2002 PEAK PERFORMANCE AWARD APPLICATION

NPDES PERMIT REQUIREMENTS AND PLANT DISCHARGE PERFORMANCE RESULTS

Agency Name*	NPDES Number:	
Facility Name*	Design Capacity	
Contact/Phone		

		Permit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Parameter		Limit	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 is should apear on the award certificate.

		Permit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Parameter		Limit	Eff											
рН	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 is should apear on the award certificate.