NYC 9/11 Public Portal Document

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location (If Different)*
NAME NYC DEPT OF SANITATION
ADDRESS FRESH KILLS LANDFILL
44 BEAVER ST, 9TH FLOOR
NEW YORK NY 10004
FACILITY FRESH KILLS LANDFILL
LOCATION STATEN ISLAND NY 10308
ATTN: TED NABAVI, DIRECTOR

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

NY0200867	114 M	MAJOR
PERMIT NUMBER	DISCHARGE NUMBER	(SUBR 02)
		F - FINAL

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	05	31

*** NO DISCHARGE [__] ***
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004

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
PH	SAMPLE MEASUREMENT	******	******		7.6	******	7.6	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	******	22	(19)	0	01/30	GR
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.24	(03)	******	******	******		0	01/30	IN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TED R. NABAVI, CHMMREP
DIRECTOR
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.

Ted R. Nab
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
AREA CODE: 917 NUMBER: 237-5958

DATE
YEAR: 04 MO: 06 DAY: 17

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

NYC-WTC_000302004