	20.66	2.0	20	0	103	54	156	18.25	12.4	28.5	
trans-1,3-Dichloropropene	22.18	2.0	20	0	111	17	183	19.94	10.8	52	
Trichloroethene	19.09	2.0	20	0	95.4	71	157	17.62	8.01	33	
Trichlorofluoromethane	22.11	2.0	20	0	111	17	181	20.09	9.57	50	
Vinyl chloride	20.42	2.0	20	0	102	1	251	17.95	12.9	100	
Surr: 4-Bromofluorobenzene	52.25	0	50	0	104	66.2	120	52.28	0	0	
Surr: Dibromofluoromethane	50.91	0	50	0	102	79.5	121	49.81	0	0	
Surr: Toluene-d8	53.49	0	50	0	107	77	117	53.51	0	0	

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: MB-182884	SampType: MBLK	Batch ID: 182884	Units: ug/L	Prep Date: 10/25/2013	RunNo: 254599
Client ID:	TestCode: PRIORITY POLLUTANT-VOLATILES E624			Analysis Date: 10/25/2013	SeqNo: 5346521

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1,1-Trichloroethane	BRL	5.0	0	0	0	0	0	0	0		
1,1,2,2-Tetrachloroethane	BRL	5.0	0	0	0	0	0	0	0		
1,1,2-Trichloroethane	BRL	5.0	0	0	0	0	0	0	0		
1,1-Dichloroethane	BRL	5.0	0	0	0	0	0	0	0		
1,1-Dichloroethene	BRL	5.0	0	0	0	0	0	0	0		
1,2-Dichlorobenzene	BRL	5.0	0	0	0	0	0	0	0		
1,2-Dichloroethane	BRL	5.0	0	0	0	0	0	0	0		
1,2-Dichloropropane	BRL	5.0	0	0	0	0	0	0	0		
1,3-Dichlorobenzene	BRL	5.0	0	0	0	0	0	0	0		
1,4-Dichlorobenzene	BRL	5.0	0	0	0	0	0	0	0		
2-Chloroethyl vinyl ether	BRL	5.0	0	0	0	0	0	0	0		
Benzene	BRL	5.0	0	0	0	0	0	0	0		
Bromodichloromethane	BRL	5.0	0	0	0	0	0	0	0		
Bromoform	BRL	5.0	0	0	0	0	0	0	0		
Bromomethane	BRL	5.0	0	0	0	0	0	0	0		
Carbon tetrachloride	BRL	5.0	0	0	0	0	0	0	0		
Chlorobenzene	BRL	5.0	0	0	0	0	0	0	0		
Chloroethane	BRL	10	0	0	0	0	0	0	0		
Chloroform	BRL	5.0	0	0	0	0	0	0	0		
Chloromethane	BRL	10	0	0	0	0	0	0	0		
cis-1,3-Dichloropropene	BRL	5.0	0	0	0	0	0	0	0		
Dibromochloromethane	BRL	5.0	0	0	0	0	0	0	0		
Dichlorodifluoromethane	BRL	10	0	0	0	0	0	0	0		
Ethylbenzene	BRL	5.0	0	0	0	0	0	0	0		
Methylene chloride	BRL	5.0	0	0	0	0	0	0	0		
Tetrachloroethene	BRL	5.0	0	0	0	0	0	0	0		
Toluene	BRL	5.0	0	0	0	0	0	0	0		
trans-1,2-Dichloroethene	BRL	5.0	0	0	0	0	0	0	0		

Qualifiers:						
	<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
	BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
	J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
	Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: MB-182884 SampType: MBLK Batch ID: 182884 Units: ug/L Prep Date: 10/25/2013 RunNo: 254599
Client ID: TestCode: PRIORITY POLLUTANT-VOLATILES E624 Analysis Date: 10/25/2013 SeqNo: 5346521

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
trans-1,3-Dichloropropene	BRL	5.0	0	0	0	0	0	0	0		
Trichloroethene	BRL	5.0	0	0	0	0	0	0	0		
Trichlorofluoromethane	BRL	5.0	0	0	0	0	0	0	0		
Vinyl chloride	BRL	2.0	0	0	0	0	0	0	0		
Xylenes, Total	BRL	5.0	0	0	0	0	0	0	0		
Surr: 4-Bromofluorobenzene	45.42	0	50	0	90.8	66.2	120	0	0		
Surr: Dibromofluoromethane	48.64	0	50	0	97.3	79.5	121	0	0		
Surr: Toluene-d8	48.14	0	50	0	96.3	77	117	0	0		

Sample ID: LCS-182884 SampType: LCS Batch ID: 182884 Units: ug/L Prep Date: 10/25/2013 RunNo: 254599
Client ID: TestCode: PRIORITY POLLUTANT-VOLATILES E624 Analysis Date: 10/25/2013 SeqNo: 5346516

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1,1-Trichloroethane	21.41	5.0	20	0	107	75	125	0	0		
1,1,2,2-Tetrachloroethane	20.19	5.0	20	0	101	61	140	0	0		
1,1,2-Trichloroethane	21.48	5.0	20	0	107	71	129	0	0		
1,1-Dichloroethane	20.07	5.0	20	0	100	73	128	0	0		
1,1-Dichloroethene	20.51	5.0	20	0	103	51	150	0	0		
1,2-Dichlorobenzene	19.05	5.0	20	0	95.2	63	137	0	0		
1,2-Dichloroethane	21.31	5.0	20	0	107	68	132	0	0		
1,2-Dichloropropane	22.61	5.0	20	0	113	34	166	0	0		
1,3-Dichlorobenzene	19.09	5.0	20	0	95.4	73	127	0	0		
1,4-Dichlorobenzene	18.4	5.0	20	0	92	63	137	0	0		
2-Chloroethyl vinyl ether	45.21	5.0	40	0	113	1	224	0	0		
Benzene	20.49	5.0	20	0	102	64	136	0	0		
Bromodichloromethane	21.86	5.0	20	0	109	66	135	0	0		
Bromoform	22.53	5.0	20	0	113	71	129	0	0		
Bromomethane	18.99	5.0	20	0	95	14	186	0	0		

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310I74
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: LCS-182884 | SampType: LCS | Batch ID: 182884 | Units: ug/L | Prep Date: 10/25/2013 | RunNo: 254599
Client ID: | TestCode: PRIORITY POLLUTANT-VOLATILES E624 | Analysis Date: 10/25/2013 | SeqNo: 5346516

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Carbon tetrachloride	21.72	5.0	20	0	109	73	127	0	0		
Chlorobenzene	19.82	5.0	20	0	99.1	68	134	0	0		
Chloroethane	17.38	10	20	0	86.9	38	162	0	0		
Chloroform	20.49	5.0	20	0	102	68	133	0	0		
Chloromethane	16.75	10	20	0	83.8	1	204	0	0		
cis-1,3-Dichloropropene	22	5.0	20	0	110	24	176	0	0		
Dibromochloromethane	21.36	5.0	20	0	107	68	133	0	0		
Dichlorodifluoromethane	14.41	10	20	0	72	50.7	130	0	0		
Ethylbenzene	20.63	5.0	20	0	103	59	141	0	0		
Methylene chloride	20.26	5.0	20	0	101	61	140	0	0		
Tetrachloroethene	19.83	5.0	20	0	99.2	74	127	0	0		
Toluene	20.64	5.0	20	0	103	75	126	0	0		
trans-1,2-Dichloroethene	19.76	5.0	20	0	98.8	70	131	0	0		
trans-1,3-Dichloropropene	22.5	5.0	20	0	112	50	150	0	0		
Trichloroethene	18.84	5.0	20	0	94.2	67	134	0	0		
Trichlorofluoromethane	22.77	5.0	20	0	114	48	152	0	0		
Vinyl chloride	20.04	2.0	20	0	100	4	196	0	0		
Surr: 4-Bromofluorobenzene	51.5	0	50	0	103	66.2	120	0	0		
Surr: Dibromofluoromethane	49.54	0	50	0	99.1	79.5	121	0	0		
Surr: Toluene-d8	52.3	0	50	0	105	77	117	0	0		

Sample ID: 1310G23-001AMS | SampType: MS | Batch ID: 182884 | Units: ug/L | Prep Date: 10/25/2013 | RunNo: 254599
Client ID: | TestCode: PRIORITY POLLUTANT-VOLATILES E624 | Analysis Date: 10/25/2013 | SeqNo: 5346527

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1,1-Trichloroethane	19.07	5.0	20	0	95.4	52	162	0	0		
1,1,2,2-Tetrachloroethane	18.56	5.0	20	0	92.8	46	157	0	0		
1,1,2-Trichloroethane	19.96	5.0	20	0	99.8	52	150	0	0		

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310I74
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: 1310G23-001AMS SampType: MS Batch ID: 182884 Units: ug/L Prep Date: 10/25/2013 RunNo: 254599
Client ID: TestCode: PRIORITY POLLUTANT-VOLATILES E624 Analysis Date: 10/25/2013 SeqNo: 5346527

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1-Dichloroethane	18.7	5.0	20	0	93.5	59	155	0	0		
1,1-Dichloroethene	18.64	5.0	20	0	93.2	1	234	0	0		
1,2-Dichlorobenzene	17.53	5.0	20	0	87.6	18	190	0	0		
1,2-Dichloroethane	19.76	5.0	20	0	98.8	49	155	0	0		
1,2-Dichloropropane	20.9	5.0	20	0	104	1	210	0	0		
1,3-Dichlorobenzene	17.92	5.0	20	0	89.6	59	156	0	0		
1,4-Dichlorobenzene	16.91	5.0	20	0	84.6	18	190	0	0		
2-Chloroethyl vinyl ether	41.8	5.0	20	0	209	1	305	0	0		
Benzene	19.47	5.0	20	0	97.4	37	151	0	0		
Bromodichloromethane	19.99	5.0	20	0	100	35	155	0	0		
Bromoform	19.28	5.0	20	0	96.4	45	169	0	0		
Bromomethane	17.34	5.0	20	0	86.7	1	242	0	0		
Carbon tetrachloride	20.01	5.0	20	0	100	70	140	0	0		
Chlorobenzene	18.52	5.0	20	0	92.6	34	160	0	0		
Chloroethane	16.19	10	20	0	81	14	230	0	0		
Chloroform	18.23	5.0	20	0	91.2	51	138	0	0		
Chloromethane	15.19	10	20	0	76	1	273	0	0		
cis-1,3-Dichloropropene	17.78	5.0	20	0	88.9	1	227	0	0		
Dibromochloromethane	18.87	5.0	20	0	94.4	53	149	0	0		
Ethylbenzene	18.95	5.0	20	0	94.8	37	162	0	0		
Methylene chloride	15.64	5.0	20	0	78.2	1	221	0	0		
Tetrachloroethene	18.29	5.0	20	0	91.4	64	148	0	0		
Toluene	19.88	5.0	20	0	99.4	47	150	0	0		
trans-1,2-Dichloroethene	18.25	5.0	20	0	91.2	54	156	0	0		
trans-1,3-Dichloropropene	19.94	5.0	20	0	99.7	17	183	0	0		
Trichloroethene	17.62	5.0	20	0	88.1	71	157	0	0		
Trichlorofluoromethane	20.09	5.0	20	0	100	17	181	0	0		
Vinyl chloride	17.95	2.0	20	0	89.8	1	251	0	0		

Qualifiers:					
	<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
	BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
	J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
	Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310I74
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: 1310G23-001AMS | SampType: MS | Batch ID: 182884 | Units: ug/L | Prep Date: 10/25/2013 | RunNo: 254599
Client ID: | TestCode: PRIORITY POLLUTANT-VOLATILES E624 | Analysis Date: 10/25/2013 | SeqNo: 5346527

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Surr: 4-Bromofluorobenzene	52.28	0	50	0	105	66.2	120	0	0		
Surr: Dibromofluoromethane	49.81	0	50	0	99.6	79.5	121	0	0		
Surr: Toluene-d8	53.51	0	50	0	107	77	117	0	0		

Sample ID: 1310G23-001AMSD | SampType: MSD | Batch ID: 182884 | Units: ug/L | Prep Date: 10/25/2013 | RunNo: 254599
Client ID: | TestCode: PRIORITY POLLUTANT-VOLATILES E624 | Analysis Date: 10/25/2013 | SeqNo: 5346529

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1,1-Trichloroethane	21.05	5.0	20	0	105	52	162	19.07	9.87	23	
1,1,2,2-Tetrachloroethane	19.53	5.0	20	0	97.6	46	157	18.56	5.09	37	
1,1,2-Trichloroethane	22.27	5.0	20	0	111	52	150	19.96	10.9	27.5	
1,1-Dichloroethane	20.57	5.0	20	0	103	59	155	18.7	9.52	25.5	
1,1-Dichloroethene	20.15	5.0	20	0	101	1	234	18.64	7.79	45.5	
1,2-Dichlorobenzene	18.51	5.0	20	0	92.6	18	190	17.53	5.44	35.5	
1,2-Dichloroethane	22.25	5.0	20	0	111	49	155	19.76	11.9	30	
1,2-Dichloropropane	22.72	5.0	20	0	114	1	210	20.9	8.34	69	
1,3-Dichlorobenzene	18.49	5.0	20	0	92.5	59	156	17.92	3.13	27.5	
1,4-Dichlorobenzene	18.23	5.0	20	0	91.2	18	190	16.91	7.51	35.5	
2-Chloroethyl vinyl ether	45.44	5.0	20	0	227	1	305	41.8	8.34	130	
Benzene	21.33	5.0	20	0	107	37	151	19.47	9.12	34.5	
Bromodichloromethane	21.95	5.0	20	0	110	35	155	19.99	9.35	32	
Bromoform	19.84	5.0	20	0	99.2	45	169	19.28	2.86	27	
Bromomethane	19.29	5.0	20	0	96.5	1	242	17.34	10.6	89.5	
Carbon tetrachloride	22.21	5.0	20	0	111	70	140	20.01	10.4	26	
Chlorobenzene	19.85	5.0	20	0	99.2	34	160	18.52	6.93	31.5	
Chloroethane	18.01	10	20	0	90	14	230	16.19	10.6	57	
Chloroform	20.73	5.0	20	0	104	51	138	18.23	12.8	30.5	
Chloromethane	17.02	10	20	0	85.1	1	273	15.19	11.4	99	

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-VOLATILES E624

Sample ID: 1310G23-001AMSD SampType: MSD Batch ID: 182884 Units: ug/L Prep Date: 10/25/2013 RunNo: 254599
Client ID: TestCode: PRIORITY POLLUTANT-VOLATILES E624 Analysis Date: 10/25/2013 SeqNo: 5348529

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
cis-1,3-Dichloropropene	19.67	5.0	20	0	98.4	1	227	17.78	10.1	79	
Dibromochloromethane	20.39	5.0	20	0	102	53	149	18.87	7.74	30.5	
Ethylbenzene	20.91	5.0	20	0	105	37	162	18.95	9.83	37.5	
Methylene chloride	17.47	5.0	20	0	87.4	1	221	15.64	11.1	37	
Tetrachloroethene	19.48	5.0	20	0	97.4	64	148	18.29	6.30	25	
Toluene	21.94	5.0	20	0	110	47	150	19.88	9.85	24	
trans-1,2-Dichloroethene	20.66	5.0	20	0	103	54	156	18.25	12.4	28.5	
trans-1,3-Dichloropropene	22.18	5.0	20	0	111	17	183	19.94	10.6	52	
Trichloroethene	19.09	5.0	20	0	95.4	71	157	17.62	8.01	33	
Trichlorofluoromethane	22.11	5.0	20	0	111	17	181	20.09	9.57	50	
Vinyl chloride	20.42	2.0	20	0	102	1	251	17.95	12.9	100	
Surr: 4-Bromofluorobenzene	52.25	0	50	0	104	66.2	120	52.28	0	0	
Surr: Dibromofluoromethane	50.91	0	50	0	102	79.5	121	49.81	0	0	
Surr: Toluene-d8	53.49	0	50	0	107	77	117	53.51	0	0	

Qualifiers:					
	<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
	BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
	J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
	Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310I74
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS

Sample ID: MB-182861	SampType: MBLK	Batch ID: 182861	Units: ug/L	Prep Date: 10/24/2013	RunNo: 254648
Client ID:	TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625			Analysis Date: 10/24/2013	SeqNo: 5347031

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
2,4,6-Trichlorophenol	BRL	10	0	0	0	0	0	0	0		
2,4-Dichlorophenol	BRL	10	0	0	0	0	0	0	0		
2,4-Dimethylphenol	BRL	10	0	0	0	0	0	0	0		
2,4-Dinitrophenol	BRL	50	0	0	0	0	0	0	0		
2,4-Dinitrotoluene	BRL	10	0	0	0	0	0	0	0		
2,6-Dinitrotoluene	BRL	10	0	0	0	0	0	0	0		
2-Chloronaphthalene	BRL	10	0	0	0	0	0	0	0		
2-Chlorophenol	BRL	10	0	0	0	0	0	0	0		
2-Nitrophenol	BRL	10	0	0	0	0	0	0	0		
3,3'-Dichlorobenzidine	BRL	10	0	0	0	0	0	0	0		
4,6-Dinitro-2-methylphenol	BRL	10	0	0	0	0	0	0	0		
4-Bromophenyl phenyl ether	BRL	10	0	0	0	0	0	0	0		
4-Chloro-3-methylphenol	BRL	10	0	0	0	0	0	0	0		
4-Chlorophenyl phenyl ether	BRL	10	0	0	0	0	0	0	0		
4-Nitrophenol	BRL	10	0	0	0	0	0	0	0		
Acenaphthene	BRL	10	0	0	0	0	0	0	0		
Acenaphthylene	BRL	10	0	0	0	0	0	0	0		
Anthracene	BRL	10	0	0	0	0	0	0	0		
Benz(a)anthracene	BRL	10	0	0	0	0	0	0	0		
Benzidine	BRL	100	0	0	0	0	0	0	0		
Benzo(a)pyrene	BRL	10	0	0	0	0	0	0	0		
Benzo(b)fluoranthene	BRL	10	0	0	0	0	0	0	0		
Benzo(g,h,i)perylene	BRL	10	0	0	0	0	0	0	0		
Benzo(k)fluoranthene	BRL	10	0	0	0	0	0	0	0		
Bis(2-chloroethoxy)methane	BRL	10	0	0	0	0	0	0	0		
Bis(2-chloroethyl)ether	BRL	10	0	0	0	0	0	0	0		
Bis(2-chloroisopropyl)ether	BRL	10	0	0	0	0	0	0	0		
Bis(2-ethylhexyl)phthalate	BRL	10	0	0	0	0	0	0	0		

Qualifiers:						
	<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
	BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
	J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
	Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS

Sample ID: MB-182861 SampType: MBLK Batch ID: 182861 Units: ug/L Prep Date: 10/24/2013 RunNo: 254648
Client ID: TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 Analysis Date: 10/24/2013 SeqNo: 5347031

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Butyl benzyl phthalate	BRL	10	0	0	0	0	0	0	0		
Chrysene	BRL	10	0	0	0	0	0	0	0		
Dibenz(a,h)anthracene	BRL	10	0	0	0	0	0	0	0		
Diethyl phthalate	BRL	10	0	0	0	0	0	0	0		
Dimethyl phthalate	BRL	10	0	0	0	0	0	0	0		
Di-n-butyl phthalate	BRL	10	0	0	0	0	0	0	0		
Di-n-octyl phthalate	BRL	10	0	0	0	0	0	0	0		
Fluoranthene	BRL	10	0	0	0	0	0	0	0		
Fluorene	BRL	10	0	0	0	0	0	0	0		
Hexachlorobenzene	BRL	10	0	0	0	0	0	0	0		
Hexachlorobutadiene	BRL	10	0	0	0	0	0	0	0		
Hexachlorocyclopentadiene	BRL	10	0	0	0	0	0	0	0		
Hexachloroethane	BRL	10	0	0	0	0	0	0	0		
Indeno(1,2,3-cd)pyrene	BRL	10	0	0	0	0	0	0	0		
Isophorone	BRL	10	0	0	0	0	0	0	0		
Naphthalene	BRL	10	0	0	0	0	0	0	0		
Nitrobenzene	BRL	10	0	0	0	0	0	0	0		
N-Nitrosodimethylamine	BRL	10	0	0	0	0	0	0	0		
N-Nitrosodi-n-propylamine	BRL	10	0	0	0	0	0	0	0		
N-Nitrosodiphenylamine	BRL	10	0	0	0	0	0	0	0		
Pentachlorophenol	BRL	10	0	0	0	0	0	0	0		
Phenanthrene	BRL	10	0	0	0	0	0	0	0		
Phenol	BRL	10	0	0	0	0	0	0	0		
Pyrene	BRL	10	0	0	0	0	0	0	0		
Surr: 2,4,6-Tribromophenol	43.31	0	50	0	86.6	50.9	150	0	0		
Surr: 2-Fluorobiphenyl	17.19	0	25	0	68.8	50.7	121	0	0		
Surr: 2-Fluorophenol	25.34	0	50	0	50.7	25.6	120	0	0		
Surr: 4-Terphenyl-d14	19.02	0	25	0	76.1	44	147	0	0		

Qualifiers:					
<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS

Sample ID: MB-182861 SampType: MBLK Batch ID: 182861 Units: ug/L Prep Date: 10/24/2013 RunNo: 254648
Client ID: TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 Analysis Date: 10/24/2013 SeqNo: 5347031

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Surr: Nitrobenzene-d5	15.76	0	25	0	63	41.6	120	0	0		
Surr: phenol-d5	17.07	0	50	0	34.1	13	120	0	0		

Sample ID: LCS-182861 SampType: LCS Batch ID: 182861 Units: ug/L Prep Date: 10/24/2013 RunNo: 254648
Client ID: TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 Analysis Date: 10/24/2013 SeqNo: 5347033

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
2,4,6-Trichlorophenol	49.7	10	50	0	99.4	52.4	129.2	0	0		
2,4-Dichlorophenol	47.2	10	50	0	94.4	52.5	121.7	0	0		
2,4-Dimethylphenol	45.18	10	50	0	90.4	41.8	109	0	0		
2,4-Dinitrophenol	BRL	50	50	0	99.7	1	172.9	0	0		
2,4-Dinitrotoluene	52.18	10	50	0	104	47.5	126.9	0	0		
2,6-Dinitrotoluene	49.77	10	50	0	99.5	68.1	136.7	0	0		
2-Chloronaphthalene	37.46	10	50	0	74.9	64.5	113.5	0	0		
2-Chlorophenol	42.74	10	50	0	85.5	36.2	120.4	0	0		
2-Nitrophenol	46.79	10	50	0	93.6	45	166.7	0	0		
3,3'-Dichlorobenzidine	48.48	10	50	0	97	8.2	212.5	0	0		
4,6-Dinitro-2-methylphenol	48.61	10	50	0	97.2	53	100	0	0		
4-Bromophenyl phenyl ether	51.15	10	50	0	102	64.9	114.4	0	0		
4-Chloro-3-methylphenol	47.72	10	50	0	95.4	40.8	127.9	0	0		
4-Chlorophenyl phenyl ether	49.79	10	50	0	99.6	38.4	144.7	0	0		
4-Nitrophenol	25.62	10	50	0	51.2	13	106.5	0	0		
Acenaphthene	45.15	10	50	0	90.3	60.1	132.3	0	0		
Acenaphthylene	44.88	10	50	0	89.8	53.5	126	0	0		
Anthracene	47.03	10	50	0	94.1	43.4	118	0	0		
Benz(a)anthracene	53.27	10	50	0	107	41.8	133	0	0		
Benzo(a)pyrene	47.48	10	50	0	95	31.7	148	0	0		
Benzo(b)fluoranthene	46.04	10	50	0	92.1	42	140.4	0	0		

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS

Sample ID: LCS-182861 | SampType: LCS | Batch ID: 182861 | Units: ug/L | Prep Date: 10/24/2013 | RunNo: 254648
Client ID: | TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 | Analysis Date: 10/24/2013 | SeqNo: 5347033

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Benzo(g,h,i)perylene	51.1	10	50	0	102	1	195	0	0		
Benzo(k)fluoranthene	52.3	10	50	0	105	25.2	145.7	0	0		
Bis(2-chloroethoxy)methane	43.78	10	50	0	87.6	49.2	164.7	0	0		
Bis(2-chloroethyl)ether	39.76	10	50	0	79.5	42.9	126	0	0		
Bis(2-chloroisopropyl)ether	44.02	10	50	0	88	62.8	138.6	0	0		
Bis(2-ethylhexyl)phthalate	49.8	10	50	0	99.6	28.9	136.8	0	0		
Butyl benzyl phthalate	47.96	10	50	0	95.9	1	139.9	0	0		
Chrysene	47.61	10	50	0	95.2	44.1	139.9	0	0		
Dibenz(a,h)anthracene	49.9	10	50	0	99.8	1	199.7	0	0		
Diethyl phthalate	49.73	10	50	0	99.5	1	100	0	0		
Dimethyl phthalate	50.13	10	50	0	100	1	100	0	0		S
Di-n-butyl phthalate	50.5	10	50	0	101	8.4	111	0	0		
Di-n-octyl phthalate	48.22	10	50	0	96.4	18.6	131.6	0	0		
Fluoranthene	50.26	10	50	0	101	42.9	121.3	0	0		
Fluorene	47.22	10	50	0	94.4	71.6	108.4	0	0		
Hexachlorobenzene	53.56	10	50	0	107	7.8	141.5	0	0		
Hexachlorobutadiene	36.58	10	50	0	73.2	37.8	102.2	0	0		
Hexachlorocyclopentadiene	67.45	10	50	0	135	50.4	165	0	0		
Hexachloroethane	32.24	10	50	0	64.5	55.2	100	0	0		
Indeno(1,2,3-cd)pyrene	47.98	10	50	0	96	1	150.9	0	0		
Isophorone	43.66	10	50	0	87.3	46.6	180.2	0	0		
Naphthalene	38.12	10	50	0	76.2	35.6	119.6	0	0		
Nitrobenzene	43.82	10	50	0	87.6	54.3	157.6	0	0		
N-Nitrosodimethylamine	26.46	10	50	0	52.9	30.1	120	0	0		
N-Nitrosodi-n-propylamine	46.93	10	50	0	93.9	13.6	197.9	0	0		
N-Nitrosodiphenylamine	22.26	10	50	0	44.5	31.3	120	0	0		
Pentachlorophenol	55.92	10	50	0	112	38.1	151.8	0	0		
Phenanthrene	46.72	10	50	0	93.4	65.2	108.7	0	0		

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS

Sample ID: LCS-182861 | SampType: LCS | Batch ID: 182861 | Units: ug/L | Prep Date: 10/24/2013 | RunNo: 254648
Client ID: | TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 | Analysis Date: 10/24/2013 | SeqNo: 5347033

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Phenol	22.42	10	50	0	44.8	16.6	100	0	0		
Pyrene	47.12	10	50	0	94.2	69.6	100	0	0		
Surr: 2,4,6-Tribromophenol	61.04	0	50	0	122	50.9	150	0	0		
Surr: 2-Fluorobiphenyl	24.6	0	25	0	98.4	50.7	121	0	0		
Surr: 2-Fluorophenol	31.26	0	50	0	62.5	25.6	120	0	0		
Surr: 4-Terphenyl-d14	26.71	0	25	0	107	44	147	0	0		
Surr: Nitrobenzene-d5	22.22	0	25	0	88.9	41.6	120	0	0		
Surr: phenol-d5	22.87	0	50	0	45.7	13	120	0	0		

Sample ID: LCS-182861 | SampType: LCS | Batch ID: 182861 | Units: ug/L | Prep Date: 10/24/2013 | RunNo: 254536
Client ID: | TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 | Analysis Date: 10/24/2013 | SeqNo: 5347059

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Benzidine	BRL	100	100	0	73.2	1	120	0	0		

Sample ID: 1310J60-006AMS | SampType: MS | Batch ID: 182861 | Units: ug/L | Prep Date: 10/25/2013 | RunNo: 254653
Client ID: | TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 | Analysis Date: 10/25/2013 | SeqNo: 5347100

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
2,4,6-Trichlorophenol	83.26	20	100	0	83.3	37	144	0	0		
2,4-Dichlorophenol	78.9	20	100	0	78.9	39	135	0	0		
2,4-Dimethylphenol	79.01	20	100	0	79	32	119	0	0		
2,4-Dinitrophenol	BRL	100	100	0	80.4	1	191	0	0		
2,4-Dinitrotoluene	90.8	20	100	0	90.8	39	139	0	0		
2,6-Dinitrotoluene	86.28	20	100	0	86.3	50	158	0	0		
2-Chloronaphthalene	73.22	20	100	0	73.2	60	118	0	0		
2-Chlorophenol	73.71	20	100	0	73.7	23	134	0	0		
2-Nitrophenol	79.57	20	100	0	79.6	29	182	0	0		

Qualifiers:
- < Less than Result value
- BRL Below Reporting Limit
- J Estimated value detected below Reporting Limit
- Rpt Lim Reporting Limit
- > Greater than Result value
- E Estimated value above quantitation range
- N Analyte not NELAC certified
- S Spike Recovery outside limits due to matrix
- B Analyte detected in the associated Method Blank
- H Holding times for preparation or analysis exceeded
- R RPD outside limits due to matrix

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS

Sample ID: 1310J60-008AMS SampType: MS Batch ID: 182861 Units: ug/L Prep Date: 10/25/2013 RunNo: 254653
Client ID: TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 Analysis Date: 10/25/2013 SeqNo: 5347100

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
3,3'-Dichlorobenzidine	BRL	20	100	0	16.8	1	262	0	0		
4,6-Dinitro-2-methylphenol	88.16	20	100	0	88.2	1	181	0	0		
4-Bromophenyl phenyl ether	83.56	20	100	0	83.6	53	127	0	0		
4-Chloro-3-methylphenol	82.25	20	100	0	82.2	22	147	0	0		
4-Chlorophenyl phenyl ether	84.6	20	100	0	84.6	25	158	0	0		
4-Nitrophenol	57.74	20	100	0	57.7	1	132	0	0		
Acenaphthene	81.24	20	100	0	81.2	47	145	0	0		
Acenaphthylene	80.95	20	100	0	81	33	145	0	0		
Anthracene	80.58	20	100	0	80.6	27	133	0	0		
Benz(a)anthracene	91.22	20	100	0	91.2	33	143	0	0		
Benzidine	BRL	200	200	0	0	1	120	0	0		S
Benzo(a)pyrene	95.94	20	100	0	95.9	17	163	0	0		
Benzo(b)fluoranthene	94.87	20	100	0	94.9	24	159	0	0		
Benzo(g,h,i)perylene	98.85	20	100	0	98.8	1	219	0	0		
Benzo(k)fluoranthene	104.8	20	100	0	105	11	162	0	0		
Bis(2-chloroethoxy)methane	79.02	20	100	0	79	33	184	0	0		
Bis(2-chloroethyl)ether	75.01	20	100	0	75	12	158	0	0		
Bis(2-chloroisopropyl)ether	102.8	20	100	0	103	36	166	0	0		
Bis(2-ethylhexyl)phthalate	82.89	20	100	0	82.9	8	158	0	0		
Butyl benzyl phthalate	85.13	20	100	0	85.1	1	152	0	0		
Chrysene	77.83	20	100	0	77.8	17	168	0	0		
Dibenz(a,h)anthracene	100.9	20	100	0	101	1	227	0	0		
Diethyl phthalate	88.45	20	100	0	88.4	1	114	0	0		
Dimethyl phthalate	86.94	20	100	0	86.9	1	112	0	0		
Di-n-butyl phthalate	92.07	20	100	0	92.1	1	118	0	0		
Di-n-octyl phthalate	85.88	20	100	0	85.9	4	146	0	0		
Fluoranthene	89.52	20	100	0	89.5	26	137	0	0		
Fluorene	84.43	20	100	0	84.4	59	121	0	0		

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS

Sample ID: 1310J60-006AMS SampType: MS Batch ID: 182861 Units: ug/L Prep Date: 10/25/2013 RunNo: 254653
Client ID: TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 Analysis Date: 10/25/2013 SeqNo: 5347100

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Hexachlorobenzene	81.48	20	100	0	81.5	1	152	0	0		
Hexachlorobutadiene	73.32	20	100	0	73.3	24	116	0	0		
Hexachlorocyclopentadiene	126.4	20	100	0	126	1	139	0	0		
Hexachloroethane	69.34	20	100	0	69.3	40	113	0	0		
Indeno(1,2,3-cd)pyrene	101.4	20	100	0	101	1	171	0	0		
Isophorone	80.56	20	100	0	80.6	21	196	0	0		
Naphthalene	71.06	20	100	0	71.1	21	133	0	0		
Nitrobenzene	77.35	20	100	0	77.4	35	180	0	0		
N-Nitrosodimethylamine	64.01	20	100	0	64	20.3	120	0	0		
N-Nitrosodi-n-propylamine	77.3	20	100	0	77.3	1	230	0	0		
N-Nitrosodiphenylamine	38.46	20	100	0	38.5	17.5	120	0	0		
Pentachlorophenol	76.39	20	100	0	76.4	14	176	0	0		
Phenanthrene	83.13	20	100	0	83.1	54	120	0	0		
Phenol	55.36	20	100	0	55.4	5	112	0	0		
Pyrene	79.56	20	100	0	79.6	52	115	0	0		
Surr: 2,4,6-Tribromophenol	81.45	0	100	0	81.4	50.9	150	0	0		
Surr: 2-Fluorobiphenyl	42.91	0	50	0	85.8	50.7	121	0	0		
Surr: 2-Fluorophenol	63.93	0	100	0	63.9	25.6	120	0	0		
Surr: 4-Terphenyl-d14	42.11	0	50	0	84.2	44	147	0	0		
Surr: Nitrobenzene-d5	42.45	0	50	0	84.9	41.6	120	0	0		
Surr: phenol-d5	51.97	0	100	0	52	13	120	0	0		

Sample ID: 1310J60-006AMSD SampType: MSD Batch ID: 182861 Units: ug/L Prep Date: 10/25/2013 RunNo: 254653
Client ID: TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 Analysis Date: 10/25/2013 SeqNo: 5347102

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
2,4,6-Trichlorophenol	87.85	20	100	0	87.8	37	144	83.26	5.36	31.7	
2,4-Dichlorophenol	78.48	20	100	0	78.5	39	135	78.9	0.534	26.4	

Qualifiers:						
	<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
	BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
	J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
	Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS

Sample ID: 1310J60-006AMSD SampType: MSD Batch ID: 182861 Units: ug/L Prep Date: 10/25/2013 RunNo: 254653
Client ID: TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 Analysis Date: 10/25/2013 SeqNo: 5347102

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
2,4-Dimethylphenol	77.91	20	100	0	77.9	32	119	79.01	1.40	26.1	
2,4-Dinitrophenol	BRL	100	100	0	82.8	1	191	80.45	0	49.8	
2,4-Dinitrotoluene	94.87	20	100	0	94.9	39	139	90.8	4.38	21.8	
2,6-Dinitrotoluene	87.93	20	100	0	87.9	50	158	86.28	1.89	29.6	
2-Chloronaphthalene	73.37	20	100	0	73.4	60	118	73.22	0.205	13	
2-Chlorophenol	73.89	20	100	0	73.9	23	134	73.71	0.244	28.7	
2-Nitrophenol	79.24	20	100	0	79.2	29	182	79.57	0.416	35.2	
3,3'-Dichlorobenzidine	BRL	20	100	0	18.2	1	262	16.84	0	71.4	
4,6-Dinitro-2-methylphenol	90.17	20	100	0	90.2	1	181	88.16	2.25	93.2	
4-Bromophenyl phenyl ether	82.93	20	100	0	82.9	53	127	83.56	0.757	23	
4-Chloro-3-methylphenol	83.22	20	100	0	83.2	22	147	82.25	1.17	37.2	
4-Chlorophenyl phenyl ether	84.88	20	100	0	84.9	25	158	84.6	0.330	33.4	
4-Nitrophenol	62.1	20	100	0	62.1	1	132	57.74	7.28	47.2	
Acenaphthene	82.57	20	100	0	82.6	47	145	81.24	1.62	27.6	
Acenaphthylene	80.44	20	100	0	80.4	33	145	80.95	0.632	40.2	
Anthracene	79.77	20	100	0	79.8	27	133	80.58	1.01	32	
Benz(a)anthracene	90.97	20	100	0	91	33	143	91.22	0.274	27.6	
Benzidine	BRL	200	200	0	0	1	120	0	0	100	S
Benzo(a)pyrene	98.63	20	100	0	98.6	17	163	95.94	2.77	39	
Benzo(b)fluoranthene	97.68	20	100	0	97.7	24	159	94.87	2.92	38.8	
Benzo(g,h,i)perylene	102.2	20	100	0	102	1	219	98.85	3.34	58.9	
Benzo(k)fluoranthene	109.6	20	100	0	110	11	162	104.8	4.50	32.3	
Bis(2-chloroethoxy)methane	78.64	20	100	0	78.6	33	184	79.02	0.482	34.5	
Bis(2-chloroethyl)ether	74.15	20	100	0	74.2	12	158	75.01	1.15	55	
Bis(2-chloroisopropyl)ether	101.5	20	100	0	102	36	166	102.8	1.21	46.3	
Bis(2-ethylhexyl)phthalate	84.86	20	100	0	84.9	8	158	82.89	2.35	41.1	
Butyl benzyl phthalate	85.03	20	100	0	85	1	152	85.13	0.118	23.4	
Chrysene	77.47	20	100	0	77.5	17	168	77.83	0.464	48.3	

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS

Sample ID: 1310J60-006AMSD SampType: MSD Batch ID: 182861 Units: ug/L Prep Date: 10/25/2013 RunNo: 254653
Client ID: TestCode: PRIORITY POLLUTANT-SEMIVOLATILE ORGANICS E625 Analysis Date: 10/25/2013 SeqNo: 5347102

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Dibenz(a,h)anthracene	103.5	20	100	0	104	1	227	100.9	2.52	70	
Diethyl phthalate	90.2	20	100	0	90.2	1	114	88.45	1.98	26.5	
Dimethyl phthalate	87.59	20	100	0	87.6	1	112	86.94	0.745	23.2	
Di-n-butyl phthalate	91.29	20	100	0	91.3	1	118	92.07	0.851	16.7	
Di-n-octyl phthalate	86.19	20	100	0	86.2	4	146	85.88	0.360	31.4	
Fluoranthene	89.2	20	100	0	89.2	26	137	89.52	0.358	32.8	
Fluorene	85.52	20	100	0	85.5	59	121	84.43	1.28	20.7	
Hexachlorobenzene	81.28	20	100	0	81.3	1	152	81.48	0.270	24.9	
Hexachlorobutadiene	68.2	20	100	0	68.2	24	116	73.32	7.24	26.3	
Hexachlorocyclopentadiene	129.6	20	100	0	130	1	139	126.4	2.47	44.5	
Hexachloroethane	68.52	20	100	0	68.5	40	113	69.34	1.19	24.5	
Indeno(1,2,3-cd)pyrene	104.9	20	100	0	105	1	171	101.4	3.41	44.6	
Isophorone	79.7	20	100	0	79.7	21	196	80.56	1.07	63.3	
Naphthalene	69.5	20	100	0	69.5	21	133	71.06	2.22	30.1	
Nitrobenzene	78.71	20	100	0	78.7	35	180	77.35	1.74	39.3	
N-Nitrosodimethylamine	71.89	20	100	0	71.9	20.3	120	64.01	11.6	36.7	
N-Nitrosodi-n-propylamine	78.8	20	100	0	78.8	1	230	77.3	1.92	55.4	
N-Nitrosodiphenylamine	38.04	20	100	0	38	17.5	120	38.46	1.10	43.2	
Pentachlorophenol	83.44	20	100	0	83.4	14	176	76.39	8.82	48.9	
Phenanthrene	82.18	20	100	0	82.2	54	120	83.13	1.15	20.6	
Phenol	56.82	20	100	0	56.8	5	112	55.36	2.60	22.6	
Pyrene	79.69	20	100	0	79.7	52	115	79.56	0.163	25.2	
Surr: 2,4,6-Tribromophenol	86.26	0	100	0	86.3	50.9	150	81.45	0	0	
Surr: 2-Fluorobiphenyl	43.63	0	50	0	87.3	50.7	121	42.91	0	0	
Surr: 2-Fluorophenol	65.79	0	100	0	65.8	25.6	120	63.93	0	0	
Surr: 4-Terphenyl-d14	44.01	0	50	0	88	44	147	42.11	0	0	
Surr: Nitrobenzene-d5	42.7	0	50	0	85.4	41.6	120	42.45	0	0	
Surr: phenol-d5	53.91	0	100	0	53.9	13	120	51.97	0	0	

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: Volatile Organic Compounds by GC/MS SW8260B

Sample ID: MB-182884 | SampType: MBLK | Batch ID: 182884 | Units: ug/L | Prep Date: 10/25/2013 | RunNo: 254599
Client ID: | TestCode: Volatile Organic Compounds by GC/MS SW8260B | Analysis Date: 10/25/2013 | SeqNo: 5346265

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1-Dichloroethene	BRL	5.0	0	0	0	0	0	0	0		
1,2,4-Trichlorobenzene	BRL	2.0	0	0	0	0	0	0	0		
Acrolein	BRL	5.0	0	0	0	0	0	0	0		
Acrylonitrile	BRL	5.0	0	0	0	0	0	0	0		
Benzene	BRL	5.0	0	0	0	0	0	0	0		
Chlorobenzene	BRL	5.0	0	0	0	0	0	0	0		
Dichlorodifluoromethane	BRL	2.0	0	0	0	0	0	0	0		
Toluene	BRL	5.0	0	0	0	0	0	0	0		
Trichloroethene	BRL	5.0	0	0	0	0	0	0	0		
Surr: 4-Bromofluorobenzene	45.42	0	50	0	90.8	70	130	0	0		
Surr: Dibromofluoromethane	48.64	0	50	0	97.3	70	130	0	0		
Surr: Toluene-d8	48.14	0	50	0	96.3	70	130	0	0		

Sample ID: LCS-182884 | SampType: LCS | Batch ID: 182884 | Units: ug/L | Prep Date: 10/25/2013 | RunNo: 254599
Client ID: | TestCode: Volatile Organic Compounds by GC/MS SW8260B | Analysis Date: 10/25/2013 | SeqNo: 5346262

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1-Dichloroethene	20.51	5.0	20	0	103	60	140	0	0		
Benzene	20.49	5.0	20	0	102	70	130	0	0		
Chlorobenzene	19.82	5.0	20	0	99.1	70	130	0	0		
Toluene	20.64	5.0	20	0	103	70	130	0	0		
Trichloroethene	18.84	5.0	20	0	94.2	70	130	0	0		
Surr: 4-Bromofluorobenzene	51.5	0	50	0	103	70	130	0	0		
Surr: Dibromofluoromethane	49.54	0	50	0	99.1	70	130	0	0		
Surr: Toluene-d8	52.3	0	50	0	105	70	130	0	0		

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310I74
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: Volatile Organic Compounds by GC/MS SW8260B

Sample ID: 1310G23-001AMS | SampType: MS | Batch ID: 182884 | Units: ug/L | Prep Date: 10/25/2013 | RunNo: 254599
Client ID: | TestCode: Volatile Organic Compounds by GC/MS SW8260B | Analysis Date: 10/25/2013 | SeqNo: 5346450

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1-Dichloroethene	18.64	5.0	20	0	93.2	60.2	159	0	0		
Benzene	19.47	5.0	20	0	97.4	70.2	138	0	0		
Chlorobenzene	18.52	5.0	20	0	92.6	70.1	133	0	0		
Toluene	19.88	5.0	20	0	99.4	70	139	0	0		
Trichloroethene	17.62	5.0	20	0	88.1	70.1	144	0	0		
Surr: 4-Bromofluorobenzene	52.28	0	50	0	105	66.2	120	0	0		
Surr: Dibromofluoromethane	49.81	0	50	0	99.6	79.5	121	0	0		
Surr: Toluene-d8	53.51	0	50	0	107	77	117	0	0		

Sample ID: 1310G23-001AMSD | SampType: MSD | Batch ID: 182884 | Units: ug/L | Prep Date: 10/25/2013 | RunNo: 254599
Client ID: | TestCode: Volatile Organic Compounds by GC/MS SW8260B | Analysis Date: 10/25/2013 | SeqNo: 5346452

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,1-Dichloroethene	20.15	5.0	20	0	101	60.2	159	18.64	7.79	19.2	
Benzene	21.33	5.0	20	0	107	70.2	138	19.47	9.12	20	
Chlorobenzene	19.85	5.0	20	0	99.2	70.1	133	18.52	6.93	20	
Toluene	21.94	5.0	20	0	110	70	139	19.88	9.85	20	
Trichloroethene	19.09	5.0	20	0	95.4	70.1	144	17.62	8.01	20	
Surr: 4-Bromofluorobenzene	52.26	0	50	0	104	66.2	120	52.28	0	0	
Surr: Dibromofluoromethane	50.91	0	50	0	102	79.5	121	49.81	0	0	
Surr: Toluene-d8	53.49	0	50	0	107	77	117	53.51	0	0	

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310I74
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: TCL-SEMIVOLATILE ORGANICS SW8270D

Sample ID: MB-182861 SampType: MBLK Batch ID: 182861 Units: ug/L Prep Date: 10/24/2013 RunNo: 254649
Client ID: TestCode: TCL-SEMIVOLATILE ORGANICS SW8270D Analysis Date: 10/24/2013 SeqNo: 5347044

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,2-Diphenylhydrazine	BRL	10	0	0	0	0	0	0	0		
Surr: 2,4,6-Tribromophenol	43.31	0	50	0	86.6	50.9	150	0	0		
Surr: 2-Fluorobiphenyl	17.19	0	25	0	68.8	50.7	121	0	0		
Surr: 2-Fluorophenol	25.34	0	50	0	50.7	25.6	120	0	0		
Surr: 4-Terphenyl-d14	19.02	0	25	0	76.1	44	147	0	0		
Surr: Nitrobenzene-d5	15.76	0	25	0	63	41.6	120	0	0		
Surr: Phenol-d5	17.07	0	50	0	34.1	13	120	0	0		

Sample ID: LCS-182861 SampType: LCS Batch ID: 182861 Units: ug/L Prep Date: 10/24/2013 RunNo: 254649
Client ID: TestCode: TCL-SEMIVOLATILE ORGANICS SW8270D Analysis Date: 10/24/2013 SeqNo: 5347046

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,2-Diphenylhydrazine	47.76	10	50	0	95.5	70	130	0	0		
Surr: 2,4,6-Tribromophenol	61.04	0	50	0	122	50.9	150	0	0		
Surr: 2-Fluorobiphenyl	24.6	0	25	0	98.4	50.7	121	0	0		
Surr: 2-Fluorophenol	31.26	0	50	0	62.5	25.6	120	0	0		
Surr: 4-Terphenyl-d14	26.71	0	25	0	107	44	147	0	0		
Surr: Nitrobenzene-d5	22.22	0	25	0	88.9	41.6	120	0	0		
Surr: Phenol-d5	22.87	0	50	0	45.7	13	120	0	0		

Sample ID: 1310J60-006AMS SampType: MS Batch ID: 182861 Units: ug/L Prep Date: 10/25/2013 RunNo: 254656
Client ID: TestCode: TCL-SEMIVOLATILE ORGANICS SW8270D Analysis Date: 10/25/2013 SeqNo: 5347130

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,2-Diphenylhydrazine	86.7	20	100	0	86.7	50	150	0	0		
Surr: 2,4,6-Tribromophenol	81.45	0	100	0	81.4	50.9	150	0	0		
Surr: 2-Fluorobiphenyl	42.91	0	50	0	85.8	50.7	121	0	0		
Surr: 2-Fluorophenol	63.93	0	100	0	63.9	25.6	120	0	0		

Qualifiers:					
<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

CLIENT: Davis & Brown
Work Order: 1310174
Project: 211585

ANALYTICAL QC SUMMARY REPORT

TestCode: TCL-SEMIVOLATILE ORGANICS SW8270D

Sample ID: 1310J60-006AMS SampType: MS Batch ID: 182861 Units: ug/L Prep Date: 10/25/2013 RunNo: 254656
Client ID: TestCode: TCL-SEMIVOLATILE ORGANICS SW8270D Analysis Date: 10/25/2013 SeqNo: 5347130

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
Surr: 4-Terphenyl-d14	42.11	0	50	0	84.2	44	147	0	0		
Surr: Nitrobenzene-d5	42.45	0	50	0	84.9	41.6	120	0	0		
Surr: Phenol-d5	51.97	0	100	0	52	13	120	0	0		

Sample ID: 1310J60-006AMSD SampType: MSD Batch ID: 182861 Units: ug/L Prep Date: 10/25/2013 RunNo: 254656
Client ID: TestCode: TCL-SEMIVOLATILE ORGANICS SW8270D Analysis Date: 10/25/2013 SeqNo: 5347132

Analyte	Result	RPT Limit	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	RPD Ref Val	%RPD	RPDLimit	Qual
1,2-Diphenylhydrazine	84.75	20	100	0	84.8	50	150	86.7	2.27	30	
Surr: 2,4,6-Tribromophenol	86.26	0	100	0	86.3	50.9	150	81.45	0	0	
Surr: 2-Fluorobiphenyl	43.63	0	50	0	87.3	50.7	121	42.91	0	0	
Surr: 2-Fluorophenol	65.79	0	100	0	65.8	25.6	120	63.93	0	0	
Surr: 4-Terphenyl-d14	44.01	0	50	0	88	44	147	42.11	0	0	
Surr: Nitrobenzene-d5	42.7	0	50	0	85.4	41.6	120	42.45	0	0	
Surr: Phenol-d5	53.91	0	100	0	53.9	13	120	51.97	0	0	

Qualifiers:

<	Less than Result value	>	Greater than Result value	B	Analyte detected in the associated Method Blank
BRL	Below Reporting Limit	E	Estimated value above quantitation range	H	Holding times for preparation or analysis exceeded
J	Estimated value detected below Reporting Limit	N	Analyte not NELAC certified	R	RPD outside limits due to matrix
Rpt Lim	Reporting Limit	S	Spike Recovery outside limits due to matrix		

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Data Qualifiers

Within the attached report, some analytical data may be reported as **Qualified Data** as indicated by a data qualifier or a flag next to the result. This table summarizes the possible **Data Qualifiers** that may be associated with this report.

A	BOD result showed toxic tendencies.
B	The BOD data is suspect due to a failed quality control check (GGA).
C	The BOD data is suspect due to a failed quality control check (Blanks).
D	Results are reported on a dry weight basis.
H	Sample was analyzed beyond the accepted holding time
J	Estimated value. Presence of the compound was confirmed but less than the reported detection limit.
L	Results based on colony counts outside the acceptable range. The ideal range for the fecal coliform test is 20 - 60 colonies.
MS	Sample matrix spike percent recovery was outside the accepted range.
O	Sampled, but analysis lost or not performed
P	Sample was not properly preserved upon receipt.
G	LCS or MS exceeds the control limits.
S	Sample was analyzed by another SC certified Lab.
SC	Seed Correction outside the accepted range of 0.60-1.0 mg/L.
SD	Results reported are derived from suspect data.
SS	BOD results derived from supersaturated D.O. values. Sample(s) were aerated per the supersaturation procedure in Standard Methods 5210B
SDF	Sample Dilutions did not meet the requirement of DO depletion of at least 2.0 mg/L or the sample dilutions did not meet the requirement of DO residual of at least 1.0 mg/L.
V	Analyte detected in the associated method blank. Note: the value in the blank shall not be subtracted from the sample result.

Revision 03/12 WSF Dataqual.wpd

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ENGINEERING • ENVIRONMENTAL • O&M SERVICES
www.NACCDB.com
(843)665-6746

November 12, 2013

Re: Flagged & No Data BOD/CBOD Results for Oct-Nov 2013

D&B Clients:

This letter is in response to flagged and missing BOD/CBOD data for the month of October and November of 2013. Davis & Brown has purchased BOD/CBOD seed from North Central Laboratories (NCL) in Wisconsin for several years without any incidents. The seed product has been stable and reliable. However, on October 16, 2013 a new bottle of seed from NCL was opened and used in the test. This batch of seed, manufactured by Bio Systems International, demonstrated inconsistencies with performance—see attachment. We observed much higher concentrations than previously experienced, causing BOD data to be flagged with "SC", and no data available for some CBOD samples. This decision to flag and report no data was made after reviews of SOP (Standard Operating Procedure), SM 5210-2011, and consultation with laboratory certification.

We are currently troubleshooting the test, and our company is also currently reviewing and implementing steps to prevent this from occurring again. D&B regrets any complications produced by this event.

Please do not hesitate to contact us with any questions you may have.

Thank You,

Scott Fields

Scott Fields
Assistant Laboratory Director
Davis & Brown
sfields@naccdb.com
pH: 843-665-6746 Ext: 531

Enclosed (2): Bio-Systems International Email
D&B Flag Sheet

Scott Fields

From: Dana Juul <djuul@biobugs.com>
Sent: Monday, November 04, 2013 5:15 PM
To: sfields@naccdb.com
Cc: Jan Treadway
Subject: Requested Documentation re: Bio-Systems BODSeed

Good Afternoon Scott,

BIO-SYSTEMS institutes a multi-stage quality control procedure for every lot produced and shipped from our facility. Although lot#56634 did pass all of our quality checks, we listen closely to customer feedback on product performance and more than one user has indicated inconsistencies with this particular batch. Based on these responses we have narrowed the specifications for this product and adjusted production procedures to ensure improved quality moving forward. As a short term solution, we have supplied replacement product as needed from the current batch to allow our customers to fulfill their testing requirements.

Please let us know if there is anything further that we can do to address your concerns or if you have any additional questions.

Dana Juul
Inside Sales / Customer Service Manager
Bio-Systems International
Direct: 608-313-1464
Cell: 608-346-2959
www.biobugs.com

BIO-SYSTEMS INTERNATIONAL

Disclaimer: http://www.biobugs.com/[illegible]

DAVIS & BROWN

Data Qualifiers

Within the attached report, some analytical data may be reported as **Qualified Data** as indicated by a data qualifier or a flag next to the result. This table summarizes the possible **Data Qualifiers** that may be associated with this report.

A	BOD result showed toxic tendencies.
B	The BOD data is suspect due to a failed quality control check (GGA).
C	The BOD data is suspect due to a failed quality control check (Blanks).
D	Results are reported on a dry weight basis.
H	Sample was analyzed beyond the accepted holding time
J	Estimated value. Presence of the compound was confirmed but less than the reported detection limit.
L	Results based on colony counts outside the acceptable range. The ideal range for the fecal coliform test is 20 - 60 colonies.
MS	Sample matrix spike percent recovery was outside the accepted range.
O	Sampled, but analysis lost or not performed
P	Sample was not properly preserved upon receipt.
G	LCS or MS exceeds the control limits.
S	Sample was analyzed by another SC certified Lab.
SC	Seed Correction outside the accepted range of 0.60-1.0 mg/L.
SD	Results reported are derived from suspect data.
SS	BOD results derived from supersaturated D.O. values. Sample(s) were aerated per the supersaturation procedure in Standard Methods 5210B
SDF	Sample Dilutions did not meet the requirement of DO depletion of at least 2.0 mg/L or the sample dilutions did not meet the requirement of DO residual of at least 1.0 mg/L.
V	Analyte detected in the associated method blank. Note: the value in the blank shall not be subtracted from the sample result.

Revision 03/12 WSF Dataqual.wpd

DAVIS & BROWN

Data Qualifiers

Within the attached report, some analytical data may be reported as Qualified Data as indicated by Data Qualifier or flag next to the result. **The data qualifier "S" indicates that the analysis was performed by another South Carolina certified lab. This table summarizes the South Carolina Lab Certification Numbers for those laboratories.**

S	South Carolina Lab Certification Number: 23101
S1	South Carolina Lab Certification Number: 93013
S2	South Carolina Lab Certification Number: 23105
S3	South Carolina Lab Certification Number: 10120
S4	South Carolina Lab Certification Number: 84002
S5	South Carolina Lab Certification Number: 32117
S6	Agricultural Service Laboratory Clemson University
S7	South Carolina Lab Certification Number: 36001
S8	Lab samples were subcontracted. See attached documentation.
S9	South Carolina Lab Certification Number: 94014001; 94014002
S10	South Carolina Lab Certification Number: 84009
S11	South Carolina Lab Certification Number: 96026; 96031; 98001; 73006; 98016 Note: S11A indicates AES Laboratory; S11G indicates GCAL Laboratory
S12	AASHTO R18 Certified
S13	South Carolina Lab Certification Number: 96012
S14	South Carolina Lab Certification Number: 89002
S15	**********
S16	South Carolina Lab Certification Number: 84004
S17	South Carolina Lab Certification Number: 96037001
S18	South Carolina Lab Certification Number: 95005
S19	South Carolina Lab Certification Number: 23104
S20	South Carolina Lab Certification Number: 96027001
S21	South Carolina Lab Certification Number: 21005
S22	South Carolina Lab Certification Number: 24110
S23	South Carolina Lab Certification Number: 84001001
S24	South Carolina Lab Certification Number: 82014001
S25	Sample was analyzed by Microseeps, Inc Laboratory
S26	North Carolina Lab Certification Number: 21 (Wilson Division NC00120)
S27	South Carolina Lab Certification Number: 40569
S28	South Carolina Lab Certification Number: 32571

DAVIS & BROWN

124 W. Melver Road
Florence, SC 29501

PH: 843-665-6746
FAX: 843-656-2208

PAGE # ____ OF ____
95612

REGULATORY: YES NO

CHAIN OF CUSTODY RECORD

TURNAROUND TIME: ___P1 ___STANDARD RUSH ___P2

CLIENT: HONDA ATV PLANT

ADDRESS:

PHONE: FAX:

USE CODES TO INDICTATE IF SAMPLE WAS FILTERED OR PRESERVED: A = HNO_3 B = HCL D = H_2SO_4 F = FILTRATION C = NAOH E = $NA_2S_2O_3$ G = ZINCACETATE

PROGRAM AREA: D = DRINKING WATER G = GROUNDWATER S = SOLID SL = SLUDGE W = WASTEWATER O=OTHER

PLEASE PRINT LEGIBLY

SHADED AREAS FOR LAB USE ONLY

SAMPLE ANALYSIS REQUESTED

SAMPLE ID	DATE	TIME	INITIAL	TYPE: Grab / Composite	TOTAL # OF CONTAINERS	BOD	COD	Cd,Cr,Cu,Ni,Pb,Ag,Zn, A/D		Oil & Grease	Mercury	Cyanide	BTEX	TTO					PROGRAM AREA	NOTES	LAB ID
	Preservative						D	A		D	A	C	B								
									Fill in the Number of Containers for EACH Test												
EFFLUENT(Q)	START: 10-16-13	10:00																			211584
	FINISH: 10-17-13	10:00	CD	C	3	1	1	1											W		
EFFLUENT(Q)-GRAB Annual	START:																				
	FINISH: 10-17-13	9:55	CD	G	6					1	1	1	3	2					W	Inst. Flow- 7.0 GPM	211585
EFFLUENT-pH	START:																			0100820	
	FINISH: 10-17-13	9:50	CD	G																pH- 8.55	
	START:																			Temp- 27.6	
	FINISH:																				

SAMPLER SIGNATURE: Corey Davidson

COMPOSITE TEMP 3.1 °C
( ) TIME (X) FLOW PROPORTIONAL
INTERVAL BETWN SAMPLES 1 pulse
SAMPLE VOLUME 200 mls
OF SAMPLES 50

METER NUMBER
TRC ____
DPD LOT # ____
DO ____ pH 1.7

FLOW INFO
9515543 - 9003090
9512453

ICE: (YES) NO ICE PACK

RECEIPT TEMP: 3.3 °C

Relinquished by	Date	Time	Relinquished by	Date	Time	Relinquished by	Date	Time
Corey Davidson	10-17-13	15:30						
Received by	**Date**	**Time**	**Received by**	**Date**	**Time**	**Received by**	**Date**	**Time**
Sharon Floyd	10-17-13	1550						

Comments:

ISSUED NOVEMBER 2012

Davis & Brown

PO Box 15038
Quinby, SC 29506
(843) 665-6746 FAX: (843) 629-1444

Certificate of Analysis

Client: HONDA ATV PLANT - TOM BAILEY
1111 HONDAWAY
TIMMONSVILLE, SC 29161

South Carolina Certification Number: 21117

Contact: TOM BAILEY
Client #: 982

Receipt Date: 17-Oct-13
Report Date: 06-Nov-13

Sample Date: 17-Oct-13
SDG #: SDG-095618
Lab Sample ID: LSID-211600
Sample ID: EFFLUENT(G)-FILTERED

Approved By: Van Ward
Van Ward
Lab Director

Parameter	Result	Reporting Limit	Unit	Method	Flag	Date	Time	Analyst
Filtration	YES					10/18/2013	9:30	BW
Cyanide	<0.005	0.005	mg/L	SM 4500 CN-		10/21/2013	14:50	BW

Davis & Brown

PO Box 15038
Quinby, SC 29506
(843) 665-6746 FAX: (843) 629-1444

Certificate of Analysis

Client: HONDA ATV PLANT - TOM BAILEY
1111 HONDAWAY
TIMMONSVILLE, SC 29161

South Carolina Certification Number: 21117

Contact: TOM BAILEY
Client #: 982

Receipt Date: 17-Oct-13
Report Date: 06-Nov-13

Sample Date: 17-Oct-13
SDG #: SDG-095618
Lab Sample ID: LSID-211601
Sample ID: EFFLUENT(G)-GEN ENG

Approved By: Van Ward
Van Ward
Lab Director

Parameter	Result	Reporting Limit	Unit	Method	Flag	Date	Time	Analyst
Cyanide	<0.005	0.005	mg/L	SM 4500 CN-	S3	10/25/2013	16:29	KLP1

Davis & Brown

PO Box 15038
Quinby, SC 29506
(843) 665-6746 FAX: (843) 629-1444

Certificate of Analysis

Client: HONDA ATV PLANT - TOM BAILEY
1111 HONDAWAY
TIMMONSVILLE, SC 29161

South Carolina Certification Number: 21117

Contact: TOM BAILEY

Client #: 982

Receipt Date: 17-Oct-13

Report Date: 06-Nov-13

Sample Date: 17-Oct-13

SDG #: SDG-095618

Lab Sample ID: LSID-211602

Sample ID: EFFLUENT(G)-GEN ENG-FILTERED

Approved By: Van Ward
Van Ward
Lab Director

Parameter	Result	Reporting Limit	Unit	Method	Flag	Date	Time	Analyst
Filtration	YES					10/18/2013	10:00	BW
Cyanide	<0.005	0.005	mg/L	SM 4500 CN-	S3	10/25/2013	16:30	KLP1

GEL LABORATORIES LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

Report Date: November 5, 2013

Company :	Davis & Brown
Address :	Post Office Box 15038
	Quinby, South Carolina 29506
Contact:	Mr. Van Ward
Project:	Routine Analytical

Client Sample ID:	211601	Project:	DAVS00191
Sample ID:	336068001	Client ID:	DAVS001
Matrix:	Waste Water		
Collect Date:	17-OCT-13 10:05		
Receive Date:	23-OCT-13		
Collector:	Client		

Parameter	Qualifier	Result	DL	RL	Units	DF	Analyst	Date	Time	Batch	Method
Flow Injection Analysis											
EPA 335.4 Cyanide, Total "As Received"											
Cyanide, Total	U	ND	1.67	5.00	ug/L	1	KLP1	10/25/13	1629	1341788	1

The following Prep Methods were performed:

Method	Description	Analyst	Date	Time	Prep Batch
EPA 335.4	EPA 335.4 Total Cyanide	MXV1	10/25/13	1500	1341785

The following Analytical Methods were performed:

Method	Description	Analyst Comments
1	EPA 335.4 SC	

Notes:

GEL LABORATORIES LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

Report Date: November 5, 2013

Company :	Davis & Brown
Address :	Post Office Box 15038
	Quinby, South Carolina 29506
Contact:	Mr. Van Ward
Project:	Routine Analytical
Client Sample ID:	211602
Sample ID:	336068002
Matrix:	Waste Water
Collect Date:	17-OCT-13 10:05
Receive Date:	23-OCT-13
Collector:	Client

Project:	DAVS00191
Client ID:	DAVS001

Parameter	Qualifier	Result	DL	RL	Units	DF	Analyst	Date	Time	Batch	Method
Flow Injection Analysis											
EPA 335.4 Cyanide, Total "As Received"											
Cyanide, Total	U	ND	1.67	5.00	ug/L	1	KLP1	10/25/13	1630	1341788	1

The following Prep Methods were performed:

Method	Description	Analyst	Date	Time	Prep Batch
EPA 335.4	EPA 335.4 Total Cyanide	MXV1	10/25/13	1500	1341785

The following Analytical Methods were performed:

Method	Description	Analyst Comments
1	EPA 335.4 SC	

Notes:

GEL Laboratories LLC
a member of The GEL Group INC

PO Box 30712 Charleston, SC 29417
2040 Savage Road Charleston, SC 29407
P 843.556.8171 F 843.766.1178

www.gel.com

November 05, 2013

Mr. Van Ward
Davis & Brown
Post Office Box 15038
Quinby, South Carolina 29506

Re: Routine Analytical
Work Order: 336068

Dear Mr. Ward:

GEL Laboratories, LLC (GEL) appreciates the opportunity to provide the enclosed analytical results for the sample(s) we received on October 23, 2013. This original data report has been prepared and reviewed in accordance with GEL's standard operating procedures.

Our policy is to provide high quality, personalized analytical services to enable you to meet your analytical needs on time every time. We trust that you will find everything in order and to your satisfaction. If you have any questions, please do not hesitate to call me at (843) 556-8171, ext. 4289.

Sincerely,

Julie Robinson

Julie Robinson
Project Manager

Purchase Order: 14-0-154
Enclosures

GEL LABORATORIES LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis Report
for

DAVS001 Davis & Brown

Client SDG: 336068 GEL Work Order: 336068

The Qualifiers in this report are defined as follows:

- * A quality control analyte recovery is outside of specified acceptance criteria
- ** Analyte is a Tracer compound
- *** Analyte is a surrogate compound
- U Analyte was analyzed for, but not detected above the MDL, MDA, or LOD.

Where the analytical method has been performed under NELAP certification, the analysis has met all of the requirements of the NELAC standard unless qualified on the Certificate of Analysis.

The designation ND, if present, appears in the result column when the analyte concentration is not detected above the limit as defined in the 'U' qualifier above.

This data report has been prepared and reviewed in accordance with GEL Laboratories LLC standard operating procedures. Please direct any questions to your Project Manager, Julie Robinson.

Reviewed by Julie Robinson

GEL LABORATORIES LLC

2040 Savage Road Charleston, SC 29407 - (843) 556-8171 - www.gel.com

QC Summary

Report Date: November 5, 2013

Davis & Brown
Post Office Box 15038
Quinby, South Carolina

Contact: Mr. Van Ward

Workorder: 336068

Parmname	NOM	Sample	Qual	QC	Units	RPD%	REC%	Range	Anlst	Date Time
Flow Injection Analysis										
Batch 1341788										
QC1202974419 336026007 DUP										
Cyanide, Total	U	ND	U	ND	ug/L	N/A			KLP1	10/25/13 16:26
QC1202974418 LCS										
Cyanide, Total	50.0			46.2	ug/L		92.4	(90%-110%)		10/25/13 16:25
QC1202974417 MB										
Cyanide, Total			U	ND	ug/L					10/25/13 16:24
QC1202974420 336026007 MS										
Cyanide, Total	100	U	ND	92.1	ug/L		92.1	(60%-124%)		10/25/13 16:27

Notes:

The Qualifiers in this report are defined as follows:

- < Result is less than value reported
- > Result is greater than value reported
- B The target analyte was detected in the associated blank.
- E General Chemistry--Concentration of the target analyte exceeds the instrument calibration range
- H Analytical holding time was exceeded
- J Value is estimated
- N/A RPD or %Recovery limits do not apply.
- N1 See case narrative
- ND Analyte concentration is not detected above the detection limit
- NJ Consult Case Narrative, Data Summary package, or Project Manager concerning this qualifier
- Q One or more quality control criteria have not been met. Refer to the applicable narrative or DER.
- R Per section 9.3.4.1 of Method 1664 Revision B, due to matrix spike recovery issues, this result may not be reported or used for regulatory compliance purposes.
- R Sample results are rejected
- U Analyte was analyzed for, but not detected above the MDL, MDA, or LOD.
- X Consult Case Narrative, Data Summary package, or Project Manager concerning this qualifier
- Z Paint Filter Test--Particulates passed through the filter, however no free liquids were observed.
- ^ RPD of sample and duplicate evaluated using +/-RL. Concentrations are <5X the RL. Qualifier Not Applicable for Radiochemistry.
- d 5-day BOD--The 2:1 depletion requirement was not met for this sample
- e 5-day BOD--Test replicates show more than 30% difference between high and low values. The data is qualified per the method and can be used for reporting purposes

QC Summary

Workorder: 336068

Parmname	NOM	Sample	Qual	QC	Units	RPD%	REC%	Range	Anlst	Date	Time

h Preparation or preservation holding time was exceeded

N/A indicates that spike recovery limits do not apply when sample concentration exceeds spike conc. by a factor of 4 or more.
^ The Relative Percent Difference (RPD) obtained from the sample duplicate (DUP) is evaluated against the acceptance criteria when the sample is greater than five times (5X) the contract required detection limit (RL). In cases where either the sample or duplicate value is less than 5X the RL, a control limit of +/- the RL is used to evaluate the DUP result.
*. Indicates that a Quality Control parameter was not within specifications.
For PS, PSD, and SDILT results, the values listed are the measured amounts, not final concentrations.

Where the analytical method has been performed under NELAP certification, the analysis has met all of the requirements of the NELAC standard unless qualified on the QC Summary.

There are no "Data Exception Reports" associated with this analytical report.

Gen. Eng PO# 14-D-154 336068%

DAVIS & BROWN

124 W. McIver Road
Florence, SC 29501

PH: 843-665-6746
FAX: 843-656-2208

PAGE # ____ OF ____

REGULATORY: YES (NO)

CHAIN OF CUSTODY RECORD

TURNAROUND TIME: ____P1 ____STANDARD RUSH ____P2

CLIENT: Davis & Brown

ADDRESS:

PHONE: FAX:

USE CODES TO INDICTATE IF SAMPLE WAS FILTERED OR PRESERVED: A = HNO_3 B = HCL D = H_2SO_4 F = FILTRATION C = NAOH E = $NA_2S_2O_3$ G = ZINCACETATE

PROGRAM AREA: D = DRINKING WATER G = GROUNDWATER S = SOLID SL = SLUDGE W = WASTEWATER O=OTHER

PLEASE PRINT LEGIBLY

SHADED AREAS FOR LAB USE ONLY

SAMPLE ANALYSIS REQUESTED

SAMPLE ID	DATE	TIME	INITIAL	TYPE: Grab / Composite	TOTAL # OF CONTAINERS	Preservative: C												PROGRAM AREA	NOTES	LAB ID
						CN														
						Fill in the Number of Containers for EACH Test														
211601	10/17/13	1005		G	1	1												W		
211602	10/17/13	1005		G	1	1												W		

SAMPLER SIGNATURE

FLOW INFO

ICE: (YES) NO ICE PACK

RECEIPT TEMP: ____°C

Relinquished by:	Date:	Time:	Relinquished by:	Date:	Time:	Relinquished by:	Date:	Time:
Diana Floyd	10/22/13	1600						
Received by:	**Date:**	**Time:**	**Received by:**	**Date:**	**Time:**	**Received by:**	**Date:**	**Time:**
[illegible signature]	10/22/13	0900						

Comments:

ISSUED: NOVEMBER 2012

GEL Laboratories LLC

SAMPLE RECEIPT & REVIEW FORM

Client: Davis & Brown	SDG/AR/COC/Work Order: 3310068/
Received By: SHANTA WHITLOCK	Date Received: 10-23-13 @ 9:00

Suspected Hazard Information	Yes	No	*If Net Counts > 100cpm on samples not marked "radioactive", contact the Radiation Safety Group for further investigation.
COC/Samples marked as radioactive?		✓	Maximum Net Counts Observed* (Observed Counts - Area Background Counts): 30 cpm
Classified Radioactive II or III by RSO?		✓	If yes, Were swipes taken of sample containers < action levels?
COC/Samples marked containing PCBs?		✓	
Package, COC, and/or Samples marked as beryllium or asbestos containing?		✓	If yes, samples are to be segregated as Safety Controlled Samples, and opened by the GEL Safety Group.
Shipped as a DOT Hazardous?		✓	Hazard Class Shipped: UN#:
Samples identified as Foreign Soil?		✓	

	Sample Receipt Criteria	Yes	NA	No	Comments/Qualifiers (Required for Non-Conforming Items)
1	Shipping containers received intact and sealed?	✓			Circle Applicable: Seals broken Damaged container Leaking container Other (describe)
2	Samples requiring cold preservation within (0 ≤ 6 deg. C)?*	✓			Preservation Method: Ice bags Blue ice Dry ice None Other (describe) 2C *all temperatures are recorded in Celsius
2a	Daily check performed and passed on IR temperature gun?	✓			Temperature Device Serial #: 51050004 Secondary Temperature Device Serial # (If Applicable):
3	Chain of custody documents included with shipment?	✓			
4	Sample containers intact and sealed?	✓			Circle Applicable: Seals broken Damaged container Leaking container Other (describe)
5	Samples requiring chemical preservation at proper pH?	✓			Sample ID's, containers affected and observed pH: If Preservation added, Lot#:
6	VOA vials free of headspace (defined as < 6mm bubble)?		✓		Sample ID's and containers affected:
7	Are Encore containers present?			✓	(If yes, immediately deliver to Volatiles laboratory)
8	Samples received within holding time?	✓			ID's and tests affected:
9	Sample ID's on COC match ID's on bottles?	✓			Sample ID's and containers affected:
10	Date & time on COC match date & time on bottles?	✓			Sample ID's affected:
11	Number of containers received match number indicated on COC?	✓			Sample ID's affected:
12	Are sample containers identifiable as GEL provided?			✓	
13	COC form is properly signed in relinquished/received sections?	✓			
14	Carrier and tracking number.				Circle Applicable: FedEx Air FedEx Ground UPS Field Services Courier Other 1Z 660 E76 03 9002 6800

Comments (Use Continuation Form if needed):

PM (or PMA) review: Initials JM Date 10/23/13 Page 1 of 1

List of current GEL Certifications as of 05 November 2013

State	Certification
Alaska	UST-110
Arkansas	88-0651
CLIA	42D0904046
California NELAP	01151CA
Colorado	SC00012
Connecticut	PH-0169
Delaware	SC000122013-10
DoD ELAP/ ISO17025 A2LA	2567.01
Florida NELAP	E87156
Foreign Soils Permit	P330-12-00283, P330-12-00284
Georgia	SC00012
Georgia SDWA	967
Hawaii	SC000122013-10
Idaho Chemistry	SC00012
Idaho Radiochemistry	SC00012
Illinois NELAP	200029
Indiana	C-SC-01
Kansas NELAP	E-10332
Kentucky	90129
Louisiana NELAP	03046 (AI33904)
Louisiana SDWA	LA130005
Maryland	270
Massachusetts	M-SC012
Michigan	9976
Mississippi	SC000122013-10
Nebraska	NE-OS-26-13
Nevada	SC000122013-2
New Hampshire NELAP	2054
New Jersey NELAP	SC002
New Mexico	SC00012
New York NELAP	11501
North Carolina	233
North Carolina SDWA	45709
Oklahoma	9904
Pennsylvania NELAP	68-00485
Plant Material Permit	PDEP-12-00260
South Carolina Chemistry	10120001
South Carolina GVL	23611001
South Carolina Radiochemi	10120002
Tennessee	TN 02934
Texas NELAP	T104704235-13-8
Utah NELAP	SC000122013-11
Vermont	VT87156
Virginia NELAP	460202
Washington	C780-12
Wisconsin	999887790

DAVIS & BROWN

Data Qualifiers

Within the attached report, some analytical data may be reported as Qualified Data as indicated by Data Qualifier or flag next to the result. **The data qualifier "S" indicates that the analysis was performed by another South Carolina certified lab. This table summarizes the South Carolina Lab Certification Numbers for those laboratories.**

S	South Carolina Lab Certification Number: 23101
S1	South Carolina Lab Certification Number: 93013
S2	South Carolina Lab Certification Number: 23105
S3	South Carolina Lab Certification Number: 10120
S4	South Carolina Lab Certification Number: 84002
S5	South Carolina Lab Certification Number: 32117
S6	Agricultural Service Laboratory Clemson University
S7	South Carolina Lab Certification Number: 36001
S8	Lab samples were subcontracted. See attached documentation.
S9	South Carolina Lab Certification Number: 94014001; 94014002
S10	South Carolina Lab Certification Number: 84009
S11	South Carolina Lab Certification Number: 96026; 96031; 98001; 73006; 98016 Note: S11A indicates AES Laboratory; S11G indicates GCAL Laboratory
S12	AASHTO R18 Certified
S13	South Carolina Lab Certification Number: 96012
S14	South Carolina Lab Certification Number: 89002
S15	**********
S16	South Carolina Lab Certification Number: 84004
S17	South Carolina Lab Certification Number: 96037001
S18	South Carolina Lab Certification Number: 95005
S19	South Carolina Lab Certification Number: 23104
S20	South Carolina Lab Certification Number: 96027001
S21	South Carolina Lab Certification Number: 21005
S22	South Carolina Lab Certification Number: 24110
S23	South Carolina Lab Certification Number: 84001001
S24	South Carolina Lab Certification Number: 82014001
S25	Sample was analyzed by Microseeps, Inc Laboratory
S26	North Carolina Lab Certification Number: 21 (Wilson Division NC00120)
S27	South Carolina Lab Certification Number: 40569
S28	South Carolina Lab Certification Number: 32571

DAVIS & BROWN

124 W. McIver Road
Florence, SC 29501

PH: 843-665-6746
FAX: 843-656-2208

PAGE # ____ OF ____
95618

REGULATORY: YES (NO)

CHAIN OF CUSTODY RECORD

TURNAROUND TIME: ____STANDARD RUSH ____P1 ____P2

CLIENT: Honda

ADDRESS:

PHONE: FAX:

USE CODES TO INDICTATE IF SAMPLE WAS FILTERED OR PRESERVED: A = HNO_3 B = HCL D = H_2SO_4 F = FILTRATION C = NAOH E = $NA_2S_2O_3$ G = ZINCACETATE

PROGRAM AREA: D = DRINKING WATER G = GROUNDWATER S = SOLID SL = SLUDGE W = WASTEWATER O=OTHER

PLEASE PRINT LEGIBLY

SHADED AREAS FOR LAB USE ONLY

SAMPLE ANALYSIS REQUESTED

Preservative: C

Fill in the Number of Containers for EACH Test

SAMPLE ID	DATE	TIME	INITIAL	TYPE: Grab / Composite	TOTAL # OF CONTAINERS	Cyanide	PROGRAM AREA	NOTES	LAB ID
Honda	10-17-13	10:05	CD	G	3	X	W	Filtered	211600
Effluent grab								Gen. Eng	211601
								Gen. Eng. Filt.	211602

SAMPLER SIGNATURE: Cong. Davis Jr.

FLOW INFO

ICE: (YES) NO ICE PACK

RECEIPT TEMP: 3.3°c

Relinquished by:	Date:	Time:	Relinquished by	Date:	Time:	Relinquished by:	Date:	Time:
Cong. Davis Jr.	10-17-13	16:00						
Received by: Shannon Flegal	10/17/13	1600	Received by	Date	Time	Received by:	Date:	Time:

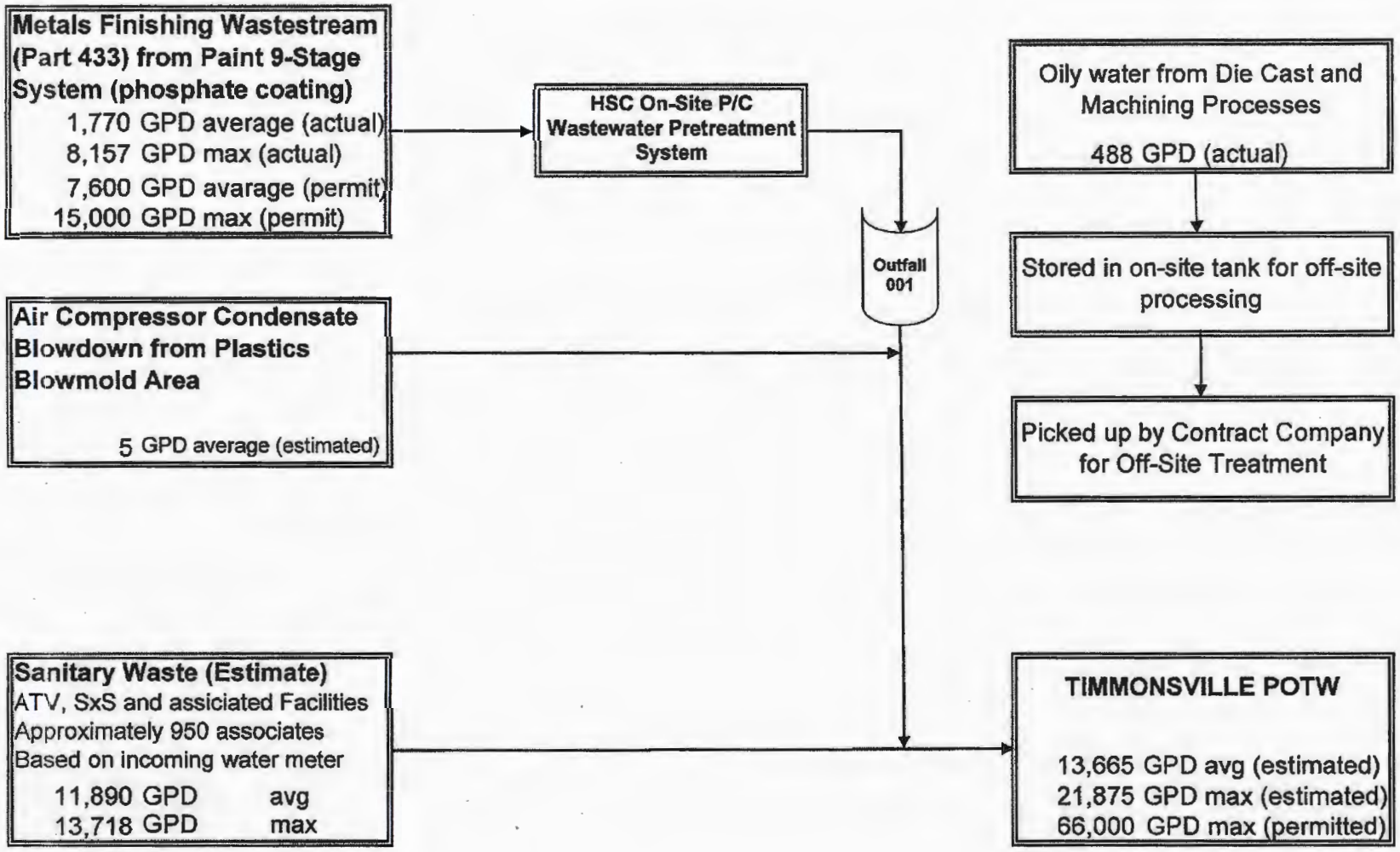
Comments:

ISSUED: NOVEMBER 2012

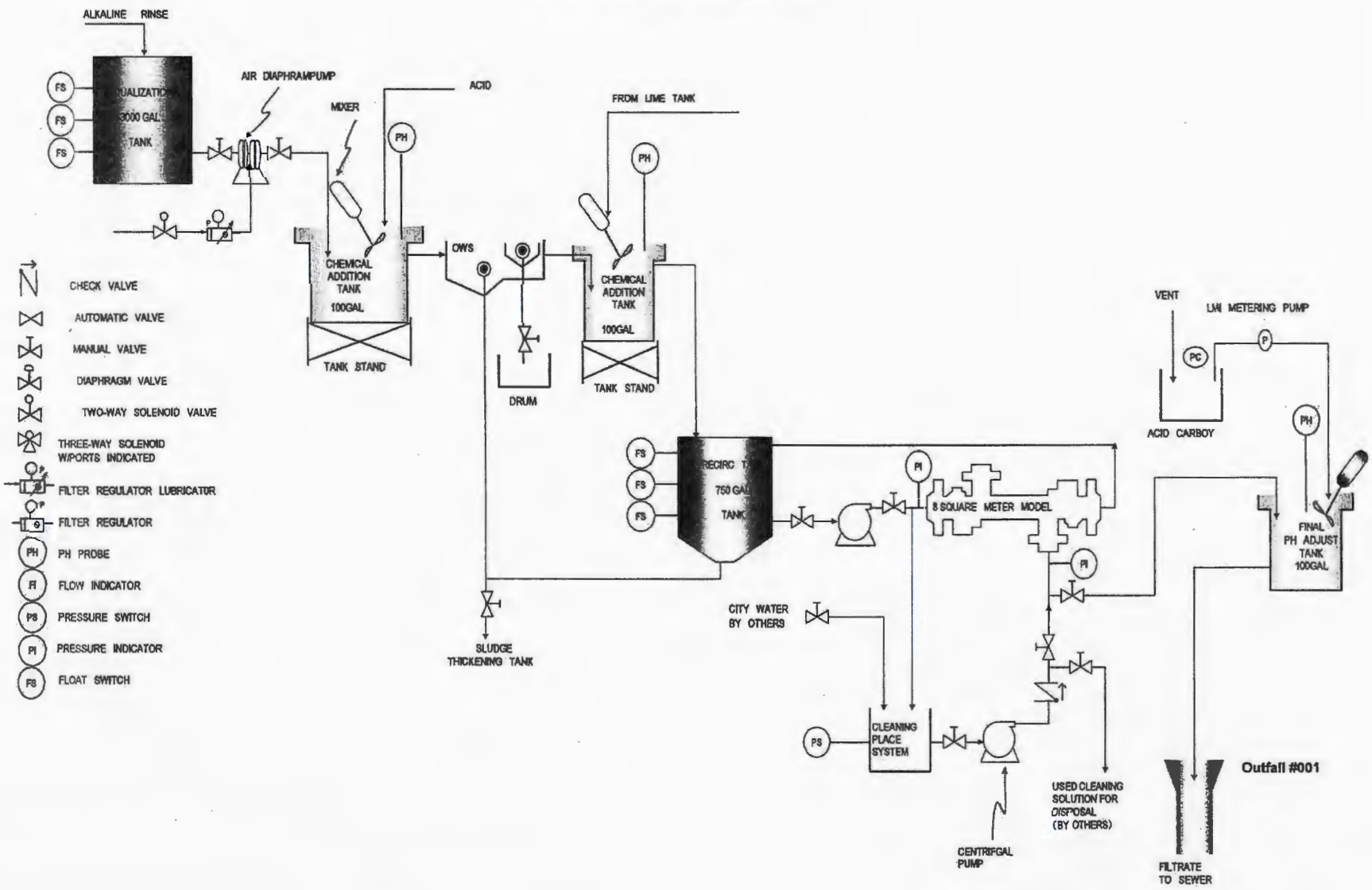
APPENDIX F

1. HSC WASTEWATER FLOW DIAGRAM
2. 9-STAGE PHOSPHATE SYSTEM
3. WASTEWATER PRETREATMENT SYSTEM (ALKALINE WASTE WATER FLOW & ZINC PHOSPHATE WASTE WATER FLOW)
4. PICTURE OF LOCATION OF OUTFALL #001

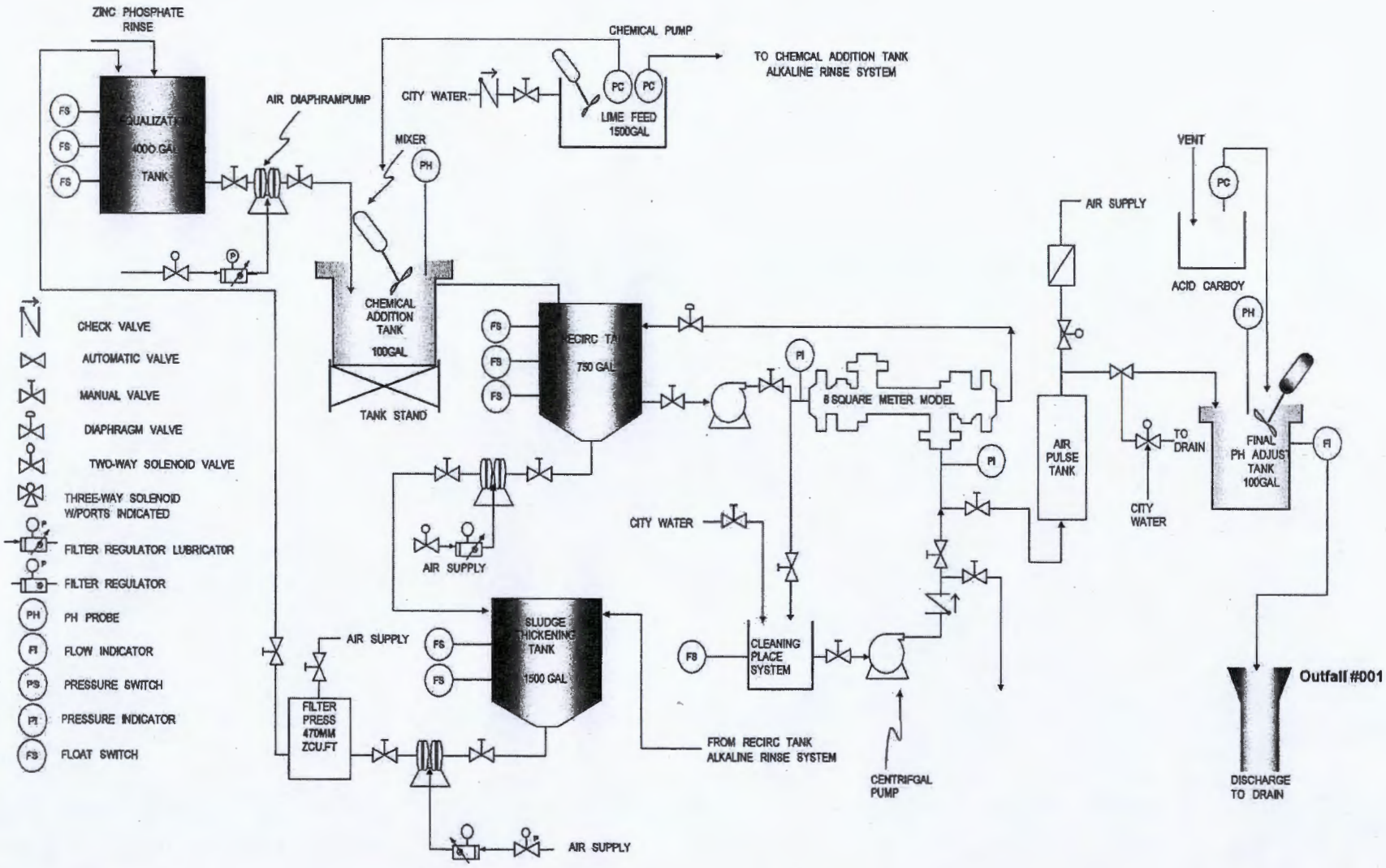
WASTEWATER FLOW DIAGRAM
HONDA OF SOUTH CAROLINA MFG, INC.
March 2014
(Using previous 12 month history)



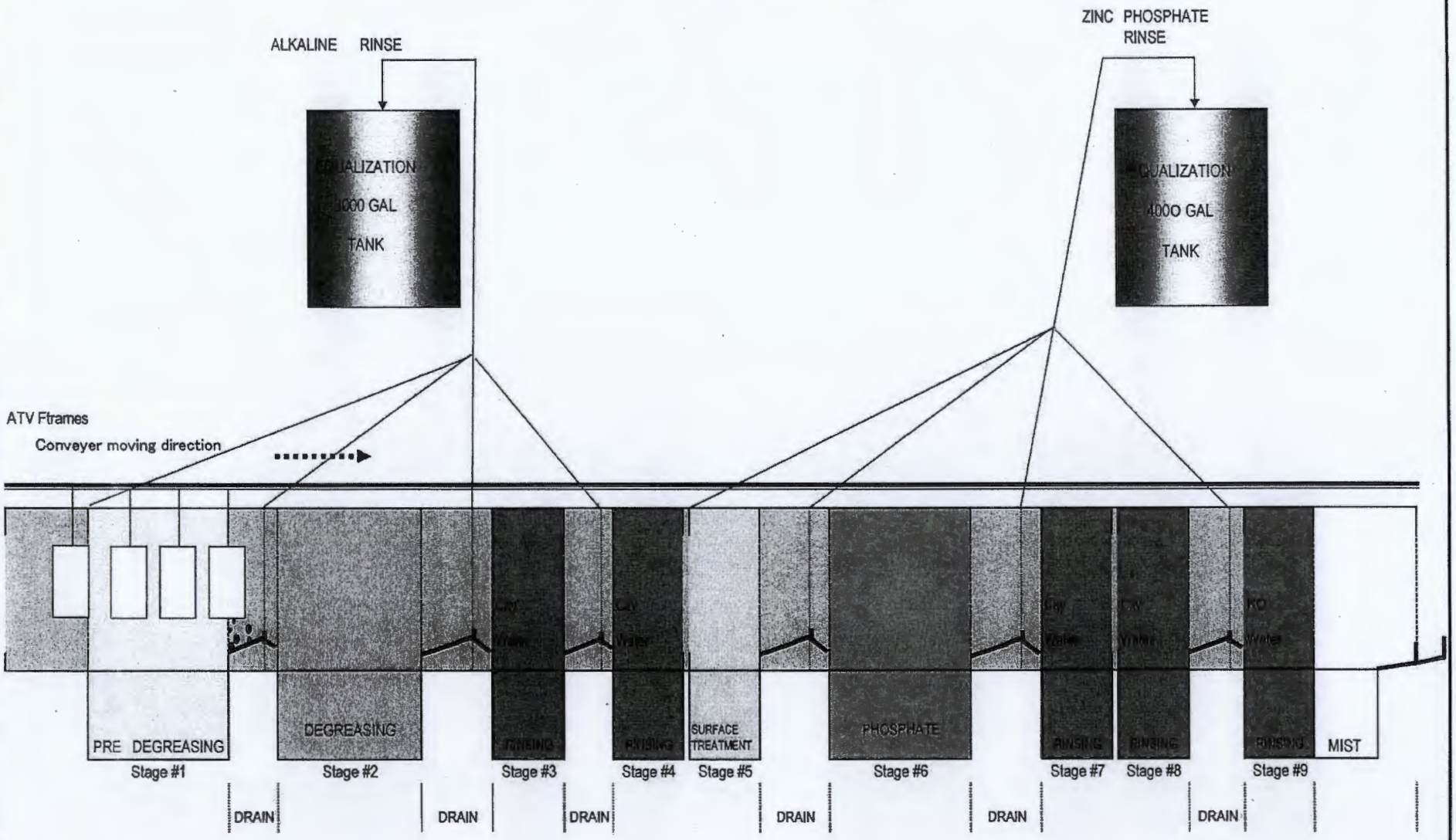
Alkaline Waste Water Flow



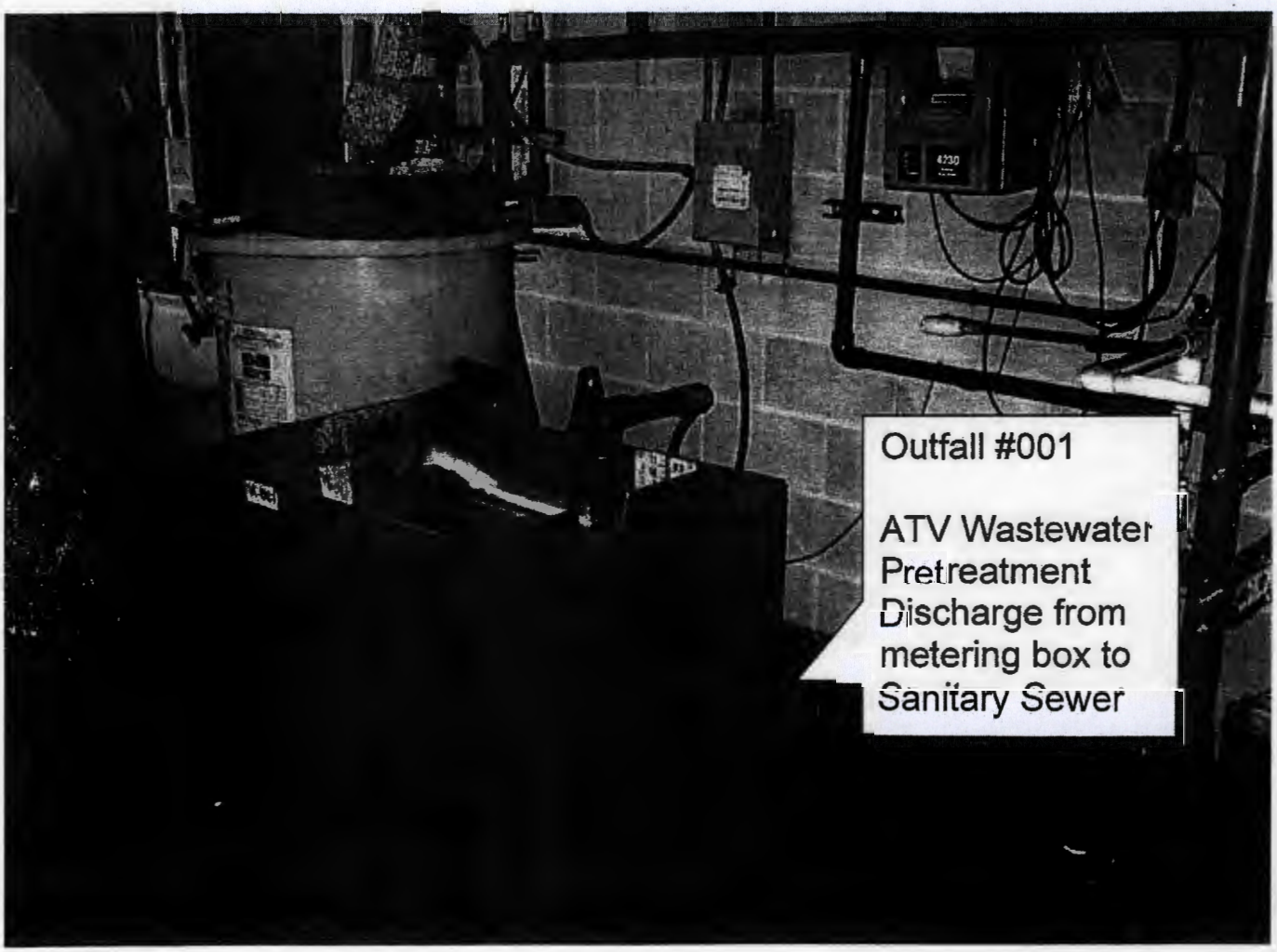
Zinc Phosphate Waste Water Flow



Honda of South Carolina Phosphate System
(9-Stage Pretreatment)



Location of Regulated Outfall 001 in pretreatment room at Honda of South Carolina



APPENDIX G

CHEMICAL STORAGE & LOCATION

Chemical Storage Description

The majority of the chemicals used at HSC are stored in the Oil Storage Building or the Paint Department Chemical Storage Building. Both buildings are constructed with containment as part of the floor structure. A spill from the largest container in either building is contained. Some totes and drums of cutting fluids and oils are also stored under roof on the Machining dock. The containers are moved from the storage buildings to the department area where they are used by forklift. There are no floor drains in the storage buildings or the process areas where the chemicals are used. The storage containers include 5-gallon buckets, 55 gallon drums, 300 gallon totes, and 500 gallon portable tanks.

HSC also has two gasoline storage tanks. One 1,000 gallon gasoline tank at the ATV Building and one 275 gallon tank at the ATV Test Track. One 1,000 gallon diesel is located outside Building 2. All three tanks are aboveground double walled tanks in a covered containment areas. One 375 gallon diesel tank is inside the Fire Pump Building.

No chemical storage containers are cleaned at HSC except the pretreatment chemical drums. The empty drums are sent to a drum reconditioner or recycler. The totes that hold engine oil are returned to the oil supplier for refilling. The other totes are returned to the supplier or the recycler they recommend.

APPENDIX H

HSC TTO MANAGEMENT PLAN

TOXIC ORGANIC MANAGEMENT PLAN

For

Honda Of South Carolina Mfg., Inc
1111 Honda Way
Timmonsville, SC 29161

TOXIC ORGANIC MANAGEMENT PLAN
Honda of South Carolina Mfg., Inc.

I. Description of Facilities and Solvent Use

A. Process Description

Honda Of South Carolina (HSC) manufactures All Terrain Vehicles (ATV's). The manufacturing process mainly involves assembly of parts from suppliers. The facility makes plastic fenders by injection molding, plastic gas tanks by blow molding, metal frames by MIG welding, and engine parts by aluminum die casting & machining. The frames are washed and a rust preventive coating is applied in a nine-stage washer in preparation for powder coat painting. The powder coat paint is cured in a oven then the frame is ready for assembly.

Wastewater types and volumes and volumes are depicted in Figure 1. The primary sources of process waters are the flows from the nine stages of the washer. This process uses alkaline cleaners to clean oil and grease from the frame then applies a nickel zinc phosphate coating in preparation for powder coat painting. The wastewater from the nine-stage washer goes to the wastewater pretreatment system. The pretreatment system uses acid addition (hydrochloric acid) to break the oil water emulsion. The oil is then removed in an oil/water separator. The wastewater then goes through lime addition and flocculation for metals reduction. The treated effluent is discharged to the Town of Timmonsville sever system. The solids are removed by a pressure filter and sent to landfill.

B. Identification of Toxic Organic Chemicals Entering the Plant Wastewaters

1. Chemical Analysis of Treated Wastewaters

There should be no toxic organic chemicals in the plant wastewaters. The chemicals used in the nine-stage washer do not contain any regulated organic chemicals. There are no floor drains in the manufacturing area. The only connections to the city sewer are the ones in the wastewater treatment area, the boiler room, and janitor closets in the restrooms.

Samples were taken of the wastewater pretreatment effluent by Davis & Brown and analyzed for the toxic organics regulated under the metal finishing category. Toxic organic compounds detected at concentrations greater than 0.01 mg/l are listed in Table 1. Only one other compound (bromochloromethane) was above the detection limit of the analysis.

Flowsheet for Wastewater Treatment Area

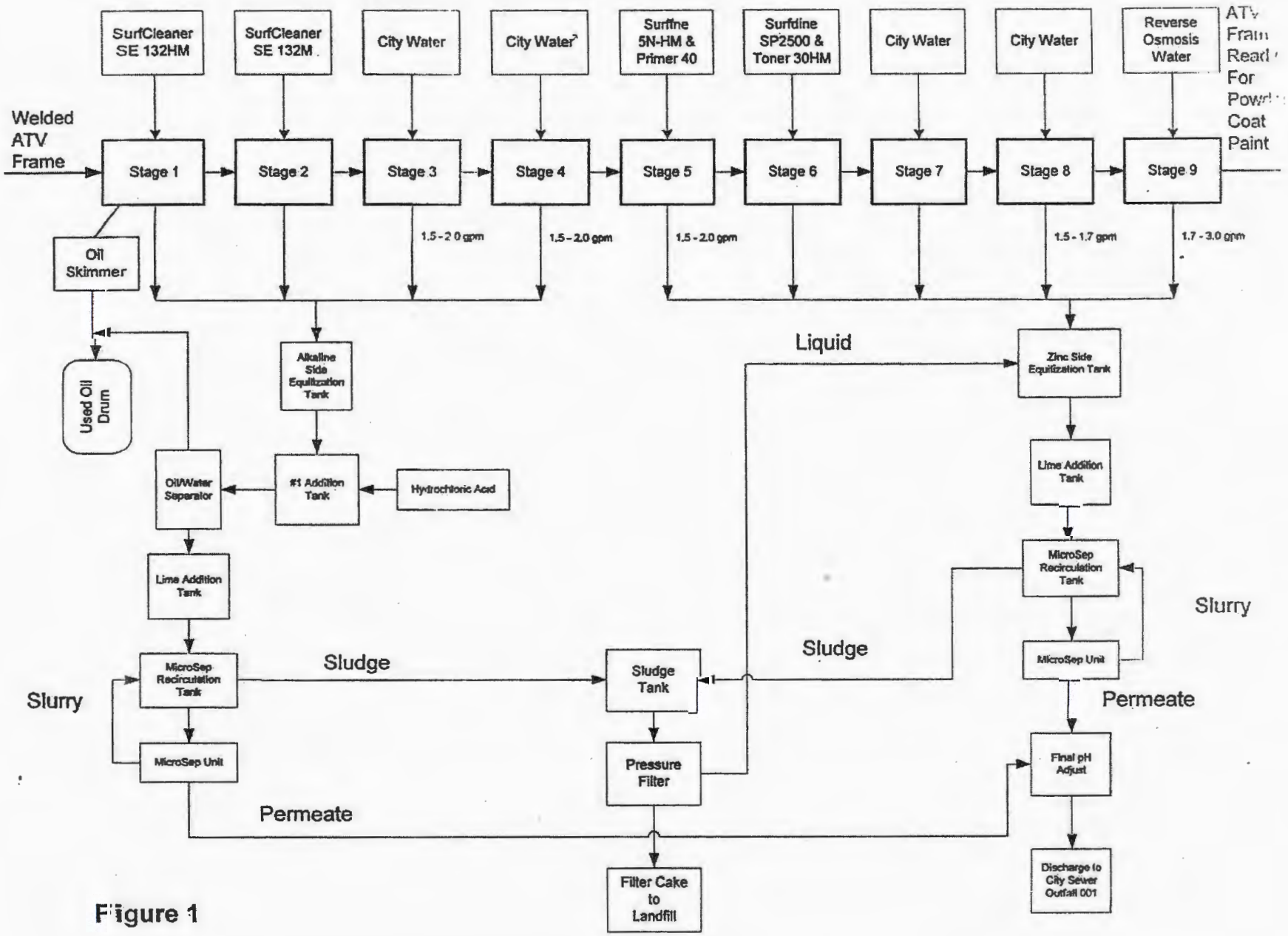


Figure 1

Table 1

Compound	Concentration (µg/l)	Concentration (mg/l)
Methyl Ethyl Ketone	84.0	0.0840
Chloromethane	52.8	0.0525

2. Identification of Solvents Used in Manufacturing Operations

   a) The chemicals used in the nine-stage frame pretreatment system and the wastewater pretreatment system do not contain any toxic organic chemicals.

   b) The touch-up paint operation uses solvent based paints and thinners that contain toxic organic chemicals. Waste paint is collected in a drum for recycle by Safety-Kleen. A gun cleaning station serviced by Safey-Kleen also uses a solvent containing toxic organic chemicals. Both of these items are hazardous waste and are recycled by Safety-Kleen according to State and Federal hazardous waste regulations. There are no floor drains in this area so these chemicals should not enter the city sewer.

II. Description of Controls Used

A. Floor Drains

There are no floor drains in the manufacturing, packing, or receiving portions of the facility. This eliminates the likelihood of dumping of anything into the city sewer. It also prevents any spills from entering the city sewer.

B. Solvent Substitutions

There is no need for solvent substitution. There are no toxic organic chemicals used in the manufacturing process that enter the wastewater pretreatment area or city sewers.

C. Process Modifications

There is no need for process modifications. There are a limited number of floor drains and they are not in the manufacturing area.

III. Toxic Organic Management Plan

As a result of the above analysis, Honda Of South Carolina Mfg., Inc. believes that all of its toxic organic pollutant discharges can be controlled by a toxic organic management plan in lieu of routine toxic organic monitoring.

A. Spent Solvent Disposal

Spent solvents/paint from the paint booth area is collected and stored in appropriate containers supplied by Safety-Kleen or other licensed hazardous waste contractor according to RCRA regulations. This waste is recycled by Safety-Kleen.

B. Training

All personnel in the Paint Section will receive additional instruction in the proper handling and disposal of gun cleaner and waste paint in order to keep regulated toxic organics out of industrial wastewater.

C. Inspections

The spray booth and gun cleaner area will be inspected routinely by the Paint Section to insure proper handling and disposal of gun cleaning solvent and waste paint.

D. Implementation

All provisions of this plan are fully implemented.

IV. Certification

"Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitations for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing this toxic organic pollutant management plan submitted to the Permitting Authority on July 28, 2000."

Bill Kalp
Senior Vice President
Honda Of South Carolina Mfg., Inc
Telephone: (843) 346-8002

APPENDIX I

HSC SPCC PLAN

SPILL PREVENTION, CONTROL AND COUNTERMEASURE PLAN (SPCC PLAN)

Prepared for:

Honda of South Carolina Manufacturing, Inc.
1111 Honda Way
Timmonsville, South Carolina 29161

Updated by:

Thomas & Hutton
Post Office Box 7608
Columbia, South Carolina 29202-7608

December 2013

T&H Project No. 24754.0000

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Appendix A – Oil Pollution Prevention Regulations, 40 CFR 112, 110, 109

Appendix B – SPCC Plan Review

Appendix C - Figures

Appendix D – Containment Volume Calculations

Appendix E – Truck Off-Loading Procedures

Appendix F – Spill Report Form

Appendix G – SPCC Inspection Forms

Appendix H – Steel Tank Industry Standard SP001

Appendix I – Spill Training Form

Appendix J – Recommendations

Cross-Reference with SPCC Provisions (40 CFR 112.7)

This SPCC Plan does not follow the exact order presented in 40 CFR part 112. Section headings indentify, where appropriate, the relevant section(s) of the SPCC rule. This table presents a cross-reference of Plan sections relative to applicable parts of 40 CFR Part 112.

Provision	Description	Location in Plan
112.3(d)	Professional Engineer Certification	Page 4
112.5	Plan Review and Amendment	Page 6, App B
112.7	General Requirements – Cross Reference	Page 2
112.7	General Requirements – Management Approval	Page 3
112.7(a)(1)	General Requirements – General Information	Page 7, Figures
112.7(b)	Potential Discharge and Rate of Flow	Page 8 and 11
112.7(c)	Secondary Containment	Pg 9,10,17, App D
112.7(d)	Contingency Planning	Page 20 and 21
112.7(e)	Inspections, Tests and Records	Page 27
112.7(f)	Employee Training and Discharge Prevention	Page 20 and 27
112.7(g)	Security	Page 27
112.7(h)	Loading/Unloading	Page 26, App E
112.7(i)	Brittle Fracture Evaluation Requirements	N/A
112.7(j)	Conformance with State Requirements	Page 20
112.8(b)	Facility Drainage	Page 8
112.8(c)(1)	Construction/Compatibility	Page 24
112.8(c)(2)	Secondary Containment	Page 9, 10, 16, 24
112.8(c)(3)	Drainage of Diked Areas	Page 24
112.8(c)(4)	Buried Tank Corrosion Protection	N/A
112.8(c)(5)	Partially Buried and Bunkered Tanks	N/A
112.8(c)(6)	Inspections	Page 27
112.8(c)(7)	Heating Coils	N/A
112.8(c)(8)	Overfill Protection	Page 25 and 28
112.8(c)(9)	Effluent Treatment Facilities	N/A
112.8(c)(10)	Visible Discharges	Page 20 and 24
112.8(c)(11)	Mobile Portable Containers	Page 9, 10, 18, 19
112.8(d)	Transfer Operations, Pumping, and In-Plant Processes	Page 25 and 26
112.20(e)	Certification of Substantial Harm Determination	Page 5

SPILL PREVENTION CONTROL AND

COUNTERMEASURE PLAN

Management Approval

I have reviewed this Spill Prevention Control and Countermeasure Plan and am in agreement with the goals and objectives. My signature below constitutes authorization for the commitment of resources necessary for implementation of this plan. Further; "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 managed 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 _____ Date _____

Brian Newman
President

SPILL PREVENTION CONTROL AND

COUNTERMEASURE PLAN

Engineer Certification

By means of this certification, I hereby certify and attest that:

- I am familiar with the requirements of 40 CFR Part 112;
- I, or my agent, have visited and examined the facility;
- The Plan has been prepared in accordance with good engineering practice, including consideration of applicable industry standards, and with the requirements of 40 CFR 112;
- Procedures for required inspections and testing have been established; and
- The Plan is adequate for the facility.

Lisa B. Muzekari, P.E.
Printed Name of Registered Professional Engineer

Signature No. 17287

4-2-14
Date

SC17287
Registration Number

Company Name: Thomas & Hutton
PO Box 7608
Columbia, South Carolina 29202-7908
(803) 451-6789

Certification of the Applicability of the Substantial Harm Criteria

Facility Name: Honda of South Carolina Manufacturing, Inc.
Facility Address: 1111 Honda Way • Timmonsville, South Carolina 29161

1. Does the facility transfer oil over water to or from vessels and does the facility have a total oil storage capacity greater than or equal to 42,000 gallons?

   Yes _____ No __X__

2. Does the facility have a total oil storage capacity greater than or equal to one million gallons and does the facility lack secondary containment that is of sufficient size to contain the capacity of the largest aboveground oil storage tank plus sufficient freeboard to allow for precipitation within any aboveground oil storage tank area?

   Yes _____ No __X__

3. Does the facility have a total oil storage capacity greater than or equal to one million gallons and is the facility located at a distance such that a discharge from the facility could cause injury to fish and wildlife and sensitive environments?

   Yes _____ No __X__

4. Does the facility have a total oil storage capacity greater than or equal to one million gallons and is the facility located at a distance such that a discharge from the facility would shut down a public drinking water intake?

   Yes _____ No __X__

5. Does the facility have a total oil capacity greater than or equal to one million gallons and has the facility experienced a reportable oil spill in an amount greater than or equal to 10,000 gallons within the last five years?

   Yes _____ No __X__

Certification

I under penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.

Signature _____ Date _____
Brian Newman, President

FOREWORD

This revised Spill Prevention, Control, and Countermeasure (SPCC) Plan has been prepared in accordance with revisions to Title 40 of the Code of Federal Regulations, Part 112 (40 CFR 112) "Oil Pollution Prevention--Non-transportation Related Onshore and Offshore Facilities" which became effective February 17, 2006. These regulations require the preparation and implementation of an SPCC Plan for all non-transportation related facilities which, due to their location, could reasonably be expected to discharge oil in harmful quantities, as defined in 40 CFR 110 "Discharge of Oil", into or upon the navigable waters of the United States or adjoining shorelines. (A copy of the Oil Pollution Prevention Regulations is provided in Appendix A)

The specific guidelines that were followed in the preparation and implementation of this SPCC Plan have been carefully thought out and prepared in accordance with good engineering practices. This SPCC Plan has the full approval of management at a level with authority to commit the necessary resources to implement this plan.

The SPCC Plan shall be amended whenever there is a change in facility design, construction, operation, or maintenance, which has a significant effect on the potential for the release of pollutants, such as oil, to the environment. The plan must also be amended if it proves to be ineffective in eliminating or significantly minimizing the release of pollutants from sources identified as potential pollution sources. For example, the SPCC Regulations require amendment of the SPCC Plan if a discharge of more than 1,000 gallons of oil occurs in a single event; or two discharges of 42 gallons of oil or more occur in a twelve (12) month period. Occasionally, situations may develop which require a modification to the pollution prevention and control measures at this facility. If conditions of the physical aspects of the facility change, or maintenance procedures are altered, this plan must be amended within six (6) months after modifications occur.

Keeping the plan current is a SPCC requirement; therefore, annual comprehensive site compliance evaluations will be conducted to provide a basis for evaluating the overall effectiveness of the SPCC Plan.

A South Carolina Registered Professional Engineer shall certify this plan initially and every five (5) years thereafter. The SPCC regulations require this certification. Review will insure consistent site conditions and determine if new spill prevention and clean up technology is available which would significantly decrease the likelihood of a spill or the effects of such. If so, this plan must be amended to incorporate such, within a period of six (6) months after review. No revisions will be effective until a Professional Engineer registered in South Carolina has certified them. Appendix B contains a list of modifications and/or recertifications for this SPCC Plan.

PART I
GENERAL FACILITY INFORMATION

A. Name, mailing address, and telephone number of facility:

Honda of South Carolina Manufacturing, Inc.
1111 Honda Way
Timmonsville, South Carolina 29161
Facility Phone Number: (843) 346-8000

B. Location of facility:

Honda of South Carolina Manufacturing, Inc.
1111 Honda Way
Timmonsville, South Carolina

C. Name, title, and telephone number of designated person accountable for oil spill prevention and control at the facility:

Mr. Wendell Hughes, EHS Assistant Manager
Office: (843) 346-8201
Home: (843) 362-2773

D. Type of facility:

ATV and SxS Manufacturing

E. Description of facility location (40 CFR 112.4(a)(6)):

The facility is located near Timmonsville, in Florence County. The site is approximately 600 acres and is occupied by two large manufacturing buildings (ATV manufacturing (Building 1) and SxS manufacturing (Building 2)), training building (Building 3), several small ancillary service structures, truck parking, and a vehicle test track. Interstate 95 borders the site to the east. Timmonsville is located to the west. Figure 1 illustrates the plant layout and Figure 2 illustrates the plant location and the surrounding topography (Appendix C).

F. Facility operation characteristics:

The facility operates twenty-four (24) hours a day, seven (7) days a week, fifty-two (52) weeks a year. Access to the facility is controlled at manned security gates. All visitors and deliveries are checked in through the manned security gates.

PART II
INVENTORY OF SPILLS AND POTENTIAL SPILL SOURCES

A. Reportable spills (40 CFR 112.4(a)):

There have been no discharges of oil into or upon the navigable waters of the United States in the past three (3) years. There have been no spills of oil in reportable quantities in the past three years. There have been four non-significant spills of oil at the plant. None of the spills reached the site drainage system. One spill involved a 390 gallon tote of engine oil that was dropped during transfer to storage, one spill involved a hydraulic hose blowout on a contractor trash truck, one spill involved a waste die lube spill, and one spill involved a leak of cutting oil from an aluminum turnings roll-off. Each spill was cleaned up, a spill report prepared, and the spill cleanup closed. Spill reports are maintained by the EHS Department.

B. Prediction of flow (40 CFR 112.7(b)):

Based on the natural and constructed site drainage systems, there are several possible flow patterns for spilled materials within the plant site. All of the site drainage associated with the manufacturing portion of the plant site is discharged to one (1) of three (3) detention basins. Each of the detention basins has a storm water outfall. The discharge from any one of the detention basins will enter a wet weather conveyance that ultimately discharges to Lake Swamp located to the northeast of the plant site. At the test track flow will travel overland as sheet flow to a wet weather conveyance and eventually reach Lake Swamp. Figure 1 illustrates the site storm drain system (Appendix C).

C. Rate of flow (40 CFR 112.7(b)):

The rate of flow from the manufacturing portion of the site (e.g. oil storage, gasoline storage, etc.) to any of the site detention basins is estimated to be 15 minutes. The rate of flow from a detention basin to an offsite receiving stream is estimated to be one (1) hour. This time estimate is based on the materials involved, the surface topography, and the distance to the surface waters of Lake Swamp (~ 2,000 feet). The rate of flow overland from the test track (e.g., gasoline storage) to Lake Swamp is estimated to be greater than two (2) hours. This time estimate is based on the materials involved, the surface topography, and the distance to the surface waters of Lake Swamp (~ 1 mile).

D. Estimated quantity of materials per release event (40 CFR 112.7(b)):

Because all fuel and oil containers at this site have secondary containment or diversion structures (e.g., building enclosure), the major types of possible failures are in the structural integrity of a container, secondary containment or diversion structures, loading/unloading operations, and accidental damage to above ground piping. Based on the preventive measures that have been taken, the volume of material that may be released should be minimal. In the event of a catastrophic failure, the largest release volume would be the maximum volume of any storage vessel on site. Table 1 presents the facilities and equipment that could be potential sources if a failure occurred.

E. Description of the source and quantity (40 CFR 112.7(a)(3)(i) and (c)(1)):

The Honda of South Carolina Manufacturing, Inc. plant receives, stores, dispenses, and recycles for its own use: gasoline; diesel fuel; engine oil, gear oil, cutting oil; hydraulic oil; grease, brake fluid; antifreeze; and used oil.

Gasoline is stored at two (2) locations around the plant. A single 1,000 gallon aboveground gasoline tank is located outside Building 1 near the assembly receiving dock. The tank fill connection is integral to the tank. Gasoline is dispensed from the tank to the point of use in the AF Department in Building 1 through aboveground piping. A single 285 gallon aboveground gasoline tank is located at the ATV test track. The tank fill connection and fuel dispenser are integral to the tank.

No. 2 diesel fuel is stored in two (2) locations at the plant. A single 300 gallon aboveground diesel fuel storage tank located in the pump house. The tank fill connection is located on the exterior of the pump house. The associated piping is located aboveground inside the pump house. A single 1,000 gallon aboveground diesel fuel storage tank is located outside Building 2 near the shipping and receiving dock. The tank fill connection is integral to the tank. Diesel fuel is dispensed from the tank by means of a pump/dispenser for manual fill of yard dogs.

Waste die lube is stored in a 15,000 gallon vertical storage tank outside of Building 1. The aboveground storage tank has concrete secondary containment and is filled from the top by pumping from inside the building and is equipped with an ultrasonic electronic level system. The tank is emptied by a vacuum tanker and is transported for disposal/treatment.

Table 1. Identified Potential Sources of Spills

Potential Source	*Type of Secondary Containment*	*Type of Failure*
Oil Storage Building Grease – Drums Antifreeze – Drums Brake Fluid – Drums Nox Rust – Drums Cutting Oil – Totes/Drums Engine Oil – Totes Gear Oil – Totes	Building Enclosure/ Secondary Containment Structure	Possible failures: Structural failure, Corrosion, Rupture, Operator neglect, Equipment failure, and/or Improper procedure
Regulated Waste Building Used Oil – Totes/Drums	Building Enclosure/ Secondary Containment Structure	
Pump House Diesel Fuel Tank	Building Enclosure/ Double Walled Tank	
Waste Die Lube Tank Waste Die Lube	Secondary Containment Structure	
Yard Dog Fuel Tank Diesel Fuel Tank	Double Walled Tank/ Concrete Containment Structure	
Test Track Fuel Tank Gasoline Tank	Double Walled Tank	
Grounds Maintenance Gasoline/Diesel - Drums	Spill Pallet Under Canopy	
Compactors/Bailer Hydraulic Fluid - Reservoirs	Steel Containment Basin	
In-Use Process Equipment Hydraulic Oil – Sumps/Tanks Cutting Oil – Sumps Engine Oil – Totes Brake Fluid – Drums Antifreeze – Tote Nox Rust – Tank	Building Enclosure	

Engine oil, gear oil, cutting oil, hydraulic oil, grease, brake fluid, and antifreeze are stored in the Oil Storage Building and utilized throughout the plant. These materials are stored in containers ranging from 55 gallon drums, 275 gallon totes, 390 gallon

totes, to a 490 gallon tote. Material transfer from storage to the various in-plant points of use occurs manually (e.g., forklift). In process use of engine oil, gear oil, cutting oil, hydraulic oil, grease, brake fluid, and antifreeze takes place in equipment sumps/reservoirs and tanks, totes, and drums serving various process operations.

Used oil generated from maintenance activities is collected and stored in either 55 gallon drums or 390 gallon totes. The used oil drums and totes are stored in the Regulated Waste Building. Used oil is transferred manually from the various maintenance sites to the Regulated Waste Building in either 55 gallon drums or a 390 gallon tote. The used oil tote fill and discharge ports are integral to the tote. The drum fill port is integral to the drum.

Grounds maintenance stores a total of four (4) drums (2 gasoline, 2 diesel fuel) on a spill pallet under a canopy. The fuel is transferred manually for filling of grounds maintenance equipment.

There are three (3) compactors and a single bailer in use at the plant. Each of the compactors and bailer has a hydraulic system. Each of the compactor hydraulic systems has a 130 gallon hydraulic reservoir. The bailer has a 359 gallon hydraulic reservoir. All are located at Building 1.

Table 2 summarizes the quantity and location of each potential source.

F. Potential equipment failures(40 CFR 112.7(b)):

Spills would occur as a result of equipment failure or operator neglect. Major potential spills that may occur from tanks would result from seam failures, fitting failures, valve failures, foundation failures, and/or corrosion. Minor spills from tanks may be caused by tank overfill, operator neglect, pump failure, hose failure, and/or delivery truck leakage. Accidental damage of distribution piping may be an additional spill source. A spill may occur from the accidental collision with aboveground gasoline distribution pipe.

All engine oil, gear oil, cutting oil, hydraulic oil, grease, brake fluid, and antifreeze drums, totes, and equipment sumps/reservoirs/tanks are contained in enclosed buildings. Any spilled material would be contained inside the building and not exposed to the outside. A spill could occur during drum/tote delivery/unloading/transfer operations. The largest in-plant transfer quantity is a 390 gallon tote.

The three (3) compactors and bailer contain hydraulic systems with integral reservoirs. A leak from the hydraulic system may occur from hose failure, fitting failure, seam failure, or accidental damage from collision. The largest release quantity would be the capacity of the reservoir: compactor – 130 gallons; bailer – 359 gallons.

Spill quantities and rates of flow associated with the above failures would depend upon which facilities failed. The direction of flow from the identified sources is illustrated on the attached site plan (Figure 1, Appendix C).

Table 2. Information on Oil Storage

	Material	*Volume (gallons)*	*Quantity*	*Location*
Drums	Brake Fluid	55	15	Oil Storage Building
	Brake Fluid	55	8	In-Process Use
	Grease	55	3	In-Process Use – AF Department
	Nox Rust	55	4	In-Process Use – ATV Line
	Brake Fluid	55	4	In-Process Use – SxS Line
	Engine Oil	55	3	Regulated Waste Storage Building
	Nox Rust	55	15	Oil Storage Building
	Cutting Oil/Coolant	55	2	Oil Storage Building
	Grease	55	9	Oil Storage Building
	Gasoline	55	6	Oil Storage Building

Table 2 Continued. Information on Oil Storage

	Material	*Volume (gallons)*	*Quantity*	*Location*
Drums	Antifreeze	55	15	Oil Storage Building
	Gasoline	55	2	Grounds Maintenance Storage
	Diesel Fuel	55	2	Grounds Maintenance Storage
Tanks	Diesel Fuel	300	1	Pump House
	Gasoline	1,000	1	ATV Fuel Tank
	Diesel Fuel	1,000	1	Building 2 (Yard Dog) Fuel Tank
	Gasoline	285	1	Test Track Fuel Tank
	Waste Die Lube	15,000	1	Outside Die Cast
	Nox Rust	250	1	In-Process Use – Packing Department
	Machining Fluid	72	2	In-Process Use – AF Department

Table 2 Continued. Information on Oil Storage

	Material	*Volume (gallons)*	*Quantity*	*Location*
Tanks	Engine Oil	55	1	In-Process Use – AF Department
	Gear Oil	475	1	In-Process Use – AF Department
	Engine Oil	490	1	In-Process Use – AF Department
	Hydraulic Oil	145	2	In-Process Use – PO Department
	Hydraulic Oil	550	2	In-Process Use – PO Department
Totes	Antifreeze	275	2	In-Process Use – AF Department
	Engine Oil	390	1	In-Process Use – AF Department
	Engine Oil	390 (or 340)	4	In-Process Use – AE Department
	Engine Oil	340	1	In-Process Use– SxS AF
	Antifreeze	320	2	In-Process Use – SxS

Table 2 Continued. Information on Oil Storage

	Material	*Volume (gallons)*	*Quantity*	*Location*
Totes	Used Oil	390	2	Regulated Waste Storage Building
	Engine Oil	390	18	Oil Storage Building
	Gear Oil	390	2	Oil Storage Building
	Cutting Oil/Coolant	390	2	Oil Storage Building
Process Sumps/Reservoirs	Hydraulic Oil	8,337	Total for 40 Process Sumps	Machine Line
	Hydraulic Oil	143	Total for 1 Process Sump	Gear Cover Machining
	Hydraulic Oil	1,850	Total for 3 Process Sumps	Plastic Injection Machines
	Hydraulic Oil	500	Total for 2 Process Sumps	Plastic Blowmold Machines
	Hydraulic Oil	749	Total of 4 Reservoirs	Trash Compactors and Bailer

PART III
STRUCTURES AND/OR EQUIPMENT TO PREVENT SPILLS FROM REACHING NAVIGABLE WATERWAYS

A. Description of structures and/or equipment (40 CFR 112.7(a)(3)(iii)):

The following provides a description of the containment structures and/or equipment utilized to prevent spilled oil from the identified potential sources from discharging into a navigable waterway. Secondary containment volume calculations are provided in Appendix D.

1. Storage tanks, totes, drums, and in-use process equipment

The ATV 1,000 gallon aboveground gasoline storage tank is a doubled walled tank (e.g., tank within a tank design). The tank is equipped with an interstice (i.e., space between the primary tank and secondary tank). The secondary tank has a plugged drain and access ports for visual inspection. The tank is located in a tertiary concrete containment structure. The concrete containment structure has a lockable drain valve that remains closed and locked. The tank is raised on saddles above the floor of the concrete containment structure. All sides and ends of the tank are visible for inspection. The tank has a visual level indicator. The tank fill connection and transfer pump are integral to the tank, which is located within the concrete containment structure. Collision barriers protect the tank and concrete containment structure. A strict delivery truck unloading procedure is enforced. A copy of the unloading procedure can be found in Appendix E.

The 1,000 gallon aboveground diesel fuel storage tank outside of Building 2 used for fueling the yard dogs is a doubled walled tank (e.g., tank within a tank design). The tank is equipped with an interstice (i.e., space between the primary tank and secondary tank). The secondary tank has a plugged drain and access ports for visual inspection. The tank is located in a tertiary concrete containment structure. The concrete containment structure does not have a drain. A small roof covers the tank and containment structure. The tank is raised on saddles above the floor of the concrete containment structure. All sides and ends of the tank are visible for inspection. The tank has a visual level indicator. The tank fill connection and transfer pump are integral to the tank, which is located within the concrete containment structure. The tank is equipped with a pump/dispenser for manual filling of yard dogs. A speed bump was installed on the driveway adjacent to the storage tank to contain any spills during fueling operations. The speed bump is equipped with a drain line and a valve. Collision barriers protect the tank and concrete containment structure. A strict delivery truck unloading procedure is enforced. A copy of the unloading procedure can be found in Appendix E.

The Test Track 285 gallon aboveground gasoline storage tank is a doubled walled tank (e.g., tank within a tank design). The tank is equipped with an interstice (i.e., space between the primary tank and secondary tank). The secondary tank has a plugged drain and access ports for visual inspection. The tank is located in a tertiary concrete containment structure. The concrete containment structure has a lockable drain valve that remains closed and locked. A small roof covers the tank and containment structure. The tank is raised on skids above the floor of the concrete containment structure. All sides and ends of the tank are visible for inspection. The tank has a visual level indicator. The tank fill connection and fuel dispenser pump are integral to the tank, which is located within the concrete containment structure. Collision barriers protect the tank and concrete containment structure. A strict delivery truck unloading procedure is enforced. A copy of the unloading procedure can be found in Appendix E.

The 300 gallon aboveground diesel fuel tank located in the Pump House is a doubled walled tank (e.g., tank within a tank design). The tank is equipped with an interstice (i.e., space between the primary tank and secondary tank). The secondary tank has a plugged drain and access ports for visual inspection. The tank is located in the enclosed Pump House. The tank is raised on stilts above the concrete floor of the Pump House. All sides and ends of the tank are visible for inspection. The tank has a visual level indicator. Diesel fuel is dispensed by gravity flow from the tank to the backup generator. The tank fill connection is located on the external wall of the Pump House. A strict delivery truck unloading procedure is enforced. A copy of the unloading procedure can be found in Appendix E.

The 15,000 gallon aboveground waste die lube storage tank is located outside of Building 1. The tanks is a single walled tank is contained inside a concrete block secondary containment structure with epoxy coating. The tank is vertical and visible on the sides and the top for inspection. The tank is filled from the top from inside the building by means of a pump. The tank is equipped with an ultrasonic electronic level system that is connected to the Simplex System and alarm. The tank is emptied by means of a vacuum tanker for disposal/treatment. A strict unloading procedure is enforced. A copy of the unloading procedure can be found in Appendix E.

Used oil is stored in drums and totes located in the Regulated Waste Building. The Regulated Waste Building has a sloped concrete floor and non-discharge collection trench. Used oil is transferred manually from the in-plant point of collection to storage and from storage to contracted oil trucks for offsite recycling.

Engine oil, gear oil, cutting oil, hydraulic oil, grease, brake fluid, and antifreeze are stored in the Oil Storage Building. These materials are stored in containers ranging from 55 gallon drums, 275 gallon totes, 390 gallon totes, to

a 490 gallon tote. The Oil Storage Building has a sloped concrete floor and non-discharge collection trench. Material transfer from storage to the various in-plant points of use occurs manually (e.g., forklift). In process use of engine oil, gear oil, cutting oil, hydraulic oil, grease, brake fluid, and antifreeze takes place in equipment sumps/reservoirs and tanks, totes, and drums serving various process operations. The plant floors are concrete and have no drains. Spill absorbent materials and over-pack drums are kept in the Regulated Waste Building.

The three (3) compactors and bailer are located on concrete/asphalt paved areas. Each of the integral hydraulic reservoirs has a steel secondary containment basin.

Gasoline and diesel fuel are stored in drums on a spill pallet under a canopy for Grounds Maintenance needs. The Grounds Maintenance equipment is fueled manually from the drums.

2. Transfer pumps

All of the gasoline and diesel fuel tanks rely on the delivery truck transfer pump to fill the tank (a strict tank fill procedure is enforced). The ATV gasoline tank has an internal transfer pump that is used to deliver gasoline to the fuel dispensers located inside the plant building. The Test Track gasoline tank has an internal pump that serves the tank mounted fuel dispenser. The Yard Dog diesel fuel tank has a tank mounted hand pump that is used to dispense fuel from the tank to yard dogs. The Pump House diesel fuel tank does not have a transfer pump. The diesel fuel is dispensed by gravity flow.

3. Valves

All of the containment structures have locked drain valves or have no drain valve.

4. Piping

The ATV gasoline tank, Waste Die Lube tank, and Pump House diesel fuel tank are the only tanks that have associated piping. All of the Pump House diesel fuel piping is located aboveground inside the Pump House. The ATV and Waste Die Lube piping is located aboveground on steel I-beam supports. All of the piping can be visually inspected. The Test Track and Yard Dog Tanks have flexible hoses associated with the tank mounted fuel dispensers.

PART IV
SPILL CONTROL AND NOTIFICATION PROCEDURES

A. Spill control and notification procedures

1. Spill control procedures (40 CFR 112.7(a)(3)(iii) and 112.7(c)(1)(vii)):

Plant associates will be used to stop, contain, and control leaks and spills. Recovery activities will be performed by plant associates or by an approved waste-oil handling contractor based on the spill volume and location. A spill kit with absorbent material is maintained at the Regulated Waste Building for use during control, containment, and cleanup. Should the need dictate, the designated plant personnel will call local fire, police, and emergency units for additional support. See Table 3 for telephone numbers to use in case of an emergency.

Notification requirements

Should a fuel or oil spill occur, the associate discovering the spill should immediately notify the parties listed below and provide the required reporting information.

Immediately make internal notifications to the designated Honda of South Carolina Manufacturing, Inc. emergency contacts at the telephone numbers listed in Table 3.

Per South Carolina regulations any spillage of oil that has or potentially could reach any water of the State must be reported to the South Carolina Department of Health and Environmental Control (SCDHEC) at the telephone number listed in Table 3.

Per 40 CFR 110.6, notice shall be immediately given to the National Response Center (NRC) in the event of any discharge of oil to navigable waters. Their telephone number can also be found in Table 3.

Also, the local emergency management office may be notified in the event of a discharge of gasoline (e.g., fire/explosion hazard). The telephone number for the Florence County Emergency Preparedness Department can be found in Table 3.

Reporting Information (40 CFR 112.7(a)(4)):

Information to be reported to the above relative to the spill:

- Name, address, and phone number of person reporting.

- Date and time of discharge.
- Exact location of the spill.
- Facility name and location of the spill.
- Material(s) spilled.
- Estimated quantity of spilled material.
- Source of spill.
- Apparent cause of spill.
- Damages or injuries caused by the discharge.
- Name of body of water involved; or the nearest body of water to the spill area.
- Action taken up to the time of the reporting.
- Actions planned for containment and clean up.
- Whether an evacuation may be needed.
- The names of individuals or organizations who have also been contacted.

Appendix F contains a Spill Report Form to be filled out in the event of a spill.

Immediate Action (40 CFR 112.7(a)(3)(iv) and (v)):

After notification of the above, if necessary, the associate observing the spill should take the following actions:

1. If possible isolate the source of the spill. Secure the area and identify the spilled material (e.g., gasoline, diesel fuel, lubricating oil, antifreeze, brake fluid, used oil, etc.).
2. Turn off any operating equipment in the area.
3. In the event of a gasoline spill, extinguish all ignition sources and isolate the immediate area. Bring an appropriate fire extinguisher into the area.
4. Request additional associate assistance and obtain necessary equipment to contain the spill.
5. If a fire or other serious emergency occurs follow the emergency response procedures for fire and evacuation.
6. Responders should use gloves, boots, and other personal protective equipment as necessary (reference MSDS). Do not work alone.
7. For small spills, use pads, pillows, rags or other absorbent material to contain the spill. For large spills, utilize on site methods to contain spill (shovels, straw, absorbent materials, sand bags, etc.) until response contractor arrives.
8. Pump or recover spilled material into proper containers for recycling and/or disposal. Do not pump gasoline. Gasoline spills must be evaluated on a case-by-case basis.

9. Initially label the container with a general description of the contents and seal the container.

10. Any reusable equipment used with combustible material should be cleaned and allowed to dry in a well- ventilated area away from heat, flame or spark.

11. Replenish all spill response equipment used during the event.

12. Complete the Spill Report Form (Appendix F) and submit to the Emergency Coordinator (EHS Department)

Incident Review

1. Review incident and SPCC Plan.

2. Revise SPCC Plan as necessary and forward to document control representative.

3. If the spill was greater than 1,000 gallons or if spill was second in a twelve (12) month period of greater than 42 gallons, submit a report to USEPA.

Table 3. Emergency Telephone Numbers

Emergency Coordinators	
Wendell Hughes	(843) 346-8201 (office) (843) 362-2773 (home)
Tom Bailey (Alternate)	(843) 346-8117 (office) (843) 621-2444 (cell)
Fire	
Timmonsville - Sardis	911
Sheriff	
Florence County	911
South Carolina Department of Health and and Environmental Control (SCDHEC)	
	(803) 253-6488
After Hours	(888) 481-0125 (24 hours)
National Response Center (EPA)	
	(800) 424-8802 (24 hours)
Florence County Emergency Preparedness Department	
	911 (843) 665-7255
Outside Clean-Up Contractor	
Refer to Current Contractor List in EHS Dept.	

PART V
CONFORMANCE WITH APPLICABLE GUIDELINES

In addition to the minimal preventative standards described in Part III, the following is a discussion of conformance with applicable requirements as cited.

A. Facility drainage (40 CFR 112.8(b)):

Drainage from the storage areas is controlled as follows:

In accordance with the regulations, all drainage from secondary containment structures exposed to rainfall either has no drain or is restrained by lockable valves to prevent an uncontrolled discharge form the containment structure. The secondary containment structure may be drained by opening the valve, by pump, or ejector; however the discharge must be manually activated and must be inspected to ensure no oil is present prior to discharge. When accumulated water is drained it must first be checked to ensure no contamination has occurred. If oil is present appropriate action must be taken to remove the oil before the containment structure is drained. Any time a tank containment structure is drained it should be noted on the monthly SPCC inspection report. A sample copy of the monthly SPCC inspection report is provided in Appendix G.

B. Storage tanks (40 CFR 112.8(c)):

1. The aboveground tanks are designed and constructed with materials that are compatible with the materials stored and conditions of storage such as pressure and temperature. All of the tanks at this facility are shop built welded steel construction.

2. Each tank has properly sized containment. Secondary containment volume calculations are provided in Appendix D.

3. The ATV gasoline tank, Yard Dog diesel fuel tank, Test Track gasoline tank, and the Pump House diesel fuel tank have visual level indicators. The Waste Die Lube tank has an electronic level indicator that is connected to the Simplex System alarm.

4. The periodic integrity-testing program consists of monthly and annual visual inspections by trained plant associates. These visual inspections (see sample forms in Appendix G) include:

    a. Observation of the outside of the tank for signs or deterioration, leaks, or accumulation of oil inside the containment structure. [Note: for the double walled tanks the interstice can be observed via access ports on the secondary tank.]

b. Tank supports and foundations.

5. The Honda of South Carolina Manufacturing, Inc. facility is deviating from the integrity testing provisions of 40 CFR 112.8(c)(6) that call for inspection and another testing technique based on consideration of installation/design as equivalent environmental protection. The facility follows recommendations in the Steel Tank Institute publication SP001 Standard for Inspection of Aboveground Storage Tanks. Equivalent protection is based on:
   a. The tanks are small shop built tanks.
   b. All of the gasoline and diesel fuel tanks are elevated on either pedestal or skids and all sides and ends of the tanks are visible.
   c. All of the double walled tanks have an interstice that can be visually inspected via an access port.
   d. All tanks are visually inspected at least monthly and annually (see Item E – Inspections and Records below).
   e. The 15,000 gallon Waste Die Lube Tank will have an external inspection by a certified inspector once every twenty (20) years in accordance with the Steel Tank Institute Publication SP001 Standard for the Inspection of Aboveground Storage Tanks.

6. Any visible oil leaks, which result in the loss of oil from a container, including but not limited to seams, gaskets, piping, pumps, valves, rivets, and bolts, are reported and corrected as soon as practicable after they are detected.

C. Facility transfer operations, pumping, and in-plant processes (40 CFR 112.8(d)):

1. The delivery truck transfer pump is used to fill all the gasoline and diesel fuel tanks located at the plant. Off loading operations are continuously manned and follow a strict procedure.

2. The ATV gasoline tank transfer pump is internal to the tank. The internal pump is used to transfer gasoline from the ATV tank to the in-plant fuel dispensers. The in-plant gasoline dispensers are located inside the plant where there are no floor drains. The fuel dispenser/transfer pump is activated manually.

3. The Test Track gasoline tank has a tank mounted dispenser with internal pump. The tank, pump, dispenser, and hose/nozzle are positioned inside a concrete containment structure. The pump is manually activated.

4. The Yard Dog diesel fuel tank has a tank mounted dispenser with internal pump. The tank, pump, dispenser, and hose/nozzle are positioned inside a concrete containment structure. The pump is manually activated.

5. The Pump House diesel fuel tank transfer is by gravity flow (no transfer pump).

6. Engine oil, gear oil, cutting oil, hydraulic oil, grease, brake fluid, and antifreeze transfer from storage to the various in-plant points of use occurs manually (e.g., forklift).

7. In process use of engine oil, gear oil, cutting oil, hydraulic oil, grease, brake fluid, and antifreeze takes place in equipment sumps/reservoirs and tanks, totes, and drums serving various process operations. All process operations take place inside the enclosed manufacturing buildings where a leak or spill would not be subject to discharge.

D. Tank truck loading/unloading (40 CFR 112.7(h)):

1. Tank truck off loading procedures should meet the minimum requirements and regulations established by the Department of Transportation in 49 CFR 177 Subpart B. The general off loading guidelines are summarized below (the detailed off-loading procedures are provided in Appendix E):

2. No product shall be off-loaded unless the hand brake is securely set and all other reasonable precautions (i.e., wheel chocking) are taken to prevent motion of the tank truck.

3. No smoking or any other sources of spark or flame will be allowed in the vicinity of the off-loading operation.

4. Unless the engine of the tank truck is to be used for the operation of a pump, no product shall be off-loaded while the engine is running.

5. No product shall be off-loaded until all bonding and grounding requirements have been met.

6. A Honda of South Carolina Manufacturing, Inc. associate, familiar and trained in off-loading guidelines, is to be present during the entire fuel off-loading operation;

7. Drip pans, buckets, or absorbent materials will be used where small drips and spills occur.

8. The tanker truck and tank levels should be verified to insure proper transfer of the fuel from the tanker to the storage tank without overfilling.

9. Items to be checked during the filling operation shall include valves, tanker outlet, hose connection to storage tank fill inlet, tank valves, pumps, lines, connections, and tank level.

10. Each tank truck will be visually inspected prior to departure to prevent accidental disconnection of flexible transfer lines.

E. Inspections and Records (40 CFR 112.7(e)):

1. To provide for the detection of conditions that could lead to leaks or pills, the storage tanks, compactor/bailer reservoirs, oil storage building, used oil storage containers, containment structures, accessories, and piping systems are visually inspected monthly and annually.

2. The inspection procedures follow industry standard operating procedures and manufacturer specifications such as those outlined in the Steel Tank Institute Standard SP001 5th Edition entitled "Standard For The Inspection of Aboveground Storage Tanks". A copy of the Steel Tank Industry Standard SP001 is provided in Appendix H.

3. The results of the each SPCC inspection are documented, signed by the inspector, and made a part of the SPCC Administrative Records maintained by the EHS Department. They shall be maintained for a period of three years. Sample Inspection Forms are provided in Appendix G.

F. Security (40 CFR 112.7(g)):

1. Access to the plant is controlled at manned security gates. Security is maintained 24 hours per day seven (7) days per week.

2. The entire plant perimeter is fenced.

3. Lighting around the facility is suitable for the type and location of the facility giving consideration for discovery of spills during hours of darkness by operation and non-operating personnel.

G. Personnel and training (40 CFR 112.7(f)):

1. Plant associates will be thoroughly trained in the following:

   a. Handling of materials, spill control and containment procedures

   b. Operation and maintenance of equipment to prevent releases

   c. Applicable pollution control laws, rules, regulations

2. Plant associates will be informed as to the following:

   a. Associates designated accountable for spill prevention in the facility

b. Who to contact in the event of a spill

c. Location of SPCC plan in the facility

d. Notification procedures in the event of a spill

3. Training sessions will be held on an annual basis to assure an adequate understanding of the SPCC plan. More frequent sessions will be held if new associates are hired or changes in the plan occur.

4. These training sessions will highlight and describe known spill events or failures, malfunctioning components of equipment, and recently developed precautionary measures.

5. Appendix I includes a sample of the Spill Prevention Briefing Report used to document training.

H. Facility Response Plans (40 CFR 112.20 – 40 CFR 112.21):

1. As illustrated in the "Certification of the Applicability of the Substantial Harm Criteria" at the beginning of the SPCC Plan, the facility does not cause substantial harm and therefore, a Facility Response Plan and corresponding training program is not required.

I. Facility Conformance (40 CFR 112.7(a)(1))

1. This facility is in conformance with the general SPCC requirements. The recommendations table in Appendix J identifies, if any, recommended facility deficiencies, recommended corrective actions and implementation dates.

J. Fail Safe Engineering (40 CFR 112.8(c)(8))

1. The ATV gasoline tank, Yard Dog diesel fuel tank, Test Track gasoline tank, and Pump House diesel fuel tanks are equipped with a direct vision gauges to provide a fast response system for determining the liquid level.

2. The Waste Die Lube tank is equipped with an ultrasonic electronic level indicator that is connected to the Simplex System alarm system in the event of tank overfill.

Appendix A

Oil Pollution Prevention Regulations

Appendix B

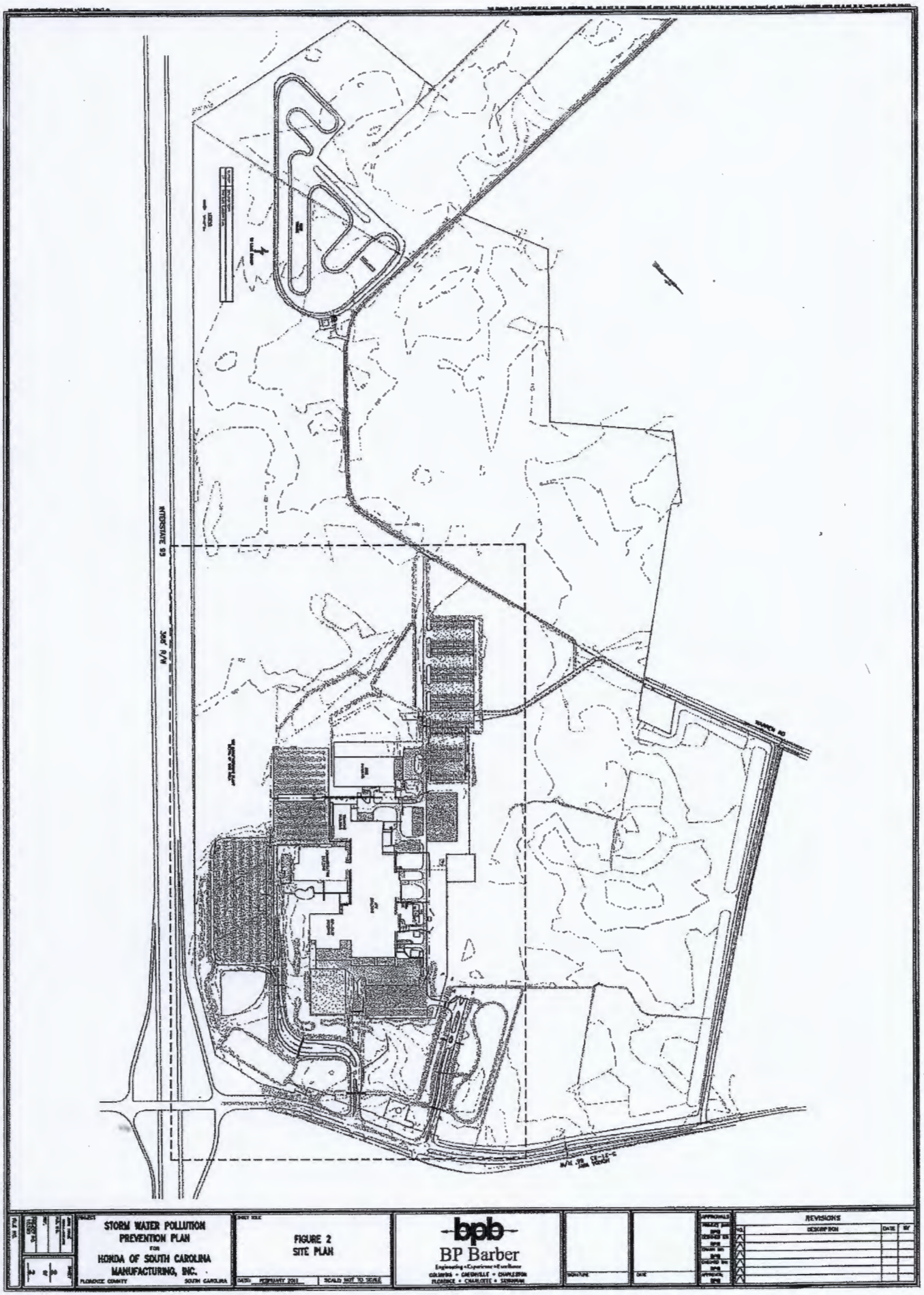
SPCC Plan Review

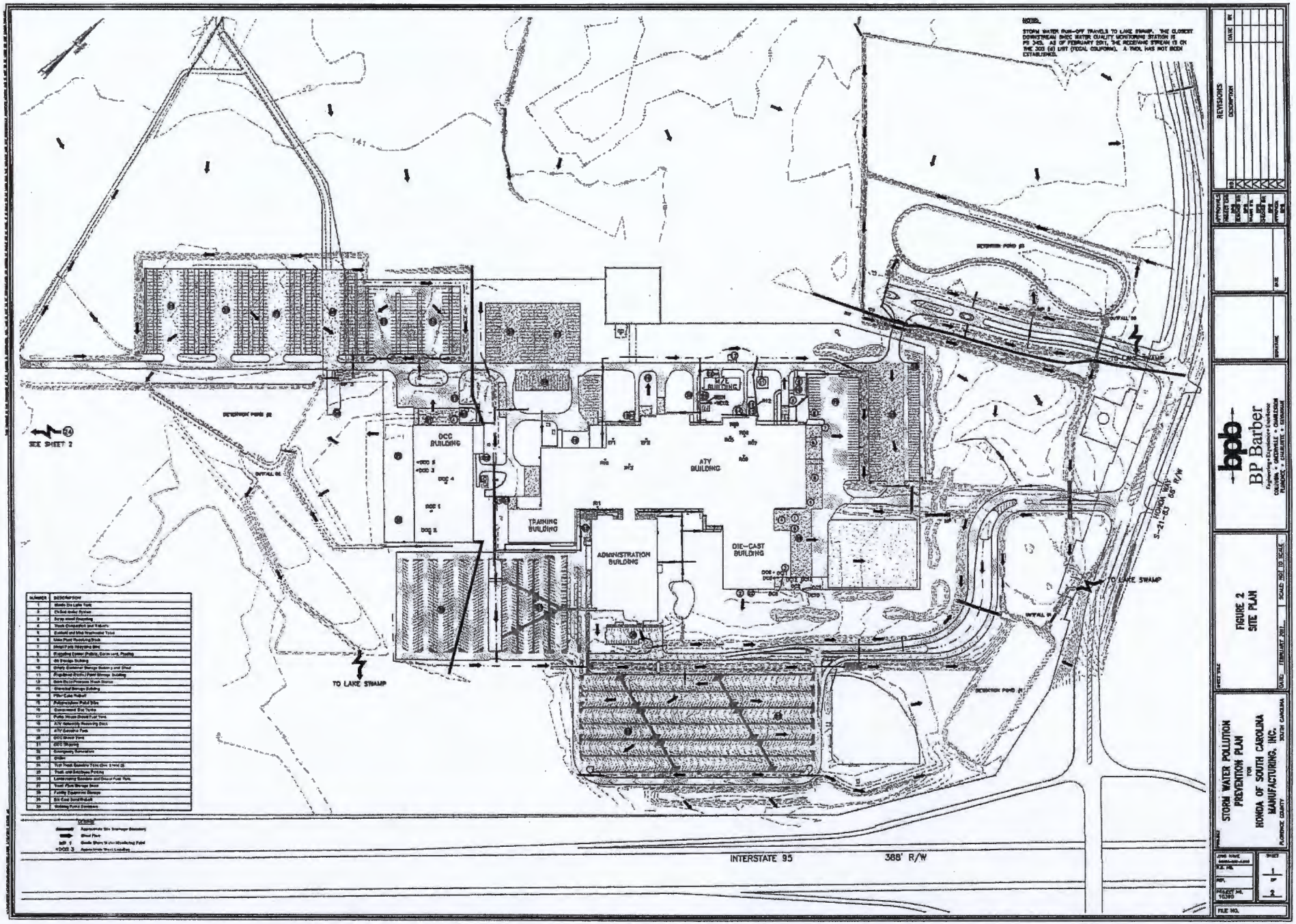
Honda of South Carolina Manufacturing, Inc.
Timmonsville, South Carolina
SPCC Plan Review

Date	Reviewed By	Comments
May 16, 2006	Lisa B. Muzekari, P.E.	Initial Plan
Dec. 16, 2013	Lisa B. Muzekari, P.E.	Update Plan

Appendix C

Figures


INTERSTATE 95
SWAMPEN RD
STORM WATER POLLUTION PREVENTION PLAN
FOR
HONDA OF SOUTH CAROLINA MANUFACTURING, INC.
FLORENCE COUNTY
SOUTH CAROLINA
FIGURE 2
SITE PLAN
DATE: FEBRUARY 2011
SCALE: NOT TO SCALE
bpb
BP Barber
Engineering • Experience • Excellence
COLUMBIA • GREENVILLE • CHARLESTON
FLORENCE • CHARLOTTE • SAVANNAH
SIGNATURE
DATE
APPROVALS
REVISIONS
NO.
DESCRIPTION
DATE
BY


NOTES:
STORM WATER RUN-OFF TRAVELS TO LAKE SWAMP. THE CLOSEST DOWNSTREAM DHEC WATER QUALITY MONITORING STATION IS PS 343. AS OF FEBRUARY 2011, THE RECEIVING STREAM IS ON THE 303 (d) LIST (FECAL COLIFORM). A TMDL HAS NOT BEEN ESTABLISHED.
SEE SHEET 2
DCC BUILDING
TRAINING BUILDING
ADMINISTRATION BUILDING
ATV BUILDING
DIE-CAST BUILDING
M/E BUILDING
TO LAKE SWAMP
TO LAKE SWAMP
TO LAKE SWAMP
HONDA WAY
S-21-83 66' R/W
INTERSTATE 95
388' R/W
REVISIONS
DESCRIPTION
DATE
BY
APPROVALS
bpb
BP Barber
Engineering • Experience • Excellence
COLUMBIA • GREENVILLE • CHARLESTON
FLORENCE • CHARLOTTE • GREENSBORO
SHEET TITLE
FIGURE 2
SITE PLAN
DATE: FEBRUARY 2011
SCALE: NOT TO SCALE
PROJECT
STORM WATER POLLUTION PREVENTION PLAN
FOR
HONDA OF SOUTH CAROLINA MANUFACTURING, INC.
FLORENCE COUNTY
SOUTH CAROLINA
SHEET
1
OF
2
PROJECT NO.
10390
FILE NO.

Appendix D

Containment Volume Calculations

Appendix E

Truck Off-Loading Procedures

Honda of South Carolina

Aboveground Tank Inspection Report

Date	Tank Name	Deterioration		Ground Wires Attached		Visual Leaks		Comments	Inspector's Signature
		Yes	No	Yes	No	Yes	No		

Honda of South Carolina

Valve and Piping Inspection Report

Date	Valves		Pipe		Flanges		Security		Comments	Inspector's Signature
	Fine	Poor, Location	Fine	Poor, Location	Fine	Poor, Location	Fine	Poor, Location		

Honda of South Carolina

Oil/Water Separator Drainage Report

Date of Drainage	Time		Oil Detected		Comments	Inspector's Signature
	Start	Finish	Yes	No		

Appendix F

Spill Report Form

Appendix G

SPCC Inspection Forms

Honda of South Carolina Manufacturing, Inc.

Spill Prevention Briefing Report

Date	Associate Attended Signature	Topics Discussed and Remarks	Supervisor's Signature

Appendix H

Steel Tank Industry Standard SP001

Appendix I

Spill Training/Briefing Form

Appendix J

Recommendations

Honda of South Carolina Manufacturing, Inc.

Recommendations

Recommendation	SPCC Plan Reference	Completion Date	Signature	Comments

CITY OF FLORENCE

SIGNIFICANT INDUSTRIAL WASTEWATER DISCHARGE PERMIT

PERMIT NO. 001

In accordance with all terms and conditions of the City of Florence Sewer Use Ordinance, the Federal Clean Water Act (PL 95-217), the General Pretreatment Regulations for Existing and New Sources of Pollution (40 CFR Part 403), South Carolina Pretreatment Regulation (R.61-9.403), and any future supplements and/or changes thereto, permission is hereby granted to:

Honda of South Carolina (Industry Name)	1111 Honda Way Timmonsville, SC 29161 (Mailing Address)
3799 (SIC Number(s))	Same as mailing address (Location Address)

For the discharge of non-domestic wastewater into the City's wastewater collection system. This permit is granted in accordance with:

1. The Industrial Wastewater Survey Questionnaire/Discharge Permit Application, dated 4/17/2014.
2. Any plans, specifications, and/or other data submitted to and approved by the City and on file in the City offices; and
3. The effluent limitations, monitoring requirements and other conditions set forth herein.

This permit shall become effective on:

TBD, 2015.

This permit and authorization to discharge shall expire at midnight on TBD, 2017; unless other conditions supersede, and thus, revoke or modify this expiration date.

Date	Director of Utilities

I. EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS

During the period beginning on the effective date of this permit and lasting through the expiration date, discharge shall be limited and monitored by the Permittee as follows:

Outfall 001 (Discharge from ATV Product Line)

PARAMETER	DISCHARGE LIMITATIONS		MONITORING FREQUENCY	SAMPLE TYPE	PQL (mg/L)[1]
	Daily Maximum mg/L (lbs/day)	Monthly Average mg/L (lbs/day)			
BOD	N/A	250 (16)	Monthly	Composite	2
TSS	N/A	250 (16)	Monthly	Composite	1
Oil & Grease	100	N/A	Monthly	Grab	5
Cadmium[2]	0.54 (0.03)	0.0001 (0.00001)	Quarterly	Composite	0.0001
Chromium, T[2]	2.04 (0.13)	1.36 (0.09)	Quarterly	Composite	0.005
Copper[2]	0.72 (0.05)	0.48 (0.03)	Quarterly	Composite	0.01
Cyanide[2]	0.017 (0.001)	0.010 (0.0006)	Quarterly	Grab	0.01
Lead[2]	0.28 (0.02)	0.19 (0.01)	Quarterly	Composite	0.002
Mercury	MR	MR	Quarterly	Grab	0.002
Nickel[2]	3.55 (0.23)	2.37 (0.15)	Quarterly	Composite	0.01
Silver[2]	0.005 (0.0003)	0.005 (0.0003)	Quarterly	Composite	0.005
Zinc[2]	2.61 (0.17)	1.48 (0.09)	Quarterly	Composite	0.01
TTO[2]	2.13 (0.14)	N/A	Yearly	Grab	N/A
BTEX[3]	MR	MR	Quarterly	Grab	N/A

Di-n-butyl phthalate	MR	MR	Quarterly	Composite	0.01
Bis (2-ethylhexyl) phthalate	MR	MR	Quarterly	Composite	0.01
	DISCHARGE LIMITATIONS		**MONITORING FREQUENCY**	**DEVICE**	
	Daily Maximum MGD	Average Monthly MGD			
FLOW	0.015	0.0076	Daily	Bubble Meter	

[1]PQL = Practical Quantitation Limits; Parameters must be analyzed at or below the listed PQL.
[2]*Metal Finishing Point Source Category 40 CFR Part 433, Subpart A - Metal Finishing Subcategory, 433.15, Pretreatment Standards for Existing Sources*
[3]Monitor and report as Benzene, Toluene, Ethylbenzene, Xylene (total), and BTEX (total).

The pH of the discharge shall not be less than 6.0 nor greater than 10.0 and shall be monitored monthly by grab sample.
The temperature of the discharge shall not exceed 150°F and shall be monitored and reported monthly by grab sample.

Total flow:
During the period beginning on the effective date of this permit and lasting through the expiration date, discharge shall be limited and monitored by the Permittee as follows:

	DISCHARGE LIMITATIONS		**MONITORING FREQUENCY**	**DEVICE**
	Daily Maximum MGD	Average Monthly MGD		
FLOW	0.066	0.066	Daily	Water Meter

II. SELF-MONITORING & REPORTING REQUIREMENTS

1. Samples and measurements shall be taken as required in Item I above, and shall be representative of the volume and nature of "normal" daily operations.

2. The Permittee must obtain City approval of the sampling point location prior to initiation of self-monitoring. Approved sampling point location:
   Outfall 001: After ATV pretreatment system and prior to mixing with other wastestreams.

3. Self-Monitoring shall be summarized monthly and reported on a Significant Industrial Wastewater Discharge Monitoring form provided by the industry.

4. Self-Monitoring reports shall be postmarked no later than the 15th day of the month following the completed reporting period.

5. Monthly averages, for reporting purposes, shall be calculated as follows:

   a. For monthly reporting, the monthly average shall be the arithmetic mean of all samples collected during the report month.

   b. For quarterly reporting periods or other periods greater than one month, the "Monitoring Period Average" shall be the arithmetic mean of all samples collected during the report period (i.e., quarter).

6. The arithmetic mean of any set of values is the summation of the individual values divided by the number of individual values.

7. Average daily flow limit expressed in this permit is the 24-hour average flow. It is determined as the arithmetic mean of total daily flow recorded during the reporting period. The maximum daily flow limit included in this permit is the 24-hour total flow.

8. Composite samples: One of the following four types of composite samples as defined is specified within this permit:

   (a) An influent or effluent portion collected continuously over a specified period of time at a rate proportional to the flow.

   (b) A combination of not less than 8 influent or effluent grab samples collected at regular (equal) intervals over a specified period of time, properly preserved, and composited by increasing the volume of each aliquot in proportion to flow. If continuous flow measurement is not used to composite in proportion to flow, the following method will be used: Take an instantaneous flow measurement each time a grab sample is collected. At the end of the sampling period, sum the instantaneous flow measurements to obtain a total flow to determine the partial

amount (percentage) of each grab sample to be combined to obtain the composite sample.

(c) A combination of not less than 8 influent or effluent grab samples of equal volume but at variable time intervals that are inversely proportional to the volume of the flow. That is, the time interval between aliquots is reduced as the volume of flow increases.

(d) A combination of not less than 8 influent or effluent grab samples of constant (equal) volume collected at regular (equal) time intervals over a specified period of time, while being properly preserved.

(e) Continuous flow or the sum of instantaneous flows measured and averaged for the specified compositing time period shall be used with composite sample results to calculate quantity.

9. Grab Sample: An individual discrete or single influent or effluent portion of at least 100 milliliters collected at a time representative of the discharge and over a period not exceeding 15 minutes and retained separately for analysis. Instantaneous flow measured at the time of grab sample collection shall be used to calculate quantity.

10. Test procedures for the analysis of pollutants shall conform to regulations published pursuant to 40 CFR Part 136, as amended. All tests must be performed by a S.C. Department of Health and Environmental Control (SCDHEC) certified laboratory and approved by the City.

11. For each measurement or sample taken pursuant to the requirements of this permit, the Permittee shall record, at a minimum, the following information:

a. The exact place, date, and time of sampling and sample type (grab or composite);
b. The dates the analyses were performed;
c. The persons who performed the analyses (including lab name and identification number and name of person performing the analysis and the corresponding dates);
d. The analytical techniques or methods used (i.e., GC/MS, atomic absorption or Standard Methods wet chemistry);
e. The analysis results of the above described monitoring;
f. The occurrence of any slug discharge or accidental spills; and
g. The signature of the chief company official or designated authorized signee at this location.

12. If the Permittee monitors any pollutant at the location(s) designated herein more frequently than required by this permit, using approved analytical methods as specified herein, the results of such monitoring shall be included in the calculation and reporting of the values required in the Industrial Wastewater Discharge Monitoring Form. Such increased

frequency shall also be reported.

13. If any self-monitoring indicates a violation of any condition of this permit, the Permittee shall notify the City within 24 hours of becoming aware of the violation. The Permittee shall immediately re-sample and submit the results of the analysis to the City within 30 days.

14. Industrial Wastewater Discharge Monitoring Forms, and all other reports required herein, shall be submitted to:

City of Florence
Wastewater Treatment Plant
1000 Stockade Drive
Florence, SC 29506

15. Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to ensure the accuracy and reliability of wastewater flowrate measurements. The devices shall be installed, calibrated, and maintained to ensure that the accuracy of the measurements are consistent with the capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than 10 percent from true discharge rates throughout the range of expected discharge volumes. City approval of flow measurement device type and location is required prior to installation.

III. SPECIAL CONDITIONS

The following special conditions apply to the Permittee and may be revised by the City at any time. Any required compliance schedules can be added to the Permit in this part.

1. Provide a copy of an annual calibration report conducted on any flow meter on which sewer user charges are based. Each calibration report must be performed by an independent, certified instrumentation technician.

2. Provide a copy of all wastewater pretreatment operators' current certification to the City on an annual basis or whenever a relevant employee change is made.

3. Record and maintain a daily log book by the operators to document operations observations/activities for the pretreatment system.

4. Honda of South Carolina agrees by acceptance of this permit to be bound by the City's Sewer Use Ordinance.

IV. GENERAL CONDITIONS

A. All discharges authorized herein shall be consistent with the terms and conditions of this permit and in compliance with the City's Ordinance establishing the local Industrial Wastewater Program. The discharge of any pollutant identified in this permit more frequently than or at a level in excess of that authorized shall constitute a violation of the permit. Any anticipated facility expansions, production increases, or process modifications which will result in new, different, or increased discharges of pollutants must be reported by submission of a new Industrial Wastewater Survey Questionnaire/Discharge Permit Application or, if such changes will not violate the effluent limitations specified in this permit, by written notice to the City prior to implementation of such changes. Following such notice, the permit may be modified to specify and limit any pollutants not previously limited, to change existing limits, or to add conditions to Part III, "Special Conditions" of this permit. The Permittee shall receive approval from the City in writing for modifications to wastewater volume and/or characteristics before implementing anticipated plant or operations changes.

B. The Permittee shall not discharge wastewater containing any of the prohibited substances listed in the City of Florence Sewer Use Ordinance. In addition, the Permittee shall not discharge wastewater containing:

1. Any gasoline, fuel oil or other flammable or explosive liquids, solids or gases.

2. Any pollutant, including oxygen demanding pollutants (BOD, etc.), at flow rate and/or concentration which will cause the pollutant to pass through to the receiving waters or interfere with the City's wastewater treatment facility.

3. Pollutants which create a fire or explosion hazard in the WWTP, or collection system, including, but not limited to wastestreams with a closed cup flashpoint of less than 140 degrees Fahrenheit using the test methods specified in 40 CFR 261.21.

4. Petroleum oil, non-biodegradable cutting oil, or products of mineral oil origin in amounts that will cause interference or pass through at the WWTP.

5. Pollutants which result in the presence of toxic gases, vapors or fumes within the WWTP, or collection system, in quantity that may cause acute or chronic health and safety problems.

C. In the event of any change in control or ownership of facilities from which the authorized discharges emanate, the Permittee shall notify the succeeding owner or controller of the existence of this permit by letter, a copy of which shall be forwarded to the City. This permit is transferable only with prior written approval by the City.

D. The Permittee shall at all times maintain in good working order and operate as efficiently as possible all treatment or control facilities or systems installed or used by the Permittee to achieve compliance with the terms and conditions of this permit.

E. Provide and maintain a City-approved monitoring station for sampling and flow measurement (if applicable) of the process wastewater. Access to this station for representatives of either the City, DHEC, or EPA must also be provided.

F. Comply with the City's Surcharge Policy for the discharge of high strength wastewater as defined by concentrations above the following threshold limits:

Surcharge Parameter	Concentration Threshold
BOD	250 mg/l
TSS	250 mg/l

G. Comply within 30 days with future permit changes regarding monitoring frequencies, parameters to be tested or special conditions modifications that do not require a compliance schedule for implementation.

H. If the Permittee employs the use of evaporators for the purposes of wastewater minimization, resource recovery, or for wastewater treatment, the City may require that the Permittee:

1) Monitor and report flow quantities and characteristics to evaporation units;

2) Monitor and report quantities of residues generated by the evaporation processes, including ultimate fate of residues.

The cost of installing and maintaining flow measuring devices shall be paid by the Permittee.

I. The Permittee is required to report all slug discharges, spills, upsets, or malfunctions or bypasses of pretreatment equipment immediately by phone and followed in writing to the City of Florence WWTP, 1000 Stockade Drive, Florence, SC 29506. Phone (843) 665-3240 to report these situations on a 24-hour, 7-day basis. The written report will be submitted within twenty-four (24) hours by fax (843) 665-3245, and shall include the following:

1. Description and cause of the upset, slug load or accidental discharge, and the impact on the Permittee's compliance status. The description should also include location of discharge, type, concentration and volume of waste.
2. Duration of non-compliance, including exact dates and times of non-compliance and, if the non-compliance is continuing, the time by which compliance is

reasonably expected to occur.

3. All steps taken or to be taken to reduce, eliminate, and/or prevent recurrence of such an upset, slug load, accidental discharge, or other conditions of non-compliance.

J. The Permittee will be required to submit a Slug Discharge Control Plan if the results from the City's annual evaluation indicate that a plan is necessary.

K. Upon promulgation of Federal Categorical Pretreatment Standards, the City will notify the applicable industries of any additional requirements which may require modifications to or reissuance of this permit. Should the Permittee wish to contest the determination that the standards are applicable, the City will provide the necessary steps to take in contesting this determination.

Within 180 days after the effective date of Categorical Pretreatment Standard, any non-domestic discharger that will have to meet that new Standard must report to the City as described in 40 CFR Part 403.12 (b), as amended.

L. After notice and opportunity for a hearing, this permit may be modified, suspended, or revoked in whole or in part during its term for good cause including, but not limited to, the following:

1. Violation of any terms or conditions of this permit, the Sewer Use Ordinance and/or the EPA General Pretreatment Regulations for Existing and New Sources of Pollution (40 CFR Part 403).

2. Obtaining this permit by misrepresentation or failure to disclose fully all relevant facts.

3. A change in any condition that requires either a temporary or permanent reduction or elimination of the regulated discharge.

4. Falsifying self-monitoring reports, tampering with monitoring equipment, or refusing timely access to the facility premises and records.

5. Failure to comply with effluent limitations set forth in Part I of this permit.

M. The City may modify or reissue this permit as local, state or federal regulations change or as needed to prevent pass through or interference of the City's treatment plant or to prevent violations of the City's wastewater discharge permits or any permits to operate or manage biosolids regardless of the expiration date or as necessary in the administration of the local Industrial Wastewater Program or to improve operational or maintenance problems at the wastewater treatment plant that are attributed to the discharge of a particular material or

pollutant.

N. Penalties for failing to submit the required reports, falsification of reports, tampering with monitoring equipment or tampering with the samples collected are established in the City of Florence's Sewer Use Ordinance and Enforcement Response Guide.

O. The Permittee shall allow authorized employees of the City, SCDHEC or the Environmental Protection Agency (EPA), on the premises at any time for the purposes of inspection, records examination (including photocopying of records) and sampling as connected with the City's Industrial Wastewater Program and operation of the City's wastewater collection and treatment facilities.

P. The Permittee is required to maintain and make available for inspection upon request all records required by 40 CFR Part 403.12. The Permittee must also maintain for a period of three (3) years and make available for inspection upon request the following records concerning self-monitoring:

1. The date, the exact place and time, the method and the name(s) of person(s) taking samples.
2. The date and time each analysis was performed.
3. The name of the person performing the analysis (lab name and identification number).
4. The analytical techniques and results of analysis.

All of the above records will be made available for copying purposes at the request of the City. The three (3) year retention period will be extended during the course of any unresolved litigation regarding the Permittee or when requested in writing by SCDHEC, EPA or the City.

Q. The Permittee shall apply in writing for a renewal permit utilizing the questionnaire provided by the City a minimum of 180 days prior to expiration of the current permit. Provided further that limitations or conditions of a permit are subject to modification as may become necessary due to changes in applicable water quality standards, the City's NPDES permit discharge effluent limitations, other applicable law or regulation, or for other just cause. The Permittee will be notified of any proposed changes in this permit by the City at least thirty (30) days prior to the effective date of the change. Any change or new condition in this permit shall include a provision for a reasonable time schedule for compliance. The Permittee may appeal the decision of the City in regard to any changed permit conditions. Any change in a permit condition desired by the Permittee may be requested within 180 days of the existing permit expiration date. Permittee requests for permit modifications will not be considered at any other time during the year.

R. This permit is in addition to and does not either directly or indirectly supersede the requirements contained within the Florence Sewer Use Ordinance.

S. The City of Florence Sewer Use Ordinance provides that any person who violates a permit condition is subject to a civil penalty not to exceed $2,000 per day of such violation. Any person who willfully or negligently violates permit conditions is also subject to criminal penalties including fines not to exceed $2,000 or *imprisonment for* not more than 30 days or both. The Permittee may also be subject to further sanctions imposed under the authority of State and/or Federal law.

T. In addition to civil and criminal liability, the Permittee violating any of the provisions of this permit or the City of Florence Sewer Use Ordinance or causing damage to or otherwise inhibiting the WWTP or collection system shall be liable to the City for any expense, loss, or damage caused by such violation of discharge. The Permittee shall be billed by the City for any and all costs incurred by the City for any cleaning, repair, fines, or replacement work caused by the industrial violation or discharge. Refusal to pay the assessed costs shall be considered grounds for termination of permit and sewer service.

U. Compliance with this permit does not relieve the Permittee from its obligations regarding compliance with any and all applicable local, State and Federal pretreatment standards and requirements including any such standards or requirements that may become effective during the term of this permit.

V. In cases of industrial pretreatment system upset, upon reduction of efficiency of the pretreatment operation, or loss or failure of all or part of the treatment facility, the Permittee shall, to the extent necessary to maintain compliance with its permit, control its production or discharges (or both) until operation of the treatment facility is restored or an alternative method of treatment is provided. This requirement applies, for example, when the primary source of power of the treatment facility fails or is reduced. It shall not be a defense for a Permittee in an enforcement action that it would have been necessary to halt or reduce industrial production in order to maintain compliance with the condition of this permit.

W. The Permittee shall not discharge any water or wastes which directly or indirectly cause the WWTP to violate NPDES whole effluent toxicity test requirements. Users found to be the cause of toxicity will be required to reimburse the City including fines for all costs associated with Toxicity Identification/Evaluation (TIE) and/or Toxicity Reduction Evaluations (TRE).

X. Bypassing of any pretreatment system is prohibited unless it is unavoidable to prevent loss of life, personal injury, or severe property damage or where no feasible alternative exists. The Permittee may allow bypass to occur which does not cause effluent limitations to be exceeded, but only if it is also for essential maintenance to assure efficient operation. For planned bypasses, the Permittee must give a written notice to the City of Florence at least ten (10) days prior to the planned bypass, and in instances of accidental or unintentional bypasses, the Permittee must immediately notify the City and a written notice must be given to the City of Florence within 24 hours from the time the Permittee becomes aware of the bypass. A written submission containing all information required under Part IV (I) of this

Permit shall be provided within 5 days of the written notification. The City of Florence will then provide written approval.

Y. Authorized Representative of Industrial User – an authorized representative of an industrial user may be:

1. A principal executive officer of at least the level of vice president (if a corporation);

2. A general partner or proprietor (partnerships or proprietorships);

3. A duly authorized representative of the individual designated above if such representative is responsible for the overall operation of the facilities from which the indirect discharge originates.

Z. Acknowledgment of receipt of permit by authorized official:

I hereby certify that I am aware of, and agree to abide by, all provisions contained within Significant Industrial Wastewater Discharge Permit Number 001, dated effective TBD, 2015.

Authorized Company Signature: _____

Print or Type Name: _____

Title (Executive Officer) : _____

Date: _____

Authorized Employee/DMR Signature: _____

Print or Type Name: _____

Timmonsville Headworks Loadings

Parameters	Maximum Allowable Headworks Loading to WWTP		Domestic Levels (mg/L)	Domestic Levels (lbs/day)	Maximum Allowable Industrial Loading (lbs/day)	
	Monthly Avg (lbs/d)	Daily Max (lbs/day)			Monthly Avg (lbs/d)	Daily Max (lbs/day)
BOD_5	4,173	4,173	250	2,829	1,344	1,344
TSS	4,173	4,173	250	2,829	1,344	1,344
Ammonia	320	480	25	286	34	194
Arsenic	1.668	1.668	0.007	0.080	1.59	1.59
Benzene	13.3	26.7	N/A	N/A	13.34	27
Cadmium	0.017	0.096	0.0025	0.028	-0.011	0.067
Chromium	22.849	22.849	0.034	0.385	22.46	22.465
Copper	1.157	1.512	0.0328	0.371	0.786	1.141
Cyanide	0.280	1.184	0.0025	0.028	0.25	1.155
Ethylbenzene	147	288	N/A	N/A	147.04	288
Lead	0.150	3.882	0.003	0.034	0.12	3.848
Mercury	0.003	0.004	0.126	1.426	-1.42	-1.422
Molybdenum	N/A	NA	N/A	N/A	N/A	NA
Nickel	2.223	16.680	0.047	0.532	1.69	16.148
Selenium	0.17	0.667	N/A	N/A	0.17	0.67
Silver	0.013	0.013	0.003	0.028	-0.02	-0.016
Toluene	147	295	N/A	N/A	147	295
TTO*	N/A	N/A	0.1132	1.281	N/A	N/A
Xylene	4.17	8.340	N/A	N/A	4.17	N/A
Zinc	6.354	6.354	0.231	2.614	3.741	3.741

*Make total TTO limits a maximum of 5 mg/L for an industry due to potential concerns about toxicity of fumes. If there are particular TTOs of concern, then evaluate those pollutants.
At 2 MGD, the influent BOD design is 250 mg/L.
>97.5% ammonia removal per design criteria.

2 MGD permitted

Flow Inventory

1.372 MGD

Date Revised: 1/21/2015

TIMMONSVILLE HEADWORKS ALLOCATION

NO.	INDUSTRY	Daily Max Flow (MGD)	Mo Avg Flow (MGD)	BOD_5 (Daily Max) mg/l	BOD_5 (Daily Max) lbs/d	BOD_5 (Mo Avg) mg/l	BOD_5 (Mo Avg) lbs/d	TSS (Daily Max) mg/l	TSS (Daily Max) lbs/d	TSS (Mo Avg) mg/l	TSS (Mo Avg) lbs/d	O & G (Daily Max) mg/L
001	Honda of South Carolina[A]	0.015	0.008	NA	NA	250	15.85	NA	NA	250	16	100
	Total Permitted	0.015	0.008		0		16		0		16	
	MAIL (lb/d)				1,344		1,344		1,344		1,344	
	Percent Allocated of MAIL				0.0%		1.2%		0.0%		1.2%	
	Domestic Loading (lb/d)				2,829		2,829		2,829		2,829	
	Future Industrial Available (lb/d)				1,344		1,328		1,344		1,328	
	Future Industrial Available (%)				100%		99%		100%		99%	
	MAHL				2,829		2,844		2,829		2,844	
	% of MAHL Allocated				67.8%		68.2%		67.8%		68.2%	

Date Revised: 1/21/2015

[A]Metal Finishing Point Source Category 40 CFR Part 433, Subpart A - Metal Finishing Subcategory, 433.15, Pretreatment Standards for Existing Sources

Limits highlighted in red are parameters that must have a limit at least as stringent as the categorical standard.

O & G (Mo Avg) mg/L	Ammonia (Daily Max) mg/l	Ammonia (Daily Max) lbs/day	Ammonia (Mo Avg) mg/l	Ammonia (Mo Avg) lbs/day	Arsenic (Daily Max) mg/l	Arsenic (Daily Max) lbs/day	Arsenic (Mo Avg) mg/l	Arsenic (Mo Avg) lbs/day	Cadmium (Daily Max) mg/l	Cadmium (Daily Max) lbs/day	Cadmium (Mo Avg) mg/l	Cadmium (Mo Avg) lbs/day	Chromium (Daily Max) mg/l	Chromium (Daily Max) lbs/day	Chromium (Mo Avg) mg/l
NA									0.540	0.03	0.0001	0.00001	2.04	0.13	1.36
		0.000		0.000		0.000		0.000		0.034		0.000		0.129	
		194		34		1.588		1.588		0.067		-0.011		22.465	
		0.0%		0.0%		0.0%		0.0%		50.8%		-0.1%		0.6%	
		286		286		0.08		0.08		0.028		0.028		0.38	
		194		34		2		2		0.03		-0.01		22.34	
		100%		100%		100%		100%		49%		100%		99%	
		285.99		285.99		0.08		0.08		0.063		0.028		0.514	
		59.6%		89.4%		4.8%		4.8%		65.3%		162.4%		2.2%	

Chromium (Mo Avg) lbs/day	Copper (Daily Max) mg/l	Copper (Daily Max) lbs/d	Copper (Mo Avg) mg/l	Copper (Mo Avg) lbs/d	Cyanide (Daily Max) mg/l	Cyanide (Daily Max) lbs/d	Cyanide (Mo Avg) mg/l	Cyanide (Mo Avg) lbs/d	Lead (Daily Max) mg/l	Lead (Daily Max) lbs/d	Lead (Mo Avg) mg/l	Lead (Mo Avg) lbs/d	Mercury (Daily Max) mg/l	Mercury (Daily Max) lbs/day	Mercury (Mo Avg) mg/l
0.09	0.72	0.05	0.48	0.03	0.017	0.001	0.010	0.001	0.28	0.02	0.19	0.01	MR		MR
0.086		0.046		0.030		0.001		0.001		0.018		0.012		0.000	
22.465		1.141		0.786		1.155		0.252		3.848		0.116		-1.422	
0.4%		4.0%		3.9%		0.1%		0.3%		0.5%		10.4%		0.0%	
0.38		0.37		0.37		0.03		0.03		0.03		0.034		1.43	
22.38		1.10		0.76		1.15		0.25		3.83		0.10		-1.42	
100%		96%		96%		100%		100%		100%		90%		100%	
0.471		0.42		0.40		0.03		0.029		0.052		0.046		1.426	
2.1%		27.6%		34.7%		2.5%		10.3%		1.3%		30.7%		37879.2%	

Mercury (Mo Avg) lbs/day	Molybdenum (Daily Max) mg/l	Molybdenum (Daily Max) lbs/day	Molybdenum (Mo Avg) mg/l	Molybdenum (Mo Avg) lbs/day	Nickel (Daily Max) mg/l	Nickel (Daily Max) lbs/day	Nickel (Mo Avg) mg/l	Nickel (Mo Avg) lbs/day	Selenium (Daily Max) mg/L	Selenium (Daily Max) lb/d	Selenium (Mo Avg) mg/L	Selenium (Mo Avg) lb/d	Silver (Daily Max) mg/l	Silver (Daily Max) lbs/day
					3.55	0.23	2.37	0.15					0.005	0.0003
0.000		0.000		0.000		0.225		0.150		0.000		0.000		0.000
-1.423		NA		N/A		16.148		1.691		0.667		0.167		-0.016
0.0%		NA		NA		1.4%		8.9%		NA		0.0%		-2.0%
1.426		N/A		N/A		0.53		0.53		N/A		N/A		0.028
-1.42		NA		NA		15.92		1.54		0.67		0.17		-0.02
100%		NA		NA		99%		91%		NA		100%		102%
1.426		NA		0.000		0.757		0.682		0.000		0.000		0.029
55303.6%		NA		NA		4.5%		30.7%		NA		0.0%		225.6%

Silver (Mo Avg) mg/l	Silver (Mo Avg) lbs/day	TTO (Daily Max) mg/l	TTO (Daily Max) lbs/day	TTO (Mo Avg) mg/l	TTO (Mo Avg) lbs/day	Zinc (Daily Max) mg/l	Zinc (Daily Max) lbs/d	Zinc (Mo Avg) mg/l	Zinc (Mo Avg) lbs/d
0.005	0.0003	2.13	0.14	NA	NA	2.61	0.17	1.48	0.09
	0.000		0.135		0.000		0.165		0.094
	-0.016		N/A		N/A		3.741		3.741
	-2.0%		N/A		N/A		4.4%		2.5%
	0.028		1.28		1.28		2.61		2.61
	-0.02		NA		NA		3.58		3.647
	102%		NA		NA		96%		97%
	0.029		1.416		1.281		2.78		2.71
	225.6%		N/A		N/A		43.7%		42.6%

Section 3

The City submitted official DMRs for the following semi-annual reporting period: November, December, January, February, March, and April, by the 28th day of the following subsequent month.

City of FLORENCE
SOUTH CAROLINA

DEPARTMENT OF PUBLIC WORKS AND UTILI

TEL: (843) 665-
FAX: (843) 665-

December 19, 2014

Mrs. Suzanne K. Armor
Associate Regional Counsel
United States Environmental Protection Agency
Office of Environmental Accountability
Office of Water Legal Support
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, South Carolina 29201

Re: Town of Timmonsville POTW
SC DHEC Permit Number SC0025356
November, 2014 DMR

Dear Madam and Gentlemen:

In accordance with the provisions of the Consent Decree, herewith we are transmitting the November, 2014 DMR.

During the month of November, 2014, there were no SSO releases from the sanitary sewer collection system.

At the wastewater treatment plant effluent flow exceeded the weekly average once due to the dewatering of the abandoned offline lagoon. The flow exceedance did not create any issues impacting the quality of effluent discharged from the WWTP as all other effluent parameters met the NPDES permit.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such 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 of knowing violations.

We trust that you find this DMR meets the requirements of the NPDES Permit and the requirements of the Consent Decree. However, if some further clarification is needed, please feel free to contact me at (843) 665-3113.

Sincerely,

Andrew H. Griffin,
City Manager

Attachments

Copy: David Phillips, P.E., US EPA Enforcement Officer
Glenn Trofatter, SC DHEC
Michael Hemingway, Utilities Director
Forrest Whittington, City Engineer

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION 706 S HILL ST

SC0025356 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER
MAJOR

41 PD FINAL LIMITS
DMR VALID: 08/01/2008 - 08/31/2008
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	14	11	01	TO	14	11	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00300 LAB ID: 21001 Dissolved Oxygen	SAMPLE MEASUREMENT	**********	**********	*********	8.4	**********	**********		0	01/01	GR
MLOC=1	PERMIT REQUIREMENT	**********	**********	*********	6.0 DAILY MN	**********	**********	MG/L		01/01	GR
00310 LAB ID: 21001 BOD - 5 Day (20 Degrees C)	SAMPLE MEASUREMENT	**********	**********	*********	**********	225	**********		0	01/07	24
MLOC=G	PERMIT REQUIREMENT	**********	**********	*********	**********	REPORT MO AVG	**********	MG/L		01/07	24
00310 LAB ID: 21001 BOD - 5 Day (20 Degrees C)	SAMPLE MEASUREMENT	25	33		**********	3.8	4.6		0	01/07	24
MLOC=1 YYNNNNNNNNYY	PERMIT REQUIREMENT	167 MO AVG	250 WKLY AVG	LBS/DAY	**********	10.0 MO AVG	15.0 WKLY AVG	MG/L		01/07	24
00310 LAB ID: ____ BOD - 5 Day (20 Degrees C)	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		**********	NOT REQUIRED	NOT REQUIRED				
MLOC=1 NNYYYYYYYYNN	PERMIT REQUIREMENT	125 MO AVG	188 WKLY AVG	LBS/DAY	**********	7.5 MO AVG	11.25 WKLY AVG	MG/L		01/07	24
00400 LAB ID: 21001 pH Standard Units	SAMPLE MEASUREMENT	**********	**********	*********	7.0	**********	7.8		0	01/01	GR
MLOC=1	PERMIT REQUIREMENT	**********	**********	*********	6.0 DAILY MN	**********	8.5 DAILY MX	SU		01/01	GR
00530 LAB ID: 21001 Total Suspended Solids (TSS)	SAMPLE MEASUREMENT	31	45		**********	4.8	6.0		0	01/07	24
MLOC=1	PERMIT REQUIREMENT	500 MO AVG	750 WKLY AVG	LBS/DAY	**********	30.0 MO AVG	45.0 WKLY AVG	MG/L		01/07	24
00530 LAB ID: 21001 Total Suspended Solids (TSS)	SAMPLE MEASUREMENT	**********	**********	*********	**********	538	**********		0	01/07	24
MLOC=G	PERMIT REQUIREMENT	**********	**********	*********	**********	REPORT MO AVG	**********	MG/L		01/07	24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ANDREW H. GUYTON
CITY MANAGER
TYPED OR PRINTED

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 gather and evaluate 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

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
843	665-3236	14	12	18

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

PERMITTEE NAME AND ADDRESS

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

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION 706 S HILL ST

SC0025356 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MAJOR
41 PD FINAL LIMITS
DMR VALID: 08/01/2008 - 08/31/2008
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	14	11	01	TO	14	11	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00600 LAB ID: 21117 Total Nitrogen as N MLOC=1	SAMPLE MEASUREMENT	**********	**********	**********	**********	1.1	1.1		0	01/30	24
	PERMIT REQUIREMENT	**********	**********	**********	**********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	24
00610 LAB ID: 21001 Ammonia-Nitrogen Total as N MLOC=1 YYNNNNNNNNYY	SAMPLE MEASUREMENT	2.0	3.1		**********	0.3	0.52		0	01/07	24
	PERMIT REQUIREMENT	42.0 MO AVG	63.0 WKLY AVG	LBS/ DAY	**********	2.5 MO AVG	3.75 WKLY AVG	MG/L		01/07	24
00610 LAB ID: ____ Ammonia-Nitrogen Total as N MLOC=1 NNYYYYYYYYNN	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		**********	NOT REQUIRED	NOT REQUIRED				
	PERMIT REQUIREMENT	8.0 MO AVG	12.0 WKLY AVG	LBS/ DAY	**********	0.5 MO AVG	0.75 WKLY AVG	MG/L		01/07	24
00665 LAB ID: 21117 Phosphorus, Total MLOC=1	SAMPLE MEASUREMENT	**********	**********	**********	**********	<0.10	<0.10		0	01/30	24
	PERMIT REQUIREMENT	**********	**********	**********	**********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	24
50050 LAB ID: 21001 Flow in Conduit or Thru Treatment Plant MLOC=1	SAMPLE MEASUREMENT	0.8	0.9		**********	**********	**********	**********	0	99/99	RC
	PERMIT REQUIREMENT	2.0 MO AVG	2.0 WKLY AVG	MGD	**********	**********	**********	**********		99/99	RC
50060 LAB ID: 21001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT	**********	**********	**********	**********	0.000	0.010		0	01/07	GR
	PERMIT REQUIREMENT	**********	**********	**********	**********	0.011 MO AVG	0.019 DAILY MX	MG/L		01/07	GR
74055 LAB ID: 21001 Fecal Coliform General MLOC=1	SAMPLE MEASUREMENT	**********	**********	**********	**********	22	65				
	PERMIT REQUIREMENT	**********	**********	**********	**********	200 30DAVGEO	400 DAILY MX	# PER 100ML		01/07	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANDREW H. GRIFFIN CITY MANAGER (TYPED OR PRINTED)	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 gather and evaluate 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	AREA CODE	NUMBER	YEAR	MO	DAY
			843	665 3236	14	12	18

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

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION 706 S HILL ST

SC0025356 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MAJOR

41 PD FINAL LIMITS
DMR VALID: 08/01/2008 - 08/31/2008
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MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	14	11	01	TO	14	11	30

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74062 LAB ID: 21001 Overflow Use, Occurances MLOC=S	SAMPLE MEASUREMENT	0	********** **********		********** **********	********** **********	********** **********	********* *********	0	01/30	CA
	PERMIT REQUIREMENT	REPORT MO TOTAL	********** **********	OCCUR/ MONTH	********** **********	********** **********	********** **********	********* *********		01/30	CA
74063 LAB ID: 21001 Overflow Volume (SSO Volume, CSO Volume) MLOC=S	SAMPLE MEASUREMENT	0	********** **********		********** **********	********** **********	********** **********	********* *********	0	01/30	CA
	PERMIT REQUIREMENT	REPORT MO TOTAL	********** **********	MGAL	********** **********	********** **********	********** **********	********* *********		01/30	CA
81010 LAB ID: 21001 BOD, 5-Day Percent Removal MLOC=K	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	98	********** **********	********** **********		0	01/30	CA
	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	85 MO AV MN	********** **********	********** **********	PER-CENT		01/30	CA
81011 LAB ID: 21001 Solids, Suspended Percent Removal MLOC=K	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	99	********** **********	********** **********		0	01/30	CA
	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	85 MO AV MN	********** **********	********** **********	PER-CENT		01/30	CA
TRP3B LAB ID: ____ IC25 Stat ren 7Day Chronic ceriodaphnia MLOC=P	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	N/A	********** **********	********** **********				
	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	100 MINIMUM	********** **********	********** **********	PER-CENT		02/99	CR
TRP3B LAB ID: ____ IC25 Stat ren 7Day Chronic ceriodaphnia MLOC=Q	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	N/A	********** **********	********** **********				
	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	100 MINIMUM	********** **********	********** **********	PER-CENT		02/99	CR
TRP6C LAB ID: ____ IC25 Statre 7Day Chrpimephales MLOC=P	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	N/A	********** **********	********** **********				
	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	100 MINIMUM	********** **********	********** **********	PER-CENT		02/99	CR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ANDREW H. GRAHAM
CITY MANAGER
TYPED OR PRINTED

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 gather and evaluate 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

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
843	665 3236	14	12	18

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

7012 2210 0000 7236 4232

U.S. Postal Service™
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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postag	$

Postmark Here

Sent To: Glenn Trofatter
Street, Apt. N or PO Box No: SCDHEC 2600 Bull Street
City, State, Zi: Columbia, SC 29201

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, SC 29201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): A Brown
C. Date of Delivery: 12/30/14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

DMRs

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7012 2210 0000 7236 4232

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7012 2210 0000 7236 4249

U.S. Postal Service™
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OFFICIAL US

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pc	

Postm Her

Sent To: David Phillips, P.E.
Enforcement Officer
Street, Ap or PO Bo: EPA Region 4
City, Stat: 61 Forsyth Street, SW

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Hodges
C. Date of Delivery: 12-29-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

City of FLORENCE SOUTH CAROLINA

CITY ADMINISTRATIO

TEL: (843) 665-311
FAX: (843) 665-311

January 23, 2015

Mrs. Suzanne K. Armor
Associate Regional Counsel
United States Environmental Protection Agency
Office of Environmental Accountability
Office of Water Legal Support
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, South Carolina

Re: Town of Timmonsville POTW
SC DHEC Permit Number SC0025356
December, 2014 DMR

Dear Madam and Gentlemen:

In accordance with the provisions of the Consent Decree, herewith we are transmitting the December, 2014 DMR.

During the month December there were no effluent discharge parameter violations.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such 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 of knowing violations.

We trust that you find this DMR meets the requirements of the NPDES Permit and the requirements of the Consent Decree. However, if some further clarification is needed, please feel free to contact me at (843) 665-3113.

Sincerely,

Andrew H. Griffin,
City Manager

Attachments

Copy: David Phillips, P.E., US EPA Enforcement Officer
Glenn Trofatter, SC DHEC
Michael Hemingway, Utilities Director
Forrest Whittington, City Engineer

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER
MAJOR

41 PD INTERIM LIMITS
DMR VALID: 12/01/2014 - 03/31/2017
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	14	12	01	TO	14	12	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00300 LAB ID: 21001 Dissolved Oxygen MLOC=1	SAMPLE MEASUREMENT	**********	**********	*********	8.6	**********	**********		0	01/01	GR
	PERMIT REQUIREMENT	**********	**********	*********	6.0 MINIMUM	**********	**********	MG/L		01/01	GR
00310 LAB ID: 21001 BOD - 5 Day (20 Degrees C) MLOC=1 YYNNNNNNNNYY	SAMPLE MEASUREMENT	40	52		**********	4	5		0	01/07	24
	PERMIT REQUIREMENT	167 MO AVG	251 WKLY AVG	LBS/DAY	**********	10 MO AVG	15 WKLY AVG	MG/L		01/07	24
00310 LAB ID: ____ BOD - 5 Day (20 Degrees C) MLOC=1 NNYYYYYYYYNN	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		**********	NOT REQUIRED	NOT REQUIRED				
	PERMIT REQUIREMENT	125 MO AVG	188 WKLY AVG	LBS/DAY	**********	7.5 MO AVG	11.25 WKLY AVG	MG/L		01/07	24
00400 LAB ID: 21001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	**********	**********	*********	6.3	**********	7.7		0	01/01	GR
	PERMIT REQUIREMENT	**********	**********	*********	6.0 MINIMUM	**********	8.5 MAXIMUM	SU		01/01	GR
00530 LAB ID: 21001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	45	114		**********	4	7		0	01/07	24
	PERMIT REQUIREMENT	500 MO AVG	750 WKLY AVG	LBS/DAY	**********	30 MO AVG	45 WKLY AVG	MG/L		01/07	24
00600 LAB ID: 21117 Total Nitrogen as N MLOC=1	SAMPLE MEASUREMENT	53.8	87.7		**********	5.3	5.3		0	01/30	CA
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	LBS/DAY	**********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	CA
00610 LAB ID: 21001 Ammonia-Nitrogen Total as N MLOC=1 YYNNNNNNNNYY	SAMPLE MEASUREMENT	18	29		**********	1.4	2.01		0	01/07	24
	PERMIT REQUIREMENT	42 MO AVG	63 WKLY AVG	LBS/DAY	**********	2.5 MO AVG	3.75 WKLY AVG	MG/L		01/07	24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ANDREW H. GRIFFIN
CITY MANAGER
TYPED OR PRINTED

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 gather and evaluate 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.

Andrew H. Griffin
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
843	665 3236	15	01	23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Permit limits are based on an average design flow of 2.0 MGD.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MAJOR

41 PD INTERIM LIMITS
DMR VALID: 12/01/2014 - 03/31/2017
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	14	12	01	TO	14	12	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00610 LAB ID: ____ Ammonia-Nitrogen Total as N MLOC=1 NNYYYYYYYYNN	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		********** **********	NOT REQUIRED	NOT REQUIRED				
	PERMIT REQUIREMENT	8 MO AVG	12 WKLY AVG	LBS/ DAY	********** **********	0.5 MO AVG	0.75 WKLY AVG	MG/L		01/07	24
00665 LAB ID: 2111 Phosphorus, Total MLOC=1	SAMPLE MEASUREMENT	2.23	3.64		********** **********	0.22	0.22		0	01/30	24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	LBS/ DAY	********** **********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	24
50050 LAB ID: 2100 Flow in Conduit or Thru Treatment Plant MLOC=1	SAMPLE MEASUREMENT	1.217	1.348		********** **********	********** **********	********** **********	********* *********	0	01/01	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	MGD	********** **********	********** **********	********** **********	********* *********		01/01	CN
50060 LAB ID: 2100 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT	0.00	0.09		********** **********	0.00	0.010		0	01/07	GR
	PERMIT REQUIREMENT	0.18 MO AVG	0.32 DAILY MX	LBS/ DAY	********** **********	0.011 MO AVG	0.019 DAILY MX	MG/L		01/07	GR
81010 LAB ID: 2100 BOD, 5-Day Percent Removal MLOC=K	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	********** **********	99	********** **********		0	01/30	CA
	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	********** **********	85 MO AV MN	********** **********	PER-CE NT		01/30	CA
81011 LAB ID: 2100 Solids, Suspended Percent Removal MLOC=K	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	********** **********	98	********** **********		0	01/30	CA
	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	********** **********	85 MO AV MN	********** **********	PER-CE NT		01/30	CA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANDREW H. GRIFFIN CITY MANAGER	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 gather and evaluate 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	Andrew H. Griffin	843 665-3236		15	01	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Permit limits are based on an average design flow of 2.0 MGD.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 3 — DISCHARGE NUMBER
MAJOR

41 PD FINAL LIMITS
DMR VALID: 12/01/2014 - 11/30/2019
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	14	12	01	TO	14	12	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
51040 LAB ID: 2117 E.COLI (MPN/100ML)	SAMPLE MEASUREMENT	**********	**********	*********	**********	2	27		0	03/07	GR
MLOC=O	PERMIT REQUIREMENT	**********	**********	*********	**********	126 MO AVG	349 DAILY MX	MPN/ 100ML		03/07	GR
51040 LAB ID: ____ E.COLI (MPN/100ML)	SAMPLE MEASUREMENT	**********	**********	*********	**********						
MLOC=P	PERMIT REQUIREMENT	**********	**********	*********	**********	126 MO AVG	800 DAILY MX	MPN/ 100ML		03/07	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANDREW P. GRIFFIN CITY MANAGER	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 gather and evaluate 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	Andrew P. Griffin	843 665 3236		15	01	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
MLOC O & P=See permit conditions "Conditional monitoring not required" under specific circumstances.

7014 0150 0000 5025 2912

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
JAN 26 2015
FLORENCE SC

Sent To
Street, Apt. No. or PO Box No.
City, State, Zip

Eleazer Carter, Esq.
The Carter Law Firm
105 South Brooks Street
Manning, SC 29102

- DMR 12/14
- Annual
- CPE

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eleazer Carter, Esq.
The Carter Law Firm
105 South Brooks Street
Manning, SC 29102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Eleazer Carter
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

USPS 2015

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 2912

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0150 0000 5025 2929

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
JAN 26 2015
FLORENCE SC

Sent To
Street, Apt. No. or PO Box No.
City, State, Zip

Mayor
Town of Timmonsville
PO Box 447
Timmonsville, SC 29161

- DMR 12/14
- Annual
- CPE

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor
Town of Timmonsville
PO Box 447
Timmonsville, SC 29161

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie Morris
☐ Agent
☐ Addressee

B. Received by (Printed Name) Bonnie Morris
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

TIMMONSVILLE SC
JAN 27 2015

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 2929

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7012 2210 0000 7236 4270

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Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

USPS 29501
JAN 26 2015
FLORENCE SC

DMR 12/14

Sent To
Street, Apt. or PO Box
City, State

Chief, Environmental Enforcement
Environment & Natural Resources Div.
U.S. Department of Justice
Box 7611 Ben Franklin Station
Washington, DC 20044-7611

Annual
CPE

PS Form 3... ...tions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief, Environmental Enforcement
Environment & Natural Resources Div.
U.S. Department of Justice
Box 7611 Ben Franklin Station
Washington, DC 20044-7611

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name) A. Hussein
C. Date of Delivery 1-29-15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7012 2210 0000 7236 4270

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7012 2210 0000 7236 4263

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

USPS 29501
JAN 26 2015
FLORENCE SC

DMR 12/14
Annual

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, SC 29201

PS Form 3800, ...

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, SC 29201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature]
☐ Agent
☑ Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7012 2210 0000 7236 4263

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7012 2210 0000 7236 4256

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

USPS 29501
JAN 26 2015
Postmark Here
FLORENCE SC

Sent To David Phillips, P.E.
Enforcement Officer
Street, Apt. or PO Box EPA Region 4
City, State, 61 Forsyth Street, SW
Atlanta, GA 30303

- DMR 12/14
- Annual

PS Form ... uctions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 1/28/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7012 2210 0000 7236 4256

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

7012 2210 0000 7236 4294

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Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

JAN 26 2015
Postmark Here
FLORENCE SC

Sent To David Wilson, Chief
Bureau of Water, Envir. Quality Control
Street, Apt. or PO Box SC DHEC
City, State, 2600 Bull Street
Columbia, SC 29201

- DMR 12/14
- Annual
- CPE

PS Form 3 ... ions

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

JAN 26 2015
Postmark Here
FLORENCE SC

Sent To Elizabeth Dieck
Director Of Environmental Affairs
Street, Apt. or PO Box SC DHEC
City, State, 2600 Bull Street
Columbia, SC 29201

- DMR 12/14
- Annual
- CPE

PS Form ... uctions

City of FLORENCE SOUTH CAROLINA

DEPARTMENT OF PUBLIC WORKS AND UTILITIES

TEL: (843) 665-3236
FAX: (843) 665-3200

February 26, 2015

Mrs. Suzanne K. Armor
Associate Regional Counsel
United States Environmental Protection Agency
Office of Environmental Accountability
Office of Water Legal Support
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, South Carolina 29201

Re: Town of Timmonsville POTW
SC DHEC Permit Number SC0025356
January, 2015 DMR

Dear Madam and Gentlemen:

In accordance with the provisions of the Consent Decree, herewith we are transmitting the January, 2015 DMR.

During the month January there were no effluent discharge parameter violations.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such

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 of knowing violations.

We trust that you find this DMR meets the requirements of the NPDES Permit and the requirements of the Consent Decree. However, if some further clarification is needed, please feel free to contact me at (843) 665-3113.

Sincerely,

Andrew H. Griffin,
City Manager

Attachments

Copy: David Phillips, P.E., US EPA Enforcement Officer
Beth Drake, US DOJ
David Wilson, SC DHEC
Glenn Trofatter, SC DHEC
Elizabeth A. Dieck, SC DHEC
Darrick Jackson, Timmonsville Mayor
Eleazer Carter, Timmonsville Attorney
Jim Peterson, City of Florence Attorney
Michael Hemingway, Utilities Director
Forrest Whittington, City Engineer

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER
MAJOR

41 PD INTERIM LIMITS
DMR VALID: 12/01/2014 - 03/31/2017
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	01	01	TO	15	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00300 LAB ID: 2100 Dissolved Oxygen	SAMPLE MEASUREMENT	**********	**********	*********	8.9	**********	**********		0	01/01	GR
MLOC=1	PERMIT REQUIREMENT	**********	**********	*********	6.0 MINIMUM	**********	**********	MG/L		01/01	GR
00310 LAB ID: 2100 BOD - 5 Day	SAMPLE MEASUREMENT	86	120		**********	5	7		0	01/07	24
(20 Degrees C) MLOC=1 YYNNNNNNNNYY	PERMIT REQUIREMENT	167 MO AVG	251 WKLY AVG	LBS/DAY	**********	10 MO AVG	15 WKLY AVG	MG/L		01/07	24
00310 LAB ID: ____ BOD - 5 Day	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		**********	NOT REQUIRED	NOT REQUIRED				
(20 Degrees C) MLOC=1 NNYYYYYYYYNN	PERMIT REQUIREMENT	125 MO AVG	188 WKLY AVG	LBS/DAY	**********	7.5 MO AVG	11.25 WKLY AVG	MG/L		01/07	24
00400 LAB ID: 2100 pH	SAMPLE MEASUREMENT	**********	**********	*********	6.1	**********	7.9		0	01/01	GR
Standard Units MLOC=1	PERMIT REQUIREMENT	**********	**********	*********	6.0 MINIMUM	**********	8.5 MAXIMUM	SU		01/01	GR
00530 LAB ID: 2100 Total Suspended	SAMPLE MEASUREMENT	51	70		**********	3	4		0	01/07	24
Solids (TSS) MLOC=1	PERMIT REQUIREMENT	500 MO AVG	750 WKLY AVG	LBS/DAY	**********	30 MO AVG	45 WKLY AVG	MG/L		01/07	24
00600 LAB ID: 2117 Total Nitrogen as N	SAMPLE MEASUREMENT	76.7	76.7		**********	4.6	4.6		0	01/30	CA
MLOC=1	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	LBS/DAY	**********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	CA
00610 LAB ID: 2100 Ammonia-Nitrogen	SAMPLE MEASUREMENT	40.0	57.0		**********	2.4	3.42		0	01/07	24
Total as N MLOC=1 YYNNNNNNNNYY	PERMIT REQUIREMENT	42 MO AVG	63 WKLY AVG	LBS/DAY	**********	2.5 MO AVG	3.75 WKLY AVG	MG/L		01/07	24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
[illegible] CITY MANAGER	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 gather and evaluate 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] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	843-	665-3236	15	02	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Permit limits are based on an average design flow of 2.0 MGD.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER
MAJOR

41 PD INTERIM LIMITS
DMR VALID: 12/01/2014 - 03/31/2017
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	01	01	TO	15	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00610 LAB ID: ____ Ammonia-Nitrogen Total as N MLOC=1 NNYYYYYYYYNN	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		**********	NOT REQUIRED	NOT REQUIRED				
	PERMIT REQUIREMENT	8 MO AVG	12 WKLY AVG	LBS/DAY	**********	0.5 MO AVG	0.75 WKLY AVG	MG/L		01/07	24
00665 LAB ID: 21117 Phosphorus, Total MLOC=1	SAMPLE MEASUREMENT	43.3	43.3		**********	.26	.26		0	01/30	24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	LBS/DAY	**********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	24
50050 LAB ID: 21001 Flow in Conduit or Thru Treatment Plant MLOC=1	SAMPLE MEASUREMENT	1.837	1.951		**********	**********	**********	*********	0	01/01	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	MGD	**********	**********	**********	*********		01/01	CN
50060 LAB ID: 21001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT	0.00	0.00		**********	0.000	0.000		0	01/07	GR
	PERMIT REQUIREMENT	0.18 MO AVG	0.32 DAILY MX	LBS/DAY	**********	0.011 MO AVG	0.019 DAILY MX	MG/L		01/07	GR
81010 LAB ID: 21001 BOD, 5-Day Percent Removal MLOC=K	SAMPLE MEASUREMENT	**********	**********	*********	**********	95	**********		0	01/30	CA
	PERMIT REQUIREMENT	**********	**********	*********	**********	85 MO AV MN	**********	PER-CENT		01/30	CA
81011 LAB ID: 21001 Solids, Suspended Percent Removal MLOC=K	SAMPLE MEASUREMENT	**********	**********	*********	**********	99	**********		0	01/30	CA
	PERMIT REQUIREMENT	**********	**********	*********	**********	85 MO AV MN	**********	PER-CENT		01/30	CA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JAMES H. GRIFFIN CITY MANAGER	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 gather and evaluate 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	843-	665-3236	15	02	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Permit limits are based on an average design flow of 2.0 MGD.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 3 — DISCHARGE NUMBER
MAJOR

41 PD FINAL LIMITS
DMR VALID: 12/01/2014 - 11/30/2019
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	01	01	TO	15	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
51040 LAB ID: 21117 E.COLI (MPN/100ML)	SAMPLE MEASUREMENT	**********	**********	*********	**********	1	1		0	03/07	GR
MLOC=O	PERMIT REQUIREMENT	**********	**********	*********	**********	126 MO AVG	349 DAILY MX	MPN/ 100ML		03/07	GR
51040 LAB ID: ____ E.COLI (MPN/100ML)	SAMPLE MEASUREMENT	**********	**********	*********	**********	NOT REQUIRED	NOT REQUIRED				
MLOC=P	PERMIT REQUIREMENT	**********	**********	*********	**********	126 MO AVG	800 DAILY MX	MPN/ 100ML		03/07	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JAMES H. GRIFFIN CITY MANAGER	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 gather and evaluate 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	James H. Griffin	843	665-3236	15	02	24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
MLOC O & P=See permit conditions "Conditional monitoring not required" under specific circumstances.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356
PERMIT NUMBER

001 4
DISCHARGE NUMBER

MAJOR

41 PD FINAL LIMITS
DMR VALID: 12/01/2014 - 11/30/2019
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	01	01	TO	15	03	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TCP3B LAB ID: 36001	SAMPLE MEASUREMENT	**********	**********	*********	**********	13	13		0	01/90	24
%Effect Statre 7Day Chr Ceriodaphnia MLOC=1	PERMIT REQUIREMENT	**********	**********	*********	**********	25 MO AVG	40 DAILY MX	PER-CENT		01/90	24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
CITY MANAGER	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 gather and evaluate 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	843	665 3236	15	02	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Chronic toxicity CTC=100% effluent

11/06/2

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

DMR Attachment for Chronic Multi-Concentration Whole Effluent Toxicity Test Results using Linear Interpolation

FLORENCE CITY OF/TIMMONSVILLE WWTP Permit No. SC0025356 Discharge No. 0014
FINAL LIMITS 12/01/2014-11/30/2019 Parameter TCP3B MLOC=1 CTC=100% effluent.

	Year	Month	Day		Year	Month	Day
Monitoring period From	15	01	01	To	15	03	31

Date 01/19/15

Lab ID 36001

IC25 = >100 %

48-hr chronic LC50 = >100 %

Group	Mortality Data # Adults	Mortality Data # Dead	Reproduction Data Group Average	Reproduction Data Group Variance
0	10	0	23	10
25	10	0	20	34
35.4	10	0	19	63
50	10	0	18	30
70.7	9	0	22	35
100	9	0	20	52

% Survival Effect at CTC = 13
% Reproduction Effect at CTC = 13

Date _____

Lab ID _____

IC25 = _____ %

48-hr chronic LC50 = _____ %

Group	Mortality Data # Adults	Mortality Data # Dead	Reproduction Data Group Average	Reproduction Data Group Variance
0				
25				
35.4				
50				
70.7				
100				

% Survival Effect at CTC = _____
% Reproduction Effect at CTC = _____

Signature of Principal Executive Officer or Authorized Agent _____
Name/Title of Principal Executive Officer *(typed or printed)* _____ ANDREW H. GRIFFIN CITY MANAGER

DHEC 3880 (08/2005)

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MAJOR

41 PD INTERIM LIMITS
DMR VALID: 12/01/2014 - 03/31/2017
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	01	01	TO	15	03	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
01042 LAB ID: 21117 Copper, Total as Cu	SAMPLE MEASUREMENT	0.08	0.08		********** **********	0.005	0.005		0	01 90	24
MLOC=1	PERMIT REQUIREMENT	0.25 MO AVG	0.35 DAILY MX	LBS/DAY	********** **********	0.015 MO AVG	0.021 DAILY MX	MG/L		01/90	24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY H. GRIFFIN CITY MANAGER	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 gather and evaluate 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	Anthony H. Griffin	843-665-3236		15	02	24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

7014 0150 0000 5025 7801

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

2/27/15
Postmark Here

Sent To
Eleazer Carter, Esq.
The Carter Law Firm
Street, Apt. No. or PO Box No. 105 South Brooks Street
City, State, ZIP Manning, SC 29102

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eleazer Carter, Esq.
The Carter Law Firm
105 South Brooks Street
Manning, SC 29102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brittany Bell ☐ Agent ☐ Addressee

B. Received by (Printed Name) Brittany Bell
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MANNING SC
MAR 12 2015
USPS-29102

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 7801

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7014 0150 0000 5025 7764

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

2/27/15
Postmark Here

Sent To
Chief, Environmental Enforcement
Environment & Natural Resources Div.
Street, Apt. No., or PO Box No. U.S. Department of Justice
Box 7611 Ben Franklin Station
City, State, ZIP Washington, DC 20044-7611

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief, Environmental Enforcement
Environment & Natural Resources Div.
U.S. Department of Justice
Box 7611 Ben Franklin Station
Washington, DC 20044-7611

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 7764

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7014 0150 0000 5025 7825

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

2/27/15
Postmark Here

Sent To: Glenn Trofatter
Street, Apt. or PO Box: SCDHEC
City, State: 2600 Bull Street
Columbia, SC 29201

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, SC 29201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): A Brown
C. Date of Delivery: 3/3/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) DMRS 7014 0150 0000 5025 7825

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7014 0150 0000 5025 7818

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

2/27/15
Postmark Here

Sent To: David Phillips, P.E.
Street, Apt. or PO Box: Enforcement Officer
City, State: EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery: 3/3/1

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 7818

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-154

7014 0150 0000 5025 7795

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

2/27/15
Postmark Here

Sent To
Mayor
Town of Timmonsville
Street, Apt. No.; or PO Box No. PO Box 447
City, State, ZIP+ Timmonsville, SC 29161

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor
Town of Timmonsville
PO Box 447
Timmonsville, SC 29161

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie Morris ☐ Agent ☐ Addressee

B. Received by (Printed Name) Bonnie Morris
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAR 03 2015

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 0150 0000 5025 7795

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0150 0000 5025 7788

U.S. Postal Service™
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pos	

2/27/15
Postmark Here

Sent To
David Wilson, Chief
Bureau of Water, Envir. Quality Control
Street, Apt. or PO Box SC DHEC
2600 Bull Street
City, State, Columbia, SC 29201

PS Form 3800, August 2006 See Reverse for Instructions

7014 0150 0000 5025 7771

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

2/27/15
Postmark Here

Sent To
Elizabeth Dieck
Director Of Environmental Affairs
Street, Apt. or PO Box SC DHEC
2600 Bull Street
City, State, Columbia, SC 29201

PS Form 3800, August 2006 See Reverse for Instructions

City of FLORENCE
SOUTH CAROLINA

DEPARTMENT OF PUBLIC WORKS AND UTILIT

TEL: (843) 665-3
FAX: (843) 665-3

March 23, 2015

Mrs. Suzanne K. Armor
Associate Regional Counsel
United States Environmental Protection Agency
Office of Environmental Accountability
Office of Water Legal Support
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, South Carolina 29201

Re: Town of Timmonsville POTW
SC DHEC Permit Number SC0025356
February, 2015 DMR

Dear Madam and Gentlemen:

In accordance with the provisions of the Consent Decree, herewith we are transmitting the February, 2015 DMR.

During the month of February there were no effluent discharge parameter violations.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such 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 of knowing violations.

We trust that you find this DMR meets the requirements of the NPDES Permit and the requirements of the Consent Decree. However, if some further clarification is needed, please feel free to contact me at (843) 665-3113.

Sincerely,

Andrew H. Griffin
City Manager

Attachments

Copy: David Phillips, P.E., US EPA Enforcement Officer
Beth Drake, US DOJ
David Wilson, SC DHEC
Glenn Trofatter, SC DHEC
Elizabeth A. Dieck, SC DHEC
Darrick Jackson, Timmonsville Mayor
Eleazer Carter, Timmonsville Attorney
Jim Peterson, City of Florence Attorney
Michael Hemingway, Utilities Director
Forrest Whittington, City Engineer

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MAJOR

41 PD INTERIM LIMITS
DMR VALID: 12/01/2014 - 03/31/2017
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	02	01	TO	15	02	28

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00300 LAB ID: 2/001 Dissolved Oxygen MLOC=1	SAMPLE MEASUREMENT	**********	**********	*********	8.0	**********	**********		0	01/01	GR
	PERMIT REQUIREMENT	**********	**********	*********	6.0 MINIMUM	**********	**********	MG/L		01/01	GR
00310 LAB ID: 2/001 BOD - 5 Day (20 Degrees C) MLOC=1 YYNNNNNNNNYY	SAMPLE MEASUREMENT	40	48		**********	3	4		0	01/07	24
	PERMIT REQUIREMENT	167 MO AVG	251 WKLY AVG	LBS/ DAY	**********	10 MO AVG	15 WKLY AVG	MG/L		01/07	24
00310 LAB ID: ____ BOD - 5 Day (20 Degrees C) MLOC=1 NNYYYYYYYYNN	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		**********	NOT REQUIRED	NOT REQUIRED				
	PERMIT REQUIREMENT	125 MO AVG	188 WKLY AVG	LBS/ DAY	**********	7.5 MO AVG	11.25 WKLY AVG	MG/L		01/07	24
00400 LAB ID: 2/001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	**********	**********	*********	6.6	**********	7.8		0	01/01	GR
	PERMIT REQUIREMENT	**********	**********	*********	6.0 MINIMUM	**********	8.5 MAXIMUM	SU		01/01	GR
00530 LAB ID: 2/001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	28	32		**********	2	2		0	01/07	24
	PERMIT REQUIREMENT	500 MO AVG	750 WKLY AVG	LBS/ DAY	**********	30 MO AVG	45 WKLY AVG	MG/L		01/07	24
00600 LAB ID: 2/117 Total Nitrogen as N MLOC=1	SAMPLE MEASUREMENT	68	68		**********	6	6		0	01/30	CA
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	LBS/ DAY	**********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	CA
00610 LAB ID: 2/001 Ammonia-Nitrogen Total as N MLOC=1 YYNNNNNNNNYY	SAMPLE MEASUREMENT	37	60		**********	2.5	3.71		0	01/07	24
	PERMIT REQUIREMENT	42 MO AVG	63 WKLY AVG	LBS/ DAY	**********	2.5 MO AVG	3.75 WKLY AVG	MG/L		01/07	24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANDREW H. GRIFFIN CITY MANAGER	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 gather and evaluate 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	Andrew H. Griffin	843 6653236		15	03	15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Permit limits are based on an average design flow of 2.0 MGD.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MAJOR

41 PD INTERIM LIMITS
DMR VALID: 12/01/2014 - 03/31/2017
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	02	01	TO	15	02	28

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00610 LAB ID: ____ Ammonia-Nitrogen Total as N MLOC=1 NNYYYYYYYYNN	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		********** **********						
	PERMIT REQUIREMENT	8 MO AVG	12 WKLY AVG	LBS/ DAY	********** **********	0.5 MO AVG	0.75 WKLY AVG	MG/L		01/07	24
00665 LAB ID: 21117 Phosphorus, Total MLOC=1	SAMPLE MEASUREMENT	2.5	2.5		********** **********	0.22	0.22		0	01/30	24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	LBS/ DAY	********** **********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	24
50050 LAB ID: 21001 Flow in Conduit or Thru Treatment Plant MLOC=1	SAMPLE MEASUREMENT	1.465	1.585		********** **********	********** **********	********** **********	********* *********	0	01/01	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	MGD	********** **********	********** **********	********** **********	********* *********		01/01	CN
50060 LAB ID: 21001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT	0.09	0.16		********** **********	0.008	0.010		0	01/07	GR
	PERMIT REQUIREMENT	0.18 MO AVG	0.32 DAILY MX	LBS/ DAY	********** **********	0.011 MO AVG	0.019 DAILY MX	MG/L		01/07	GR
81010 LAB ID: 21001 BOD, 5-Day Percent Removal MLOC=K	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	********** **********	97	********** **********		0	01/30	CA
	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	********** **********	85 MO AV MN	********** **********	PER-CE NT		01/30	CA
81011 LAB ID: 21001 Solids, Suspended Percent Removal MLOC=K	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	********** **********	98	********** **********		0	01/30	CA
	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	********** **********	85 MO AV MN	********** **********	PER-CE NT		01/30	CA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANDREW H. GRIFFIN CITY MANAGER	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 gather and evaluate 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	Andrew H. Griffin	843	6653236	15	03	15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Permit limits are based on an average design flow of 2.0 MGD.

PERMITTEE NAME/ADDRESS

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

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356
PERMIT NUMBER

001 3
DISCHARGE NUMBER

MAJOR

41 PD FINAL LIMITS
DMR VALID: 12/01/2014 - 11/30/2019
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	02	01	TO	15	02	28

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
51040 LAB ID: 2111 E.COLI (MPN/100ML)	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	********** **********	1	1		0	03/07	GR
MLOC=O	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	********** **********	126 MO AVG	349 DAILY MX	MPN/ 100ML		03/07	GR
51040 LAB ID: ____ E.COLI (MPN/100ML)	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	********** **********						
MLOC=P	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	********** **********	126 MO AVG	800 DAILY MX	MPN/ 100ML		03/07	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANDREW H. GRIFFIN CITY MANAGER	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 gather and evaluate 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	Andrew H. Griffin	843 665 3236		15	03	15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
MLOC O & P=See permit conditions "Conditional monitoring not required" under specific circumstances.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356
PERMIT NUMBER

001 4
DISCHARGE NUMBER

MAJOR

41 PD FINAL LIMITS
DMR VALID: 12/01/2014 - 11/30/2019
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	14	12	01	TO	15	02	28

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TCP3B LAB ID: 36001 %Effect Statre 7Day Chr Ceriodaphnia MLOC=1	SAMPLE MEASUREMENT	**********	**********	*********	**********	10	10	PER-CENT	0	02/90	24
	PERMIT REQUIREMENT	**********	**********	*********	**********	25 MO AVG	40 DAILY MX			01/90	24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANDREW H. GRIFFIN CITY MANAGER	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 gather and evaluate 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.	Andrew H. Griffin	8436653236		15	03	15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Chronic toxicity CTC=100% effluent

11/06/2

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

DMR Attachment for Chronic Multi-Concentration Whole Effluent Toxicity Test Results using Linear Interpolation

FLORENCE CITY OF/TIMMONSVILLE WWTP Permit No. SC0025356 Discharge No. 0014
FINAL LIMITS 12/01/2014-11/30/2019 Parameter TCP3B MLOC=1 CTC=100% effluent.

	Year	Month	Day		Year	Month	Day
Monitoring period From	14	12	01	To	15	02	28

Date 020915

Lab ID 36001

IC25 = >100 %

48-hr chronic LC50 = >100 %

Group	Mortality Data # Adults	Mortality Data # Dead	Reproduction Data Group Average	Reproduction Data Group Variance
0	10	0	22	70
25	10	0	27	22
35.4	10	0	26	4
50	10	0	27	15
70.7	10	1	26	24
100	10	1	29	18

% Survival Effect at CTC = 10
% Reproduction Effect at CTC = 0

Date _____

Lab ID _____

IC25 = _____ %

48-hr chronic LC50 = _____ %

Group	Mortality Data # Adults	Mortality Data # Dead	Reproduction Data Group Average	Reproduction Data Group Variance
0				
25				
35.4				
50				
70.7				
100				

% Survival Effect at CTC = _____
% Reproduction Effect at CTC = _____

Signature of Principal Executive Officer or Authorized Agent _____
Name/Title of Principal Executive Officer *(typed or printed)* ANDREW H. GRIFFIN CITY MANAGER

DHEC 3880 (08/2005)

7014 0150 0000 5025 7894

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	$

Postmark Here

Sent To: Eleazer Carter, Esq.
Street, or PO: The Carter Law Firm
City, St: 105 South Brooks Street
Manning, SC 29102

PS Form ... Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eleazer Carter, Esq.
The Carter Law Firm
105 South Brooks Street
Manning, SC 29102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brittany Bell ☒ Agent ☐ Addressee

B. Received by (Printed Name): Brittany Bell
C. Date of Delivery: 3/31/15

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

P.O Box 187
Manning SC 29102

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 0150 0000 5025 7894

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0150 0000 5025 7887

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Mayor
Street, or PO: Town of Timmonsville
City, St: PO Box 447
Timmonsville, SC 29161

PS Form ... Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor
Town of Timmonsville
PO Box 447
Timmonsville, SC 29161

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie Morris ☐ Agent ☐ Addressee

B. Received by (Printed Name): Bonnie Morris
C. Date of Delivery: 3-31-15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 0150 0000 5025 7887

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0150 0000 5025 7856

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Po	

Postmark Here

Sent To: Chief, Environmental Enforcement
Environment & Natural Resources Div.
Street, Ap or PO Box: U.S. Department of Justice
City, State: Box 7611 Ben Franklin Station
Washington, DC 20044-7611

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief, Environmental Enforcement
Environment & Natural Resources Div.
U.S. Department of Justice
Box 7611 Ben Franklin Station
Washington, DC 20044-7611

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Jones — C. Date of Delivery: 4/3/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 0150 0000 5025 7856

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7014 0150 0000 5025 7832

U.S. Postal Service™
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Po	

Postmark Here

Sent To: David Phillips, P.E.
Enforcement Officer
Street, Ap or PO Box: EPA Region 4
City, State: 61 Forsyth Street, SW
Atlanta, GA 30303

PS Form 3 ... tions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name): — C. Date of Delivery: 3/30/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 0150 0000 5025 7832

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7014 0150 0000 5025 7849

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Postmark Here

Sent To Glenn Trofatter
SCDHEC
Street, Apt. 2600 Bull Street
or PO Box N Columbia, SC 29201
City, State,

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, SC 29201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 7849

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7014 0150 0000 5025 7870

U.S. Postal Service™
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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

Postmark Here

Sent To David Wilson, Chief
Bureau of Water, Envir. Quality Control
Street, A SC DHEC
or PO B 2600 Bull Street
City, Sta Columbia, SC 29201

PS Form ... uctions

7014 0150 0000 5025 7863

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

Postmark Here

Sent To Elizabeth Dieck
Director Of Environmental Affairs
Street, SC DHEC
or PO B 2600 Bull Street
City, Sta Columbia, SC 29201

PS Form ... Instructions

City of FLORENCE
SOUTH CAROLINA

DEPARTMENT OF PUBLIC WORKS AND UTILITI

TEL: (843) 665-32
FAX: (843) 665-32

April 27, 2015

Mrs. Suzanne K. Armor
Associate Regional Counsel
United States Environmental Protection Agency
Office of Environmental Accountability
Office of Water Legal Support
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, South Carolina 29201

Re: Town of Timmonsville POTW
SC DHEC Permit Number SC0025356
March, 2015 DMR

Dear Madam and Gentlemen:

In accordance with the provisions of the Consent Decree, herewith we are transmitting the March, 2015 DMR.

During the month of March there were four effluent discharge parameter violations. All were involving Ammonia-Nitrogen due to the cold weather during the first part of the month with reporting transitioning to the summer reporting limits.

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 gather and evaluate the

information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such 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 of knowing violations.

We trust that you find this DMR meets the requirements of the NPDES Permit and the requirements of the Consent Decree. However, if some further clarification is needed, please feel free to contact me at (843) 665-3113.

Sincerely,

Andrew H. Griffin
City Manager

Attachments

Copy: David Phillips, P.E., US EPA Enforcement Officer
Beth Drake, US DOJ
David Wilson, SC DHEC
Glenn Trofatter, SC DHEC
Elizabeth A. Dieck, SC DHEC
Darrick Jackson, Timmonsville Mayor
Eleazer Carter, Timmonsville Attorney
Jim Peterson, City of Florence Attorney
Michael Hemingway, Utilities Director
Forrest Whittington, City Engineer

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER
MAJOR

41 PD INTERIM LIMITS
DMR VALID: 12/01/2014 - 03/31/2017
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	03	01	TO	15	03	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00300 LAB ID: 21001 Dissolved Oxygen	SAMPLE MEASUREMENT	**********	**********	*********	8.1	**********	**********		0	01/01	GR
MLOC=1	PERMIT REQUIREMENT	**********	**********	*********	6.0 MINIMUM	**********	**********	MG/L		01/01	GR
00310 LAB ID: ____ BOD - 5 Day (20 Degrees C)	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		**********	NOT REQUIRED	NOT REQUIRED				
MLOC=1 YYNNNNNNNNYY	PERMIT REQUIREMENT	167 MO AVG	251 WKLY AVG	LBS/DAY	**********	10 MO AVG	15 WKLY AVG	MG/L		01/07	24
00310 LAB ID: 21001 BOD - 5 Day (20 Degrees C)	SAMPLE MEASUREMENT	104	119		**********	5.9	6.70		0	01/07	24
MLOC=1 NNYYYYYYYYNN	PERMIT REQUIREMENT	125 MO AVG	188 WKLY AVG	LBS/DAY	**********	7.5 MO AVG	11.25 WKLY AVG	MG/L		01/07	24
00400 LAB ID: 21001 pH Standard Units	SAMPLE MEASUREMENT	**********	**********	*********	6.2	**********	7.4		0	01/01	GR
MLOC=1	PERMIT REQUIREMENT	**********	**********	*********	6.0 MINIMUM	**********	8.5 MAXIMUM	SU		01/01	GR
00530 LAB ID: 21001 Total Suspended Solids (TSS)	SAMPLE MEASUREMENT	36	41		**********	2	2		0	01/07	24
MLOC=1	PERMIT REQUIREMENT	500 MO AVG	750 WKLY AVG	LBS/DAY	**********	30 MO AVG	45 WKLY AVG	MG/L		01/07	24
00600 LAB ID: 21117 Total Nitrogen as N	SAMPLE MEASUREMENT	100	100		**********	5.4	5.4		0	01/30	CA
MLOC=1	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	LBS/DAY	**********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	CA
00610 LAB ID: ____ Ammonia-Nitrogen	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		**********	NOT REQUIRED	NOT REQUIRED				
Total as N MLOC=1 YYNNNNNNNNYY	PERMIT REQUIREMENT	42 MO AVG	63 WKLY AVG	LBS/DAY	**********	2.5 MO AVG	3.75 WKLY AVG	MG/L		01/07	24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
CITY MANAGER	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 gather and evaluate 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	843 665 3236		15	04	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Permit limits are based on an average design flow of 2.0 MGD.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER
MAJOR

41 PD INTERIM LIMITS
DMR VALID: 12/01/2014 - 03/31/2017
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	03	01	TO	15	03	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00610 LAB ID: 2|001 Ammonia-Nitrogen Total as N MLOC=1 NNYYYYYYYYNN	SAMPLE MEASUREMENT	16	52		**********	0.8	2.80		4	01|07	24
	PERMIT REQUIREMENT	8 MO AVG	12 WKLY AVG	LBS/DAY	**********	0.5 MO AVG	0.75 WKLY AVG	MG/L		01/07	24
00665 LAB ID: 2|117 Phosphorus, Total MLOC=1	SAMPLE MEASUREMENT	7.1	7.1		**********	0.38	0.38		0	01|30	24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	LBS/DAY	**********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	24
50050 LAB ID: 2|001 Flow in Conduit or Thru Treatment Plant MLOC=1	SAMPLE MEASUREMENT	2.024	2.173		**********	**********	**********	*********	0	01|01	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	MGD	**********	**********	**********	*********		01/01	CN
50060 LAB ID: 2|001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT	0.18	0.19		**********	0.010	0.010		0	01|07	GR
	PERMIT REQUIREMENT	0.18 MO AVG	0.32 DAILY MX	LBS/DAY	**********	0.011 MO AVG	0.019 DAILY MX	MG/L		01/07	GR
81010 LAB ID: 2|001 BOD, 5-Day Percent Removal MLOC=K	SAMPLE MEASUREMENT	**********	**********	*********	**********	96	**********		0	01|30	CA
	PERMIT REQUIREMENT	**********	**********	*********	**********	85 MO AV MN	**********	PER-CENT		01/30	CA
81011 LAB ID: 2|001 Solids, Suspended Percent Removal MLOC=K	SAMPLE MEASUREMENT	**********	**********	*********	**********	99	**********		0	01|30	CA
	PERMIT REQUIREMENT	**********	**********	*********	**********	85 MO AV MN	**********	PER-CENT		01/30	CA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
CITY MANAGER
TYPED OR PRINTED

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 gather and evaluate 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

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
843	665 3236	15	04	24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Permit limits are based on an average design flow of 2.0 MGD.

Low temperatures the first week of this month created high Ammonia nitrogen concentrations which resulted in the out of compliance for this parameter. Following the first week these Ammonia Nitrogen parameters were IN compliance the rest of the month.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR

41 PD INTERIM LIMITS

DMR VALID: 12/01/2014 - 03/31/2017

NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	03	01	TO	15	05	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
01042 LAB ID: 21117 Copper, Total as Cu	SAMPLE MEASUREMENT	0.09	0.09		********** **********	0.005	0.005		0	01/90	24
MLOC=1	PERMIT REQUIREMENT	0.25 MO AVG	0.35 DAILY MX	LBS/DAY	********** **********	0.015 MO AVG	0.021 DAILY MX	MG/L		01/90	24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANDREW H. GRIFFIN CITY MANAGER	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 gather and evaluate 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	843 665 3236		15	04	28
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 3 — DISCHARGE NUMBER
MAJOR

41 PD FINAL LIMITS
DMR VALID: 12/01/2014 - 11/30/2019
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	03	01	TO	15	03	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
51040 LAB ID: 2117	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	********** **********	1	1		0	03/07	GR
E.COLI (MPN/100ML) MLOC=O	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	********** **********	126 MO AVG	349 DAILY MX	MPN/ 100ML		03/07	GR
51040 LAB ID: ____	SAMPLE MEASUREMENT	********** **********	********** **********	********* *********	********** **********	NOT REQUIRED	NOT REQUIRED				
E.COLI (MPN/100ML) MLOC=P	PERMIT REQUIREMENT	********** **********	********** **********	********* *********	********** **********	126 MO AVG	800 DAILY MX	MPN/ 100ML		03/07	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ANDREW H. GRAFTON
CITY MANAGER
TYPED OR PRINTED

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 gather and evaluate 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

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
843	665 3236	15	04	24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
MLOC O & P=See permit conditions "Conditional monitoring not required" under specific circumstances.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 4 — DISCHARGE NUMBER

MAJOR

41 PD FINAL LIMITS
DMR VALID: 12/01/2014 - 11/30/2019
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	03	01	TO	15	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TCP3B LAB ID: 36001 %Effect Statre 7Day Chr Ceriodaphnia MLOC=1	SAMPLE MEASUREMENT	**********	**********	*********	**********	0	0		0	01/90	24
	PERMIT REQUIREMENT	**********	**********	*********	**********	25 MO AVG	40 DAILY MX	PER-CENT		01/90	24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
CITY MANAGER	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 gather and evaluate 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.	Andrew H. Griffin	843-665 3236		15	04	24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Chronic toxicity CTC=100% effluent

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

11/06/2

DMR Attachment for Chronic Multi-Concentration Whole Effluent Toxicity Test Results using Linear Interpolation

FLORENCE CITY OF/TIMMONSVILLE WWTP Permit No. SC0025356 Discharge No. 0014
FINAL LIMITS 12/01/2014-11/30/2019 Parameter TCP3B MLOC=1 CTC=100% effluent.

	Year	Month	Day		Year	Month	Day
Monitoring period From	15	03	01	To	15	05	31

Date 030915

Lab ID 36001

IC25 = >100 %

48-hr chronic LC50 = >100 %

Group	Mortality Data # Adults	Mortality Data # Dead	Reproduction Data Group Average	Reproduction Data Group Variance
0	10	0	20	8
25	10	0	23	12
35.4	10	0	23	13
50	10	0	24	4
70.7	10	0	24	7
100	10	0	24	9

% Survival Effect at CTC = 0
% Reproduction Effect at CTC = 0

Date _____

Lab ID _____

IC25 = _____%

48-hr chronic LC50 = _____%

Group	Mortality Data # Adults	Mortality Data # Dead	Reproduction Data Group Average	Reproduction Data Group Variance
0				
25				
35.4				
50				
70.7				
100				

% Survival Effect at CTC = _____
% Reproduction Effect at CTC = _____

Signature of Principal Executive Officer or Authorized Agent [signature]
Name/Title of Principal Executive Officer *(typed or printed)* ANDREW H. GRIFFIN CITY MANAGER

DHEC 3880 (08/2005)

7014 0150 0000 5025 7900

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: David Phillips, P.E.
Enforcement Officer
Street or PO: EPA Region 4
City: 61 Forsyth Street, SW
Atlanta, GA 30303

PS Form 3800, February 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Y Hodges ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 5/4/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 7900

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0150 0000 5025 7917

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Glenn Trofatter
SCDHEC
Street or PO: 2600 Bull Street
City: Columbia, SC 29201

PS Form 3800, February 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, SC 29201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [illegible] ☐ Agent ☐ Addressee

B. Received by (Printed Name) A Brown | C. Date of Delivery 5/4/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 7917

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0150 0000 5025 7924

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent
Street or P
City,
PS F
...structions

Chief, Environmental Enforcement
Environment & Natural Resources Div.
U.S. Department of Justice
Box 7611 Ben Franklin Station
Washington, DC 20044-7611

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief, Environmental Enforcement
Environment & Natural Resources Div.
U.S. Department of Justice
Box 7611 Ben Franklin Station
Washington, DC 20044-7611

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
4/5

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 7924

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0150 0000 5025 7955

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent T
Street or PO
City, S
PS Fo
...tructions

Mayor
Town of Timmonsville
PO Box 447
Timmonsville, SC 29161

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor
Town of Timmonsville
PO Box 447
Timmonsville, SC 29161

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Richard Hodges
C. Date of Delivery 5-1-15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Richard Hodges

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 7955

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0150 0000 5025 7948

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Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

Postmark Here

Sent T
Street, or PO
City, S

David Wilson, Chief
Bureau of Water, Envir. Quality Control
SC DHEC
2600 Bull Street
Columbia, SC 29201

PS Fo ... tructions

7014 0150 0000 5025 7931

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

Postmark Here

Se
Str
or
Cit

Elizabeth Dieck
Director Of Environmental Affairs
SC DHEC
2600 Bull Street
Columbia, SC 29201

PS ... nstructions

7014 0150 0000 5025 7962

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Postag $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
To

Postmark Here

Ser.
Str
or
Cit

Eleazer Carter, Esq.
The Carter Law Firm
105 South Brooks Street
Manning, SC 29102

PS ... nstructions

CERTIFIED MAIL™

SC 290
29 APR '15
PM-4 L

7014 0150 0000 5025 7962

UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 006.90°
0000800308 APR 29 2015
MAILED FROM ZIP CODE 29501

City of FLORENCE
SOUTH CAROLINA

DEPARTMENT OF PUBLIC WORKS AND UTILITIES

324 W. EVANS STREET
FLORENCE, SC 29501

Box 187

Eleazer Carter, Esq.
The Carter Law Firm
105 South Brooks St
Manning, SC 29102

5-1-HB
5-6 LB
5-16

NIXIE 296 SE 1009 0005/24/15
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 29506260224 *2017-01679-29-41

29506 02602
29102311105

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eleazer Carter, Esq.
The Carter Law Firm
105 South Brooks Street
Manning, SC 29102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

P.O. Box 187
Manning SC
29102

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number
(*Transfer from service label*) 7014 0150 0000 5025 7962

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

City of FLORENCE
SOUTH CAROLINA

DEPARTMENT OF PUBLIC WORKS AND UTILIT

TEL: (843) 665-3
FAX: (843) 665-3

May 18, 2015

Mrs. Suzanne K. Armor
Associate Regional Counsel
United States Environmental Protection Agency
Office of Environmental Accountability
Office of Water Legal Support
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, S.W.
Atlanta, Georgia 30303

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, South Carolina 29201

Re: Town of Timmonsville POTW
SC DHEC Permit Number SC0025356
April, 2015 DMR

Dear Madam and Gentlemen:

In accordance with the provisions of the Consent Decree, herewith we are transmitting the April, 2015 DMR.

During the month of April, 2015, there were no effluent violations.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such

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 of knowing violations.

We trust that you find this DMR meets the requirements of the NPDES Permit and the requirements of the Consent Decree. However, if some further clarification is needed, please feel free to contact me at (843) 665-3113.

Sincerely,

Andrew H. Griffin,
City Manager

Attachments

Copy: David Phillips, P.E., US EPA Enforcement Officer
Beth Drake, US DOJ
David Wilson, SC DHEC
Glenn Trofatter, SC DHEC
Elizabeth A. Dieck, SC DHEC
Darrick Jackson, Timmonsville Mayor
Eleazer Carter, Timmonsville Attorney
Jim Peterson, City of Florence Attorney
Michael Hemingway, Utilities Director
Forrest Whittington, City Engineer

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER
MAJOR
41 PD INTERIM LIMITS
DMR VALID: 12/01/2014 - 03/31/2017
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	04	01	TO	15	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00300 LAB ID: 21001 Dissolved Oxygen MLOC=1	SAMPLE MEASUREMENT	**********	**********	*********	7.5	**********	**********		0	01/01	GR
	PERMIT REQUIREMENT	**********	**********	*********	6.0 MINIMUM	**********	**********	MG/L		01/01	GR
00310 LAB ID: ____ BOD - 5 Day (20 Degrees C) MLOC=1 YYNNNNNNNNYY	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		**********	NOT REQUIRED	NOT REQUIRED				
	PERMIT REQUIREMENT	167 MO AVG	251 WKLY AVG	LBS/ DAY	**********	10 MO AVG	15 WKLY AVG	MG/L		01/07	24
00310 LAB ID: 21001 BOD - 5 Day (20 Degrees C) MLOC=1 NNYYYYYYYYNN	SAMPLE MEASUREMENT	40	116		**********	3.3	3.89		0	01/07	24
	PERMIT REQUIREMENT	125 MO AVG	188 WKLY AVG	LBS/ DAY	**********	7.5 MO AVG	11.25 WKLY AVG	MG/L		01/07	24
00400 LAB ID: 21001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	**********	**********	*********	6.4	**********	7.2		0	01/01	GR
	PERMIT REQUIREMENT	**********	**********	*********	6.0 MINIMUM	**********	8.5 MAXIMUM	SU		01/01	GR
00530 LAB ID: 21001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	27	32		**********	2	3		0	01/07	24
	PERMIT REQUIREMENT	500 MO AVG	750 WKLY AVG	LBS/ DAY	**********	30 MO AVG	45 WKLY AVG	MG/L		01/07	24
00600 LAB ID: 21117 Total Nitrogen as N MLOC=1	SAMPLE MEASUREMENT	77.5	99.0		**********	6.4	6.4		0	01/30	CA
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	LBS/ DAY	**********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	CA
00610 LAB ID: ____ Ammonia-Nitrogen Total as N MLOC=1 YYNNNNNNNNYY	SAMPLE MEASUREMENT	NOT REQUIRED	NOT REQUIRED		**********	NOT REQUIRED	NOT REQUIRED				
	PERMIT REQUIREMENT	42 MO AVG	63 WKLY AVG	LBS/ DAY	**********	2.5 MO AVG	3.75 WKLY AVG	MG/L		01/07	24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
ANDREW R. GRIFFIN CITY MANAGER	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 gather and evaluate 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.	843 665 3236		15	05	18
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Permit limits are based on an average design flow of 2.0 MGD.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
0011 — DISCHARGE NUMBER
MAJOR

41 PD INTERIM LIMITS
DMR VALID: 12/01/2014 - 03/31/2017
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	04	01	TO	15	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00610 LAB ID: 2001 Ammonia-Nitrogen Total as N MLOC=1 NNYYYYYYYYNN	SAMPLE MEASUREMENT	3	5		**********	0.2	0.29		0	01/07	24
	PERMIT REQUIREMENT	8 MO AVG	12 WKLY AVG	LBS/DAY	**********	0.5 MO AVG	0.75 WKLY AVG	MG/L		01/07	24
00665 LAB ID: 2111 Phosphorus, Total MLOC=1	SAMPLE MEASUREMENT	6	8		**********	0.5	0.5		0	01/30	24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	LBS/DAY	**********	REPORT MO AVG	REPORT WKLY AVG	MG/L		01/30	24
50050 LAB ID: 2001 Flow in Conduit or Thru Treatment Plant MLOC=1	SAMPLE MEASUREMENT	1.452	1.855		**********	**********	**********	*********	0	01/01	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT WKLY AVG	MGD	**********	**********	**********	*********		01/01	CN
50060 LAB ID: 2001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT	0.07	0.15		**********	0.006	0.010		0	01/07	GR
	PERMIT REQUIREMENT	0.18 MO AVG	0.32 DAILY MX	LBS/DAY	**********	0.011 MO AVG	0.019 DAILY MX	MG/L		01/07	GR
81010 LAB ID: 2001 BOD, 5-Day Percent Removal MLOC=K	SAMPLE MEASUREMENT	**********	**********	*********	**********	95	**********		0	01/30	CA
	PERMIT REQUIREMENT	**********	**********	*********	**********	85 MO AV MN	**********	PER-CENT		01/30	CA
81011 LAB ID: 2001 Solids, Suspended Percent Removal MLOC=K	SAMPLE MEASUREMENT	**********	**********	*********	**********	98	**********		0	01/30	CA
	PERMIT REQUIREMENT	**********	**********	*********	**********	85 MO AV MN	**********	PER-CENT		01/30	CA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
MATTHEW H. GRIFFITH CITY MANAGER	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 gather and evaluate 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	843	665-3236	15	05	18
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Permit limits are based on an average design flow of 2.0 MGD.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 3 — DISCHARGE NUMBER
MAJOR

41 PD FINAL LIMITS
DMR VALID: 12/01/2014 - 11/30/2019
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	04	01	TO	15	04	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS
51040 LAB ID: 2117 E.COLI (MPN/100ML) MLOC=O	SAMPLE MEASUREMENT	**********	**********	**********	**********	1	1	MPN/100M
	PERMIT REQUIREMENT	**********	**********	**********	**********	126 MO AVG	349 DAILY MX	
51040 LAB ID: ____ E.COLI (MPN/100ML) MLOC=P	SAMPLE MEASUREMENT	**********	**********	**********	**********			MPN/100M
	PERMIT REQUIREMENT	**********	**********	**********	**********	126 MO AVG	800 DAILY MX	
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
[illegible] CITY MANAGER	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 gather and evaluate 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	843	665-3236	15	05	18
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
MLOC O & P=See permit conditions "Conditional monitoring not required" under specific circumstances.

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

PERMITTEE NAME/ADDRESS

NAME FLORENCE CITY OF
ADDRESS 324 W EVANS ST
FLORENCE, SC 29501-0324

FACILITY FLORENCE CITY OF/TIMMONSVILLE WWTP
LOCATION BUIE DR

SC0025356 — PERMIT NUMBER
001 4 — DISCHARGE NUMBER
MAJOR
41 PD FINAL LIMITS
DMR VALID: 12/01/2014 - 11/30/2019
NOTE: Read Instructions before completing this form

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	03	01	TO	15	05	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TCP3B LAB ID: 36001 %Effect Statre 7Day Chr Ceriodaphnia MLOC=1	SAMPLE MEASUREMENT	**********	**********	*********	**********	10	10		0	02/90	24
	PERMIT REQUIREMENT	**********	**********	*********	**********	25 MO AVG	40 DAILY MX	PER-CENT		01/90	24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
CITY MANAGER
TYPED OR PRINTED

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 gather and evaluate 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

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
843	665-3236	15	05	18

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

Chronic toxicity CTC=100% effluent

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

11/06/2

DMR Attachment for Chronic Multi-Concentration Whole Effluent Toxicity Test Results using Linear Interpolation

FLORENCE CITY OF/TIMMONSVILLE WWTP Permit No. SC0025356 Discharge No. 0014
FINAL LIMITS 12/01/2014-11/30/2019 Parameter TCP3B MLOC=1 CTC=100% effluent.

	Year	Month	Day		Year	Month	Day
Monitoring period From	15	03	01	To	15	05	31

Date 041315

Lab ID 36001

IC25 = >100 %

48-hr chronic LC50 = >100 %

Group	Mortality Data # Adults	Mortality Data # Dead	Reproduction Data Group Average	Reproduction Data Group Variance
0	10	0	26	8
25	10	0	25	5
35.4	10	0	26	9
50	10	0	27	12
70.7	10	0	27	27
100	10	1	24	57

% Survival Effect at CTC = 10
% Reproduction Effect at CTC = 8

Date _____

Lab ID _____

IC25 = _____ %

48-hr chronic LC50 = _____ %

Group	Mortality Data # Adults	Mortality Data # Dead	Reproduction Data Group Average	Reproduction Data Group Variance
0				
25				
35.4				
50				
70.7				
100				

% Survival Effect at CTC = _____
% Reproduction Effect at CTC = _____

Signature of Principal Executive Officer or Authorized Agent _____
Name/Title of Principal Executive Officer *(typed or printed)* _____

DHEC 3880 (08/2005)

7014 0150 0000 5025 5449

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Eleazer Carter, Esq.
Street, Apt. or PO Box: The Carter Law Firm
City, State: 105 South Brooks Street
Manning, SC 29102

PS Form 3800 ... Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eleazer Carter, Esq.
The Carter Law Firm
105 South Brooks Street
Manning, SC 29102

MANNING SC
MAY 27 2015

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brittany Bell ☒ Agent ☐ Addressee

B. Received by (Printed Name): Brittany Bell
C. Date of Delivery: 5/27/15

D. Is delivery address different from item 1? ☒ Yes ☐ No
If YES, enter delivery address below:
P.O Box 187
Manning SC
29102

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 0150 0000 5025 5449

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0150 0000 5025 5401

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Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Chief, Environmental Enforcement
Street, Apt. or PO Box: Environment & Natural Resources Div.
City, State: U.S. Department of Justice
Box 7611 Ben Franklin Station
Washington, DC 20044-7611

PS Form 3800 ... Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief, Environmental Enforcement
Environment & Natural Resources Div.
U.S. Department of Justice
Box 7611 Ben Franklin Station
Washington, DC 20044-7611

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery: 5-27

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7014 0150 0000 5025 5401

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0150 0000 5025 5388

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total F	

Postmark Here

Sent To
Street, A
or PO B
City, Sta

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Phillips, P.E.
Enforcement Officer
EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Matthew Atkinson ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 5-26-15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 5388

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7014 0150 0000 5025 5395

U.S. Postal Service™
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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Posta	

Postmark Here

Sent To
Street, Apt. N
or PO Box N
City, State, Z

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, SC 29201

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Glenn Trofatter
SCDHEC
2600 Bull Street
Columbia, SC 29201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 0150 0000 5025 5395

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7014 0150 0000 5025 5432

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Mayor
Town of Timmonsville
Street or PO Box: PO Box 447
City, St: Timmonsville, SC 29161

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor
Town of Timmonsville
PO Box 447
Timmonsville, SC 29161

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonnie Morris ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Bonnie Morris
C. Date of Delivery 5-26-15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 0150 0000 5025 5432

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0150 0000 5025 5425

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: David Wilson, Chief
Bureau of Water, Envir. Quality Control
Street or PO Box: SC DHEC
City, St: 2600 Bull Street
Columbia, SC 29201

PS Form ... Instructions

7014 0150 0000 5025 5418

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Elizabeth Dieck
Director Of Environmental Affairs
Street or PO Box: SC DHEC
City, St: 2600 Bull Street
Columbia, SC 29201

PS Form ... Instructions

Section 4

From November 26, 2014, through May 26, 2015, the sanitary sewer collection system took the following operation and maintenance actions were taken:

UTILITIES DEPARTMENT – COLLECTION OPERATIONS

TIMMONSVILLE

SEMI-ANNUAL REPORT

SEWER **11/26/2014 – 5/26/ 2015**

WORK PERFORMED	TOTAL
Rod/wash sewer service	131
Repair sewer service	5
Televise sewer service	4
Locate sewer service	1
Install sewer cleanout	0
Wash sewer main	3,194'
Locate Sewer main	1
Vacuum wet well (lift station)	3
Clean out manhole	2
Check manholes (sewer main)	398
Replace manhole cover	4
Repair sewer manhole	0
Locate sewer	1
Repair force main (discharge hose from pumps) by-pass	0
Repair force main	4
Restore asphalt (patch cuts)	14
Unmetered water usage	8,337
Fats, Oil, & Grease Program	1

The collapsed sanitary sewer impacting sanitary sewer collection from South Hill Street to West James Street was completed and is fully operational. This is not a Consent Decree item.

Sanitary Sewer Overflow or Pump Station Failure Report Form

Please submit this form to the SCDHEC Bureau of Water, Compliance Assurance Division, 2600 Bull St. Columbia, SC 29201
Form may be FAXED to 803-898-4215
A copy of the form should be sent to the local EQC District Office

---

Permittee: **City of Florence/Timmonsville WWTP** Permit No: **SC0025356** County: **Florence**
(If yours is a Collection System not owned or operated by a POTW, please include the name of the receiving POTW)

Date SSO/Failure: 11 December 2014 Time: 1400 (Military Format)
Date DHEC notified: 11 December 2014 Time: 1515

Name of person contacted at DHEC: Danielle Watson (voice message)

Description of Source (Manhole, Pump Station, etc...): 6" Sewer Force Main
(Include any code or number used to identify pump stations)
Location of SSO/Failure: Center Road at Young Road east of Timmonsville, SC
(Street address or other appropriate description; include map if available)

Cause of SSO/Failure: Air release valve in manhole broken
(Include any related weather information)

Control action taken: We cut off the pump station and flow.

Describe corrective action taken: Replace air release valve.

Estimate volume of wastewater released: 100 gallons

Did wastewater enter a stream or body of water? *Yes* *No* (Circle One)
(If discharge reaches any water already present in a conveyance, ditch, etc. it is considered to have reached the waters of the State)

If yes, Where? _____
(Show location on USGS map or copy thereof)
Were down stream water in -takes notified? Yes *No* (Circle One) If yes, Who?_____

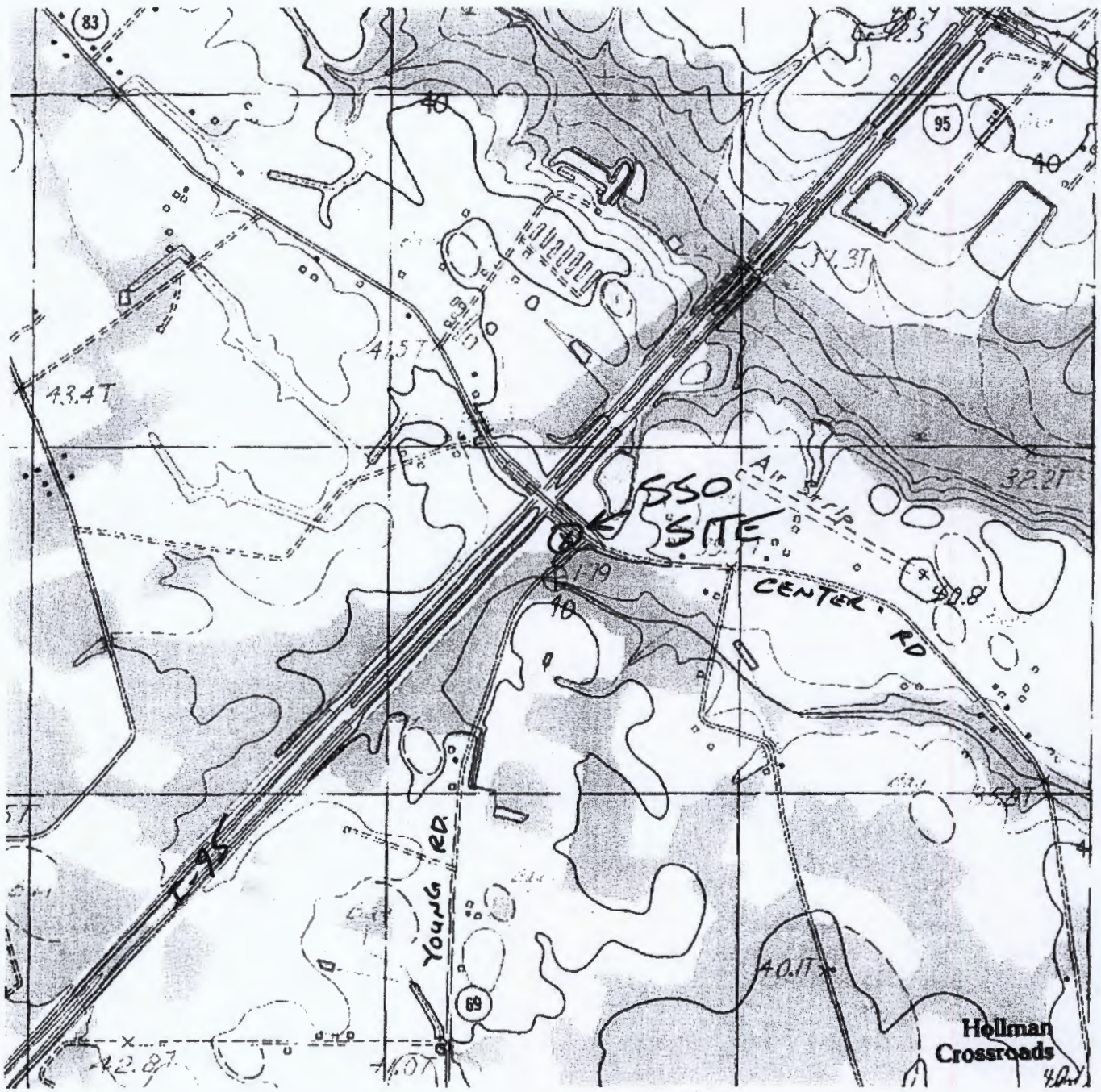
Date corrective action completed: 11 December 2014 Time: 1400(Military format)
Date clean up action taken: 11 December 2014 Time: 1455

Describe what was actually done in the clean up process: Pellet lime was spread for odor control and disinfection.

Terry Joyner Phone #: (843) 665-3236 Date: 12/12/14
Signature/Person Initiating Action

Michael Hemingway Date: 12/12/14
Signature/Public Works Director

SSO LOCATION MAP
INTERSECTION OF CENTER ROAD / YOUNG RO


83
95
40
43.4T
41.5T
SSO
SITE
Air Strip
CENTER RD
32.2T
40.8
YOUNG RD
69
40.1T
Hollman
Crossroads

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: December 12, 2014

TO: **SCDHEC (Danielle Watson)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: **4**

MESSAGE/COMMENTS:

SSO Report for Center Road @ Young Road – Air Release Valve on 6" Force Main

TRANSMISSION VERIFICATION REPORT

TIME : 12/12/2014 14:36
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	12/12 14:34
FAX NO./NAME	96614858
DURATION	00:02:02
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **December 12, 2014**

TO: **SCDHEC (Dale Stoudemire)**

FROM: **Terry Joyner**

FAX: **(803) 898-4215**

NUMBER OF PAGES INCLUDING COVER: 4

MESSAGE/COMMENTS:

SSO Report for Center Road @ Young Road – Air Release Valve on 6" Force Main

TRANSMISSION VERIFICATION REPORT

TIME : 12/12/2014 14:41
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	12/12 14:39
FAX NO./NAME	918038984215-1018
DURATION	00:01:55
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

Sanitary Sewer Overflow or Pump Station Failure Report Form

Please submit this form to the SCDHEC Bureau of Water, Compliance Assurance Division, 2600 Bull St. Columbia, SC 29201
Form may be FAXED to 803-898-4215
A copy of the form should be sent to the local EQC District Office

---

Permittee: **City of Florence/Timmonsville WWTP** Permit No: **SC0025356** County: **Florence**
(If yours is a Collection System not owned or operated by a POTW, please include the name of the receiving POTW)

Date SSO/Failure: 29 January 2015 Time: 1600
Date DHEC notified: 30 January 2015 Time: 0915

Name of person contacted at DHEC: Danielle Watson (voice message)

Description of Source (Manhole, Pump Station, etc...): 8" Sewer Force Main
(Include any code or number used to identify pump stations)
Location of SSO/Failure: W. Palmetto Street @ Sally Hill Road, Timmonsville, SC
(Street address or other appropriate description; include map if available)

Cause of SSO/Failure: Road contractor boring to install traffic pole (1600 on 1/29/15), bored into 8" force main. Contractor did not contact city until 0830 on 1/30/15.
(Include any related weather information)

Control action taken: We cut off the pump station and flow.

Describe corrective action taken: Repaired the 8" force main and turned the pump station on.

Estimate volume of wastewater released: 10,550 gallons

Did wastewater enter a stream or body of water? *Yes* *No* (Circle One)
(If discharge reaches any water already present in a conveyance, ditch, etc. it is considered to have reached the waters of the State)

If yes, Where? **Lake Swamp**
(Show location on USGS map or copy thereof)
Were down stream water in -takes notified? Yes *No* (Circle One) If yes, Who?_____

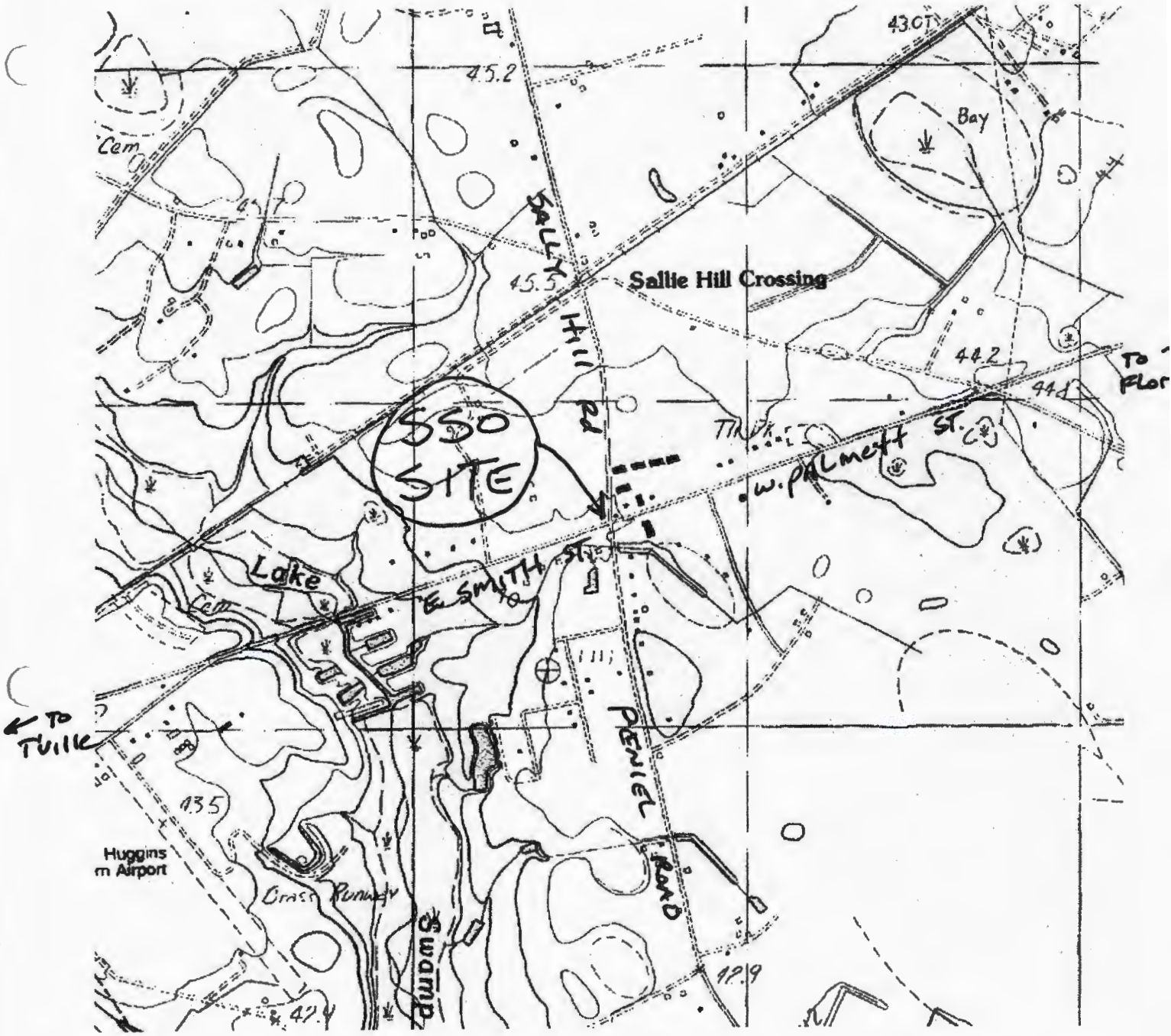
Date corrective action completed: 30 January 2015 Time: 1130 (Military format)
Date clean up action taken: 30 January 2015 Time: 1200

Describe what was actually done in the clean up process: Pellet lime was spread for odor control and disinfection.

Terry Joyner Phone #: (843) 665-3236 Date: 2/2/2015
Signature/Person Initiating Action

Michael Hemingway Date: 2/2/15
Signature/Utilities Director

SSO LOCATION MAP
W. PALMETTO STREET / SALLY HILL ROAD



Sallie Hill Crossing
SSO SITE
SALLY Hill Rd
W. PALMETT ST.
E. SMITH ST.
PENIEL ROAD
Lake
Swamp
Huggins
m Airport
Bay
Cem
45.2
45.5
44.2
43.5
42.9
TO Tuille

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: February 2, 2015

TO: **SCDHEC (Danielle Watson)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: 4

MESSAGE/COMMENTS:

SSO Report for W. Palmetto Street @ Sally Hill Road

TRANSMISSION VERIFICATION REPORT

TIME : 02/02/2015 09:32
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	02/02 09:30
FAX NO./NAME	96614858
DURATION	00:02:00
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **February 2, 2015**

TO: **SCDHEC (Dale Stoudemire)**

FROM: **Terry Joyner**

FAX: **(803) 898-4215**

NUMBER OF PAGES INCLUDING COVER: 4

MESSAGE/COMMENTS:

SSO Reports

W. Palmetto Street @ Sally Hill Road

TRANSMISSION VERIFICATION REPORT

TIME : 02/02/2015 09:37
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	02/02 09:35
FAX NO./NAME	918038984215-1018
DURATION	00:01:55
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

Section 5

From November 26, 2014, through May 26, 2015, the water distribution system took the following operation and maintenance actions were taken:

UTILITIES DEPARTMENT – WATER DISTRIBUTION SYSTEM

TIMMONSVILLE

SEMI-ANNUAL REPORT

WATER **11/26/2014 - 5/26/ 2015**

WORK PERFORMED	**TOTAL**
Install ¾" water tap	1
repair water leak	
¾"	24
1"	5
1 ½"	0
2"	0
4"	0
6"	7
Check water leaks	24
Renew water service	7
Locate water service	1
Locate water meter	1
Locate water main	3
Adjust/replace water meter	1
Check water pressure	3
Cut off water	5
Set meter box	3

Check/flow hydrant	3
Adjust/replace valve box	1
Repair fire hydrant	0
Replace fire hydrant	0
Locate water valve	14
Repair water valve	1
Install 6" water valve	1
Unmetered water usage	641,900
Backflow - Installation letter sent	2
Backflow - 2nd Installation letter sent	1
Backflow – Final Installation letter sent	1
Backflow – Installation report received	1
Backflow – Letters sent for annual testing	19

During this reporting period Phase I, Phase II, and Phase III of the Highway 76 interconnection and booster water pump station was completed and received operating approval from SC DHEC.

BOIL WATER ADVISORY

City of Florence

December 17, 2014

The City of Florence and South Carolina Department of Health and Environmental Control advise the water system customer at 315 E. Smith Street to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

The water will be shut off at approximately 11:00 pm Tuesday December 16, 2014 for the road construction contractor to lower a 6" and an 8" water line on Foxworth Street. This work is being done to install a storm drain pipe for the U.S. 76 road widening project.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Thursday, December 18, 2014, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

Michael Hemingway
Utilities Director
City of Florence

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **December 17, 2014**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: 2

MESSAGE/COMMENTS:

Boil Water Advisory

315 E. Smith Street (Hardee's) in Timmonsville. I just found out that the contractor is going to have the same water line off tonight (Dec. 17, 2014) to make a connection to a new water line. We will notify the manager at Hardee's of this and will keep the same Boil Water Advisory in effect.

TRANSMISSION VERIFICATION REPORT

TIME : 12/17/2014 12:06
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	12/17 12:05
FAX NO./NAME	96614858
DURATION	00:00:37
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

BOIL WATER REPEAL

City of Florence

December 18, 2014

The City of Florence precautionary boil water advisory for the customer at 315 E. Smith Street in Timmonsville has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Thursday December 18, 2014 at 7:12 a.m., the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

Michael Hemingway

Michael Hemingway
Utilities Director
City of Florence

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **December 18, 2014**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: 2

MESSAGE/COMMENTS:

Boil Water Repeal

315 E. Smith Street (Hardee's) in Timmonsville.

TRANSMISSION VERIFICATION REPORT

TIME : 12/18/2014 12:49
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	12/18 12:48
FAX NO./NAME	96614858
DURATION	00:00:29
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

BOIL WATER ADVISORY

City of Florence

December 18, 2014

The City of Florence and South Carolina Department of Health and Environmental Control advise the water system customer at 315 E. Smith Street to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

The water will be shut off at approximately 11:00 pm Thursday December 18, 2014 for the road construction contractor to a water line on Foxworth Street. This work is being done as a part of the U.S. 76 road widening project.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Saturday, December 20, 2014, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

Michael Hemingway
Utilities Director
City of Florence

BOIL WATER REPEAL

City of Florence

December 21, 2014

The City of Florence precautionary boil water advisory for the customer at 315 E. Smith Street in Timmonsville has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Sunday December 21, 2014 the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

Michael Hemingway

Michael Hemingway
Utilities Director
City of Florence

City of FLORENCE

Water Shut Off Notice

Attention: **Residents in the 400 block of Vanda Street and the 600 block of Mockingbird Lane**

The water main in your area will be turned off and service temporarily disrupted from 11:00 pm on December 18, 2014 to approximately 6:00 am December 19, 2014. A contractor with the Hwy. 76 road widening project will be making a water line tie in on Vanda Street. We regret the inconvenience, but the contractor must perform this work to better serve your area.

Upon the resumption of water service, the waterlines will be flushed, during which time you may temporarily notice some discolored water. You may also notice trapped air in your plumbing, which will be released as you initially use water. As a precaution, we are also handing out a Boil Water Advisory to be effective after the water is turned back on December 19, 2014 which recommends any water for consumption to be boiled for 1 minute.

If more information is needed, please feel free to contact the City of Florence, Public Works Department at (843) 665-3236.

BOIL WATER ADVISORY

City of Florence

December 18, 2014

The City of Florence and South Carolina Department of Health and Environmental Control advise the water system customers along the 400 block of Vanda Street and the 600 block of Mockingbird Lane to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

The water will be shut off at approximately 11:00 pm Thursday December 18, 2014 for the road construction contractor to make a water line connection on Vanda Street. This will result in the disruption of water service to 35 customers in the area. This work is being done as a part of the U.S. 76 road widening project.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Saturday, December 20, 2014, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

Michael Hemingway
Utilities Director
City of Florence

TRANSMISSION VERIFICATION REPORT

TIME : 12/18/2014 15:11
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	12/18 15:09
FAX NO./NAME	96614858
DURATION	00:01:08
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **December 18, 2014**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: 4

MESSAGE/COMMENTS:

Boil Water Notice and Advisory

315 E. Smith Street (Hardee's), and Vanda Street in Timmonsville.

BOIL WATER REPEAL

City of Florence

December 20, 2014

The City of Florence precautionary boil water advisory for the customers along the 400 block of Vanda Street and the 600 block of Mockingbird Lane in Timmonsville has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Saturday December 20, 2014 the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

Michael Hemingway
Utilities Director
City of Florence

BOIL WATER ADVISORY

City of Florence

December 19, 2014

The City of Florence and South Carolina Department of Health and Environmental Control advise the water system customers along the 300 block of Honda Way in Timmonsville, to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

The water will be shut off Friday December 19, 2014 for the road construction contractor to make a water line connection on Honda Way at near E. Smith Street. This will result in the disruption of water service to 10 customers in the area. This work is being done as a part of the U.S. 76 road widening project.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Saturday, December 20, 2014, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

Michael Hemingway

Michael Hemingway
Utilities Director
City of Florence

BOIL WATER REPEAL

City of Florence

December 20, 2014

The City of Florence precautionary boil water advisory for the customers along the 300 block of Honda Way in Timmonsville has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Saturday December 20, 2014 the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

Michael Hemingway
Utilities Director
City of Florence

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **December 22, 2014**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: **4**

MESSAGE/COMMENTS:

Boil Water Repeals

315 E. Smith Street (Hardee's), Honda Way and Vanda Street in Timmonsville. I think I sent you the boil water advisories for each of these, if not let me know.

TRANSMISSION VERIFICATION REPORT

TIME : 12/22/2014 09:17
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	12/22 09:15
FAX NO./NAME	96614858
DURATION	00:00:54
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

BOIL WATER ADVISORY

City of Florence

December 22, 2014

The City of Florence and South Carolina Department of Health and Environmental Control advise the water system customers along the 300, 400, 500, 600 and 700 blocks of E. Smith Street, the 400 block of Vanda Street and the 600 block of Mockingbird Lane, in Timmonsville, to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

The water will be shut off at approximately 11:00 pm Monday December 22, 2014 for the road construction contractor to make two water line connections on E. Smith Street. This will result in the disruption of water service to approximately 110 customers in the area. This work is being done as a part of the U.S. 76 road widening project.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Wednesday, December 23, 2014, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

Michael Hemingway

Michael Hemingway
Utilities Director
City of Florence

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **December 22, 2014**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: 1

MESSAGE/COMMENTS:

Boil Water Advisory

300 through 700 blocks of E. Smith Street, Vanda Street, and Mockingbird Lane in Timmonsville. Road contractor is lowering two water lines to install storm drain pipe on E. Smith Street.

TRANSMISSION VERIFICATION REPORT

TIME : 12/22/2014 15:04
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	12/22 15:04
FAX NO./NAME	96614858
DURATION	00:00:37
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

BOIL WATER REPEAL

City of Florence

December 24, 2014

The City of Florence precautionary boil water advisory for the customers along the 300, 400, 500, 600, and 700 blocks of E. Smith Street, the 400 block of Vanda Street and the 600 block of Mockingbird Lane in Timmonsville has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Wednesday, December 24, 2014 the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

Michael Hemingway
Utilities Director
City of Florence

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **December 24, 2014**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: 2

MESSAGE/COMMENTS:

Boil Water Repeal

300 through 700 blocks of E. Smith Street, Vanda Street, and Mockingbird Lane in Timmonsville.

TRANSMISSION VERIFICATION REPORT

TIME : 12/31/2014 10:36
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	12/31 10:35
FAX NO./NAME	96614858
DURATION	00:00:30
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

City of FLORENCE

Water Shut Off Notice

Attention: **Residents in the 100, 200 and 500 blocks of W. Market Street, 100 block of E. Smith Street, 200 and 300 blocks of S. Warren Street, 100 to 600 blocks of W. Smith Street, 200 to 400 blocks of S. Hill Street, 200 and 300 blocks of S. Keith Street, 300 block of S. Brockington Street, 200 block of S. Kershaw Street, 200 block of S. Pinckney Street, 200 block of N. Keith Street, and the 400 block of Ansel Street.**

The water main in your area will be turned off and service temporarily disrupted from 9:00am to 3:00pm to replace a Fire hydrant. We regret the inconvenience, but we must perform this work to better serve your area.

Date of interruption: **Friday, February 6, 2015**

Upon the resumption of water service, the waterlines will be flushed, during which time you may temporarily notice some discolored water. You may also notice trapped air in your plumbing, which will be released as you initially use water. As a precaution, before water is restored each residence will receive a Boil Water Advisory which requires any water for consumption to be boiled for 1 minute.

If more information is needed, please feel free to contact the City of Florence, Public Works Department at (843) 665-3236.

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **February 6, 2015**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: 2

MESSAGE/COMMENTS:

Water Shut Off Notice

Replacing a leaking Fire Hydrant at corner of W. Smith and Warren in Timmonsville. I will follow up with the Boil Water Advisory and Boil Water Repeal Notices later.

TRANSMISSION VERIFICATION REPORT

TIME : 02/06/2015 09:17
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	02/06 09:15
FAX NO./NAME	96614858
DURATION	00:00:32
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

BOIL WATER ADVISORY

City of Florence

February 6, 2015

The City of Florence and South Carolina Department of Health and Environmental Control advise water system customers in the 100, 200 and 500 blocks of W. Market Street, 100 block of E. Smith Street, 200 and 300 blocks of S. Warren Street, 100 to 600 blocks of W. Smith Street, 200 to 400 blocks of S. Hill Street, 200 and 300 blocks of S. Keith Street, 300 block of S. Brockington Street, 200 block of S. Kershaw Street, 200 block of S. Pinckney Street, 200 block of N. Keith Street, and the 400 block of Ansel Street are to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

The water main will be shut off Friday, February 6, 2015 to replace a fire hydrant at the corner of W. Smith Street and S. Warren Street, which will result in the disruption of service to 125 customers within this area. The City is currently working diligently to restore water service throughout this service area.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Saturday, February 7, 2015, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

Michael Hemingway

Michael Hemingway
Utilities Works Director
City of Florence

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **February 6, 2015**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: 2

MESSAGE/COMMENTS:

Boil Water Advisory

Replacing a leaking Fire Hydrant at corner of W. Smith and Warren in Timmonsville.

TRANSMISSION VERIFICATION REPORT

TIME : 02/06/2015 11:19
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	02/06 11:15
FAX NO./NAME	96614858
DURATION	00:00:39
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **February 9, 2015**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: **2**

MESSAGE/COMMENTS:

Boil Water Repeal

Replacing a leaking Fire Hydrant at corner of W. Smith and Warren in Timmonsville.

TRANSMISSION VERIFICATION REPORT

TIME : 02/09/2015 09:08
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	02/09 09:07
FAX NO./NAME	96614858
DURATION	00:00:33
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

BOIL WATER ADVISORY

City of Florence
Water Customers

The City of Florence and South Carolina Department of Health and Environmental Control advise water system customers in the100-600 Block of Sally Hill, 2000- 2600 Peniel Rd., 4500 – 4600 Springhill Rd., 1100, 300-1100 Mt. Carmel Rd., 4700 – 4900 Jordan Circle., 1000 Delby Ln., 2718 Fraley Dr., 600 Block of Branch Rd.,4700 Fraley Dr., 1400 Darlington Street, and the 900 Block of Smith Street, to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

As part of the road widen project, the water main in your area will be shut off February 12, 2015 which will result in the disruption of service to 300 customers within this area. The City is currently working diligently to restore water service throughout this service area.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed Friday, February 13, 2015 at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

Michael Hemingway
Utilities Director
City of Florence

BOIL WATER REPEAL

City of Florence

February 13, 2015

The City of Florence precautionary boil water advisory for the customers in the 4400 – 4700 Block of W. Palmetto, 100-600 Block of Sally Hill, 2000- 2600 Peniel Rd., 4500 – 4600 Springhill Rd., 1100, 300-1100 Mt. Carmel Rd., 4700 – 4900 Jordan Circle., 1000 Delby Ln., 2718 Fraley Dr., 600 Block of Branch Rd., 800 – 900 Smith Street., 4700 Fraley Dr., 1400 Darlington Street, 900 Smith Street has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Friday, February 13, 2015 the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Water Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

Michael Hemingway

Michael Hemingway
Utilities Director
City of Florence

BOIL WATER ADVISORY

City of Florence

February 13, 2015

The City of Florence and South Carolina Department of Health and Environmental Control advise the water system customers along the 300 block of E. Smith Street in Timmonsville, to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

A water main was damaged by the road construction contractor on E. Smith Street. The water had to be shut off to make emergency repairs, which has resulted in the disruption of water service to approximately 4 customers in the area. This work is being done as a part of the U.S. 76 road widening project.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Saturday, February 14, 2015, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

Church Pope
Public Works Director
City of Florence

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **February 13, 2015**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: 2

MESSAGE/COMMENTS:

Boil Water Advisory

The road widening contractor (US 76 Project), in Timmonsville damaged a water main. We currently have the water off and are repairing the line. It appears that there are 4 customers without water and we will give each of them a "Boil Water Advisory" before we turn the water back on.

TRANSMISSION VERIFICATION REPORT

TIME : 02/13/2015 16:06
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	02/13 16:05
FAX NO./NAME	96614858
DURATION	00:00:37
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

BOIL WATER REPEAL

City of Florence

February 14, 2015

The City of Florence precautionary boil water advisory for the customers along the 300 block of E. Smith Street has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Saturday, February 14, 2015, the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

Chuck Pope
Public Works Director
City of Florence

SMITH ST

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **February 17, 2015**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: **2**

MESSAGE/COMMENTS:

Boil Water Repeal

Water line was repaired.

TRANSMISSION VERIFICATION REPORT

TIME : 02/17/2015 17:27
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	02/17 17:25
FAX NO./NAME	96614858
DURATION	00:01:32
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

BOIL WATER ADVISORY

City of Florence

February 23, 2015

The City of Florence and South Carolina Department of Health and Environmental Control advise water system customers in the 200 block of N. Tanyard Street in Timmonsville, to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

The water will be shut off to repair a leaking water main which will result in the disruption of service to approximately 3 customers within this area. The City is currently working diligently to restore water service throughout this service area.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Tuesday, February 23, 2015, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

Michael Hemingway

Michael Hemingway
Utilities Director
City of Florence

MILK ST
JOE'S LN
KING CIR
NEW ST
TANYARD ST
MAIN ST
CLIFFORD ST
KEITH ST
ORANGE ST
FOXWORTH ST
PINCKNEY ST
MCEACHERN ST
SMITH S

City of Florence

FAX TRANSMITTAL COVERAGE PAGE

DATE: **February 23, 2015**

TO: **SCDHEC (Paula Brown)**

FROM: Terry Joyner

FAX: **(843) 661-4858**

NUMBER OF PAGES INCLUDING COVER: ~~2~~ 3

MESSAGE/COMMENTS:

Boil Water Advisory

The water is shut off in the 200 Block of N. Tanyard Street in Timmonsville to repair a leaking water main.

TRANSMISSION VERIFICATION REPORT

TIME : 02/23/2015 11:32
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	02/23 11:31
FAX NO./NAME	96614858
DURATION	00:00:59
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

BOIL WATER REPEAL

City of Florence

February 23, 2015

The City of Florence precautionary boil water advisory for customers in the 200 block of N. Tanyard Street, in Timmonsville has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Tuesday, February 24, 2015, at 9:15 am, the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

Michael Hemingway
Utilities Director
City of Florence

TRANSMISSION VERIFICATION REPORT

TIME : 02/24/2015 15:54
NAME :
FAX : 8436653110
TEL :
SER.# : 000C2N317452

DATE,TIME	02/24 15:53
FAX NO./NAME	96614858
DURATION	00:00:30
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

City of FLORENCE

Water Shut Off Notice

Attention: **Residents 301, 305, 307, 309, AND 311 W. Smith Street and the 200 block of S. McEachern Street**

The water main in your area will be turned off and service temporarily disrupted beginning at 5:30 pm on Monday, May 4, 2015 to work on the water main. This work is being scheduled as a part of the new road construction. We regret the inconvenience, but we must perform this work to better serve your area.

Date of interruption: **Monday May 4, 2015**

Upon the resumption of water service, the waterlines will be flushed, during which time you may temporarily notice some discolored water. You may also notice trapped air in your plumbing, which will be released as you initially use water. As a precaution, before water is restored each residence will receive a Boil Water Advisory which requires any water for consumption to be boiled for 1 minute.

If more information is needed, please feel free to contact the City of Florence, Public Works Department at (843) 665-3236.

BOIL WATER ADVISORY

City of Florence

May 6, 2015

The City of Florence and South Carolina Department of Health and Environmental Control advise water system customers in the 300 Block of E. Smith Street, in Timmonsville, South Carolina, to boil their tap water vigorously for one minute prior to using it for drinking or cooking.

A 6" water main had to be shut off as a part of the US 76 Highway road widening project which resulted in the disruption of service to approximately 4 customers within this area. The road construction contractor is currently working diligently to restore water service throughout this service area.

There has been no confirmed contamination of the system. However, because of the loss of pressure a slight potential for bacteriological contamination exists. Therefore, as a precautionary measure the South Carolina Department of Health and Environmental Control (SCDHEC) requires The City of Florence to issue this advisory when an event occurs that allows the possibility for bacteria to enter the water system. Water customers in this area should continue to vigorously boil their water for at least one full minute prior to drinking or cooking until otherwise notified by the City of Florence. Also, any ice made from water that has not been boiled should not be used for drinking purposes.

This boil water advisory is a precautionary measure to protect public health until test results confirm the water is safe to drink. Because the water quality is unknown at this time customers are urged to take appropriate precautions. Test results for bacteriological quality should be completed by Friday, May 8th, 2015, at which time the City will notify customers regarding the status of the boil water advisory.

If you should have any questions concerning this notice, you may call the City of Florence at (843) 665-3236 or SCDHEC (843) 661-4825.

Michael Hemingway
Utilities Director
City of Florence

BOIL WATER REPEAL

City of Florence

May 8, 2015

The City of Florence precautionary boil water advisory for the customers along the 300 block of E. Smith Street, in Timmonsville, South Carolina has been lifted. Lab results for water samples taken by the City in this area indicate the water is safe to use for drinking and cooking purposes.

Following intense flushing of the distribution system, bacteriological samples were collected and analyzed. On Friday, May 8, 2015, the City of Florence lifted the boil water advisory for it's customers after tests confirmed the water was safe to drink.

If you should have any questions concerning this repeal of the Boil Advisory, you may call the City of Florence at (843) 665-3236 or South Carolina Department of Health and Environmental Control (SCDHEC) at (843) 661-4825.

Michael Hemingway
Utilities Director
City of Florence

Section 6

The following is a listing of the work performed at the WWTP from November 26, 2014 through May 26, 2015:

WORK PERFORMED

- Performed daily checks and documented daily operation and maintenance work
- Continued monitoring and reporting procedures
- General house keeping of the site and office building
- Trouble shooting electrical controls/power to control valves
- Continued dewatering offline lagoon
- Disc and plow sand filters
- Installed three (3) groundwater monitoring wells and began monitoring process

Progress on the Whole Effluent Toxicity (WET) is based on the action of the completion and replacement repair of the five sand filters as stated in paragraph 59, subparagraph a. Testing is to begin after the first full month after the Certification of completion of repair and rehabilitation of the WWTP Sand Filters. This testing began January, 2015, and presently on-going.

Section 7

The following is a listing of work performed within the Water Production process from November 26, 2014 through May 26, 2015:

WORK PERFORMED

- Maintained a regular backwash schedule for the 403 Water Plant filters
- Flowed one hundred and thirty (130) hydrants in the distribution system to assist and maintain water quality
- Responded to thirty-two (32) water quality complaints during this reporting period

Section 8

The Utility Finance Division within the City of Florence is responsible for reading of water meters within the water distribution system and for collection of all revenues generated by the utility. The following is a listing of the work performed by the City's Utility Finance Division from November 26, 2014 through May 26, 2015:

WORK PERFORMED

- Recorded the volume of water supplied by the City's water production system thru the meter connection on Honda Way and Hwy 403 – 6,966,000 gallons
- Total volume of water produced from the 403 Water Plant – 65,701,000 gallons
- Total number of meters mapped for replacement with GIS unit - 0
- Total number of water meters read for the November billing cycle 1,058 meters
- Total number of water meters replaced ten (10)
- Total number of water meters installed or accounts opened thirty-five (35)
- Total number of water meters or accounts closed eleven (11)
- Total number of water meters yet to be identified and located two (2)
- Total water billing collected for November, 2014 – May, 2015 - $226,573.50
- Total sewer billing collected for November, 2014 – May, 2015 - $247,565.73

Section 9

City Staff and our engineering team of CDM Smith and AECOM (formerly URS) provide the following funding update for work pertaining to improvements of the utility system.

Timmonsville Water Improvements

Funding Schedule for COF SRF Drinking Water Loan

Consent Decree Effective Date		November 26, 2013									Updated:			June 2, 2015			
Conveyance Date		January 9, 2014															
Activities		Schedule			2nd Quarter 2015	Project Costs				Estimated Useful Life	Funding Source						Total Funding
	Timmonsville Water System Improvements	Start Date	End Date	SC DHEC Approval	Current Status	Engineering		Construction	Total Project Costs		CDBG	EDA	SRF		SCTIB	RIA	RD
						Planning / Design	Construction Services						APF	Loan			
	Compliance																
1	Planning / Coordination	Jan-13	Jan-16	Jun-15	Drinking Water SRF Loan application to be submitted for FY 2015 (June 2015)	$125,000	$30,000		$155,000					$155,000			$198,700
	Corrective Action Plan	Nov-13	May-14	Nov-14	Completed	$15,840			$15,840					$15,840			
	Hydraulic Water Model	Jul-14	Oct-14	Mar-15	work order authorized Jan 2015; waiting on completion of 76 BPS to complete calibration; model complete in July 2015	$27,860			$27,860					$27,860			

Timmonsville Water Improvements

Funding Schedule for COF SRF Drinking Water Loan

Consent Decree Effective Date		November 26, 2013									Updated:			June 2, 2015				
Conveyance Date		January 9, 2014																
Activities		Schedule			2nd Quarter 2015	Project Costs				Estimated Useful Life	Funding Source							Total Funding
						Engineering							SRF					
	Timmonsville Water System Improvements	Start Date	End Date	SC DHEC Approval	Current Status	Planning / Design	Construction Services	Construction	Total Project Costs		CDBG	EDA	APF	Loan	SCTIB	RIA	RD	
Construction Projects																		
2	Honda Booster Pump Station Phase 1 - Distribution Connection to Tank Site	Sep-13	Oct-13	Oct-13	Completed	$8,866	$6,769	$58,250	$73,685	30				$73,685				$73,685
	Honda Booster Pump Station Phase 2 - Prepurchase Booster Pump Station Equipment	Feb-14	May-14	Dec-13	Completed			$177,385	$177,385	20		$177,385						$177,385
	Honda Booster Pump Station Phase 3 - Installation of Booster Pump Station	Feb-14	May-14	Feb-14	Completed	$22,284	$17,406	$127,465	$167,155	20		$167,155						$167,155
3	Highway 76 Interconnection Phase 1	May-14	Mar-15	May-14	Construction completed; have PTO; compiling final final change order; will need EDA approval for final completion	$19,622	$10,052	$334,141	$363,815	30		$168,314			$195,501			$363,815
4	Highway 76 Interconnection Phase 2	May-14	Apr-15	May-14	Construction completed; have PTO; waiting on approval from Commerce / COG to close out final change order	$19,005	$20,075	$185,628	$224,708	30	$185,628			$38,964				$224,708
5	Highway 76 Booster Pump Station Phase 1 - Prepurchase Booster Pump Station Equipment	Jun-14	Sep-14	Jan-14	Completed	$29,865	$25,875	$177,385	$177,385	20		$177,385						$177,385
	Highway 76 Booster Pump Station Phase 2 - Installation of Booster Pump Station	Nov-14	May-15	May-14	Construction Completed; have PTO; will need EDA approval for final completion			$169,115	$224,855	20		$224,855						$224,855
6	Meter Replacement	May-15	Oct-15	Dec-14	Bid awarded April 2015; construction complete October 2015	$69,488	$18,595	$1,158,985	$1,247,068	20			$1,000,000	$247,068				$1,247,068
7	Distribution Water Main Replacement	Oct-15	Jun-16	May-15	Pending completion of water model and City investigation of distribution system;	$57,600	$28,800	$480,000	$566,400	30				$266,400			$300,000	$566,400
8	403 Water Treatment Plant Rehabilitation	May-15	Sep-15	Aug-14	Design / permitting completed; receive bids Dec 2014; start construction in May 2015; complete construction Sept 2015	$50,640	$20,755	$428,500	$499,895	20	$428,500			$71,395				$499,895
9	403 Water Treatment Plant Well	Oct-15	Mar-16	May-15	Working on Completing Letter of Conditions for RD; work order to be submitted in May 2015	$50,000	$35,000	$515,000	$600,000	20				$100,000			$500,000	$600,000
10	Honda Way Elevated Tank	Oct-15	Jan-16	Jun-15	Inspections completed; report submitted in April 2014; work order to be submitted in May 2015; initiate construction Oct 2015	$9,600	$20,400	$246,400	$276,400	30		$91,240		$185,160				$276,400
	Highway 403 Elevated Tank	Jun-15	Aug-15	Jun-15	Work Order approved in April 2015; receive bids in June 2015; construction complete in August 2015	$9,070	$19,710	$143,200	$171,980	30				$64,580		$107,400		$171,980
	Church Elevated Tank	Oct-15	Mar-16	Jun-15	Inspections completed; report submitted in April 2014; work order to be submitted in May 2015; initiate construction Oct 2015	$9,600	$20,400	$317,350	$347,350	30				$347,350				$347,350
11	SCADA at Elevated Tanks, WTP, and BPS	Oct-15	Jan-16	Jun-15	Work Order will be submitted to City following initial scoping meeting with City in May 2015;	$10,000	$6,000	$90,000	$106,000	20				$106,000				$106,000
Totals						$534,140	$279,837	$4,608,804	$5,422,781		$614,128	$1,006,334	$1,000,000	$1,699,418	$195,501	$107,400	$800,000	$5,422,781
Available Funding from Source											$614,128	$1,006,334	$1,000,000		$195,501	$107,400	$800,000	$3,723,363
Difference											$0	$0	$0		$0	$0	$0	$1,699,418

CLEAN WATER PROJECTS	START	FINISH	SCDHEC APPROVAL	BUDGET	Current Status	Engineering		Construction	Estimated Useful Life	SRF Funding Source		Total Project Costs			
LOAN 1 - FY 14	Dec-12	Dec-14	Before July 31, 2014			Planning and Design Services	Construction Services / RPR			APF	Loan				
POTW and PWS Condition Assessment	Dec-12	Dec-13	Dec-13	[redacted]	Completed	$75,000					$75,000	$75,000		$2,331,490	
Study and Report (PER)	Mar-13	Oct-13	Oct-13	[redacted]	Completed	$60,000					$60,000	$60,000			
CMOM Program Amendments (SORP & MPS-PLE)	Aug-13	Feb-14	Feb-14	[redacted]	[redacted]	$42,000					$42,000	$42,000			
	Aug-13	Feb-14	Feb-14	[redacted]	[redacted]										
CPE	Aug-13	Feb-14	Feb-14	[redacted]	[redacted]	$33,500					$33,500	$33,500			
CCP	Feb-14	Apr-14	Apr-14	[redacted]	[redacted]	$23,500					$23,500	$23,500			
CA / CO for Utility Relocation	Mar-14	Jan-15	Mar-14	[redacted]	[redacted]		$74,140				$74,140	$74,140			
Sand Filter Rehabilitation	Aug-13	Feb-15	Apr-14	[redacted]	[redacted]	$170,000	$61,000	$28,499	20		$259,499	$259,499	994499		
Rehabilitation of three collapsed gravity sewer lines	Aug-13	Dec-13	Dec-13	[redacted]	Completed	$10,280	$6,110	$187,231	30		$203,621	$203,621			
Collection System Rehabilitation	Feb-14	Dec-14	Jul-14	[redacted]	Completed	$50,900	$16,820	$570,845	30		$638,565	$638,565			
Collection system lift stations (two functioning pumps)	Apr-14	Jan-15	Jul-14	[redacted]	Completed	$18,000	$6,500	$162,165	20		$186,665	$186,665			
10% Construction Contingency (includes contingency on APF funds)				[redacted]	[redacted]			$191,474			$191,474	$191,474			
RPR	Jun-14	Mar-15	Apr-14	[redacted]	[redacted]						$0	$0			
~12% Engineering (Basic Services)				[redacted]	[redacted]						$0	$0			
				Totals		**$483,180**	**$164,570**	**$1,140,214**		**$0**	**$1,787,964**	**$1,787,964**	$2,782,463	$1,787,964	
				Available from Funding Source				**$948,740**		**$966,000**	**$1,750,566**			$1,787,964	
				Difference							$37,398				
LOAN 2 - FY 15			Before July 31, 2016	[redacted]											
Headworks Analysis	May-14	Oct-14	Oct-14	[redacted]	[redacted]	$20,000					$20,000	$20,000		$478,300	
WWTP Primary Lagoon Solids Disposal	Apr-14	Dec-16	Feb-15	[redacted]	[redacted]			$450,000	30		$534,905	$534,905	0.14933794	$3,013,300	$84,905
WWTP Floating Aerators	Apr-14	Dec-16	Feb-15	[redacted]	[redacted]			$325,000	20		$386,321	$386,321	0.10785518		$61,321
WWTP Filter Operation Automation and SCADA Improvements	Apr-14	Dec-16	Feb-15	[redacted]	[redacted]	$412,000	$66,300	$60,000	20		$71,321	$71,321	0.01991172		$11,321
Rehab/upgrade of existing Timmonsville WWTP headworks	Apr-14	Dec-16	Feb-15	[redacted]	[redacted]			$430,000	30		$511,132	$511,132	0.14270069		$81,132
WWTP Primary and Aerated Lagoon Liner Replacement	Apr-14	Dec-16	Feb-15	[redacted]	[redacted]			$1,130,000	30		$1,343,207	$1,343,207	0.37500415		$213,207
Rebuild WWTP Influent Pumps	Apr-14	Dec-16	Feb-15	[redacted]	[redacted]			$140,000	20		$166,415	$166,415	0.04646069		$26,415
Collection System Rehabilitation	May-14	Oct-16	Jul-15	[redacted]	[redacted]			$1,355,000	30	$1,000,000	$355,000	$1,355,000			
SSES	May-14	Oct-16	Jul-15	[redacted]	[redacted]	$300,000			30		$300,000	$300,000			
10% Construction Contingency				[redacted]	[redacted]			$389,000			$389,000	$389,000			
RPR	Jun-14	Dec-16	Feb-15	[redacted]	[redacted]		$180,000				$180,000	$180,000			
~15% Engineering (Basic Services)				[redacted]	[redacted]							$0			
Legal Fees				[redacted]	[redacted]	$100,000					$100,000	$100,000			
				Totals		**$832,000**	**$246,300**	**$4,279,000**		**$1,000,000**	**$4,357,300**	**$5,357,300**		$5,357,300	
				Available from Funding Source				**$3,890,000**		**$1,000,000**					
				Difference				**$5,357,300**		**$0**					
											APF	**$1,000,000**			
			TOTAL	**$5,357,300**							**Loan**	**$6,145,264**			
											Total	**$7,145,264**		0.32629865	
												$8,111,264			

Section 10

The projected Work Plan for the upcoming semi-annual reporting period of the includes the following:

- Complete water model of the distribution system
- Complete work on WWTP headworks analysis
- Complete installation of replacement water meters in the distribution system
- Complete Highway 403 water plant rehabilitation
- Complete Highway 403 elevated tank maintenance upgrade
- Continue design of SCADA communications system for water plant, elevated tanks and booster pump stations
- Complete Whole Effluent Toxicity testing
- Complete dewatering and closeout of off-line lagoon

Section 11

Design/construction work proposed next semi-annual reporting period of the CD includes the following:

- Upon approval of the Comprehensive Performance Evaluation (CPE) submit the Composite Correction Plan (CCP) and begin design of the CCP after US-EPA/SC DHEC approval
- Design, bid and begin Honda and Church Street elevated tanks maintenance upgrade
- Survey of the wastewater treatment site and influent pump station and design of the influent pump station