

2003 PEAK PERFORMANCE AWARD APPLICATION

NPDES PERMIT REQUIREMENTS AND PLANT DISCHARGE PERFORMANCE RESULTS

Agency Name: _____

Facility Name: _____

Facility Address: _____

Contact: _____

Phone/Email: _____

NPDES Number: _____

Design Capacity: _____

Treatment Level : _____
(e.g. Secondary, Advanced Secondary, Tertiary)

Parameter		Permit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		Limit	Eff	Eff	Eff	Eff	Eff	Eff	Eff	Eff	Eff	Eff	Eff	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													

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
Fecal Coliform/100 ml.	Mo. Avg.													
	Wk. Max													
	Daily													
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 (ug/L)	Mo. Avg.													
	Wk. Max													
Cadmium (ug/L)	Mo. Avg.													
	Wk. Max													
Chromium (ug/L)	Mo. Avg.													
	Wk. Max													
Copper (ug/L)	Mo. Avg.													
	Wk. Max													
Lead (ug/L)	Mo. Avg.													
	Wk. Max													
Nickel (ug/l)	Mo. Avg.													
	Wk. Max													
Mercury (ug/L)	Mo. Avg.													
	Wk. Max													
Selenium (ug/L)	Mo. Avg.													
	Wk. Max													
Silver (ug/L)	Mo. Avg.													
	Wk. Max													
Zinc (ug/L)	Mo. Avg.													
	Wk. Max													
Cyanide (ug/L)	Mo. Avg.													
	Wk. Max													
Phenolics(ug/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.