

2001 PEAK PERFORMANCE AWARD APPLICATION

NPDES PERMIT REQUIREMENTS AND PLANT DISCHARGE PERFORMANCE RESULTS

Agency Name* _____

NPDES Number: _____

Facility Name* _____

Design Capacity _____

Contact/Phone _____

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													
Fecal Coliform/100 ml.	Mo. Avg.													
	Wk. Max													
	Daily													

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

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
pH	Max													
	Min													
Cl ₂ Residual	Min													
	Max													
Dissolved Oxygen	Min													
	Mo. Avg.													
Oil & Grease (mg/L)	Wk. Max													
	Mo. Avg.													
Solids, Settleable	Wk. Max													
	Mo. Avg.													
Arsenic (mg/L)	Wk. Max													
	Mo. Avg.													
Chromium (mg/L)	Wk. Max													
	Mo. Avg.													
Cadmium (mg/L)	Wk. Max													
	Mo. Avg.													
Copper (mg/L)	Wk. Max													
	Mo. Avg.													
Lead (mg/L)	Wk. Max													
	Mo. Avg.													
Mercury (mg/L)	Wk. Max													
	Mo. Avg.													
Selenium (mg/L)	Wk. Max													
	Mo. Avg.													
Silver (mg/L)	Wk. Max													
	Mo. Avg.													
Zinc (mg/L)	Wk. Max													
	Mo. Avg.													
Cyanide (mg/L)	Wk. Max													
	Mo. Avg.													
Phenolics(mg/L)	Wk. Max													
	Mo. Avg.													

- 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 appear on the award certificate.