

2000 PEAK PERFORMANCE AWARD APPLICATION

NPDES PERMIT REQUIREMENTS AND PLANT DISCHARGE PERFORMANCE RESULTS

Agency Name* _____

NPDES Number: _____

Facility Name* _____

Design Capacity _____

Contact/Phone _____

Parameter	Permit Limit	Jan Eff	Feb Eff	Mar Eff	Apr Eff	May Eff	Jun Eff	Jul Eff	Aug Eff	Sep Eff	Oct Eff	Nov Eff	Dec Eff
Flow (MGD)													
BOD (mg/L)	Mo. Avg.												
	Wk. Max												
	Daily												
BOD (kg/day)	Mo. Avg.												
	Wk. Max												
	Daily												
TSS (mg/L)	Mo. Avg.												
	Wk. Max												
	Daily												
TSS (kg/day)	Mo. Avg.												
	Wk. Max												
	Daily												
NH ₃ -N (mg/L)	Mo. Avg.												
	Wk. Max												
	Daily												
NH ₃ -N (kg/day)	Mo. Avg.												
	Wk. Max												
	Daily												
P (mg/L)	Mo. Avg.												
	Wk. Max												
	Daily												
P (kg/day)	Mo. Avg.												
	Wk. Max												
	Daily												
Fecal Coliform/100 ml.	Mo. Avg.												
	Wk. Max												
	Daily												

* Please indicate agency and facility name as it should appear on the award certificate.

Parameter		Permit Limit	Jan Eff	Feb Eff	Mar Eff	Apr Eff	May Eff	Jun Eff	Jul Eff	Aug Eff	Sep Eff	Oct Eff	Nov Eff	Dec Eff
pH	Max													
	Min													
Cl ₂ Residual	Min													
	Max													
Dissolved Oxygen	Min													
Oil & Grease (mg/L)	Mo. Avg.													
	Wk. Max													
Solids, Settleable	Mo. Avg.													
	Wk. Max													
Arsenic (mg/L)	Mo. Avg.													
	Wk. Max													
Chromium (mg/L)	Mo. Avg.													
	Wk. Max													
Cadmium (mg/L)	Mo. Avg.													
	Wk. Max													
Copper (mg/L)	Mo. Avg.													
	Wk. Max													
Lead (mg/L)	Mo. Avg.													
	Wk. Max													
Mercury (mg/L)	Mo. Avg.													
	Wk. Max													
Selenium (mg/L)	Mo. Avg.													
	Wk. Max													
Silver (mg/L)	Mo. Avg.													
	Wk. Max													
Zinc (mg/L)	Mo. Avg.													
	Wk. Max													
Cyanide (mg/L)	Mo. Avg.													
	Wk. Max													
Phenolics(mg/L)	Mo. Avg.													
	Wk. Max													

- Note: 1) Include all parameters specified in NPDES Permit
2) If NPDES Permit includes seasonal limits, indicate and include

* Please indicate agency and facility name as it should appear on the award certificate.