

STATE OF WEST VIRGINIA
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Final Limitations
Year Round

FACILITY NAME: (CHARLES TOWN CITY OF) CHARLES TOWN CITY OF
 LOCATION OF FACILITY: CHARLES TOWN; Jefferson County
 PERMIT NO.: WV0022349 OUTLET NO.: 001
 WASTELOAD FOR THE MONTH OF: _____

CERTIFIED LABORATORY NAME: _____
 CERTIFIED LABORATORY ADDRESS: _____
 INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity				Other Units					Measurement Frequency	Sample Type	
				Units	N.E.				CEL*	Units			N.E.
50050 (ML-1) RF-A Flow,in Conduit or thru plant Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	Rpt Only Avg. Monthly	Rpt Only Max. Daily	N/A	mgd		Continuous	measured
00310 (ML-A) RF-A BOD, 5-Day 20 Deg.C Year Round	Reported												
	Permit Limits	300 Avg. Monthly	600 Max. Daily	Lbs/Day		N/A	20.57 Avg. Monthly	41.14 Max. Daily	N/A	mg/l		1/week	Batch
00530 (ML-A) RF-A Total Suspended Solids Year Round	Reported												
	Permit Limits	300 Avg. Monthly	600 Max. Daily	Lbs/Day		N/A	30 Avg. Monthly	60 Max. Daily	N/A	mg/l		1/week	Batch
00610 (ML-A) RF-A Ammonia Nitrogen Year Round	Reported												
	Permit Limits	49 Avg. Monthly	98 Max. Daily	Lbs/Day		N/A	3.37 Avg. Monthly	6.74 Max. Daily	N/A	mg/l		1/week	Batch
74055 (ML-A) RF-A Coliform, Fecal Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	200 Mo. Geo. Mean	400 Max. Daily	N/A	Cnts/100m		1/week	Grab
00400 (ML-A) RF-A pH Year Round	Reported												
	Permit Limits	N/A	N/A			6 Inst. Min.	N/A	9 Inst. Max.	N/A	S.U.		1/week	Grab
00300 (ML-A) RF-A Dissolved Oxygen Year Round	Reported												
	Permit Limits	N/A	N/A			6 Inst. Min.	N/A	N/A	N/A	mg/l		1/week	Grab
01114 (ML-A) RF-A Lead, Total Recoverable Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	0.02 Avg. Monthly	0.04 Max. Daily	N/A	mg/l		1/month	Batch

* CEL = Compliance Evaluation Level

Name of Principal Executive Officer	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 a fine and imprisonment for knowing violations.	Date Completed	<input type="text"/>
Title of Officer		Signature of Principal Executive Officer or Authorized Agent	<input type="text"/>

STATE OF WEST VIRGINIA
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT

Final Limitations
 Year Round

FACILITY NAME: (CHARLES TOWN CITY OF) CHARLES TOWN CITY OF CERTIFIED LABORATORY NAME: _____
 LOCATION OF FACILITY: CHARLES TOWN; Jefferson County CERTIFIED LABORATORY ADDRESS: _____
 PERMIT NO.: WV0022349 OUTLET NO.: 001 _____
 WASTELOAD FOR THE MONTH OF: _____ INDIVIDUAL PERFORMING ANALYSIS: _____

Parameter		Quantity			Other Units						Measurement Frequency	Sample Type	
				Units	N.E.				CEL*	Units			N.E.
01119 (ML-A) RF-B Copper, Total Recoverable Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	Rpt Only Avg. Monthly	Rpt Only Max. Daily	N/A	mg/l		1/quarter	Batch
00665 (ML-A) RF-B Phosphorus, Total Year Round	Reported												
	Permit Limits	Rpt Only Avg. Monthly	Rpt Only Max. Daily	Lbs/Day		N/A	Rpt Only Avg. Monthly	Rpt Only Max. Daily	N/A	mg/l		1/quarter	Batch
81011 (ML-K) RF-A Suspended Solids, % Removal Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	85 Avg. Monthly	N/A	N/A	Percent		1/week	Calculated
51012 (ML-K) RF-A BOD,5-day % Rem,dry weather Year Round	Reported												
	Permit Limits	N/A	N/A			N/A	85 Avg. Monthly	N/A	N/A	Percent		1/week	Calculated
00600 (ML-A) RF-B Nitrogen, Total (AS N) Year Round	Reported												
	Permit Limits	Rpt Only Avg. Monthly	Rpt Only Max. Daily	Lbs/Day		N/A	Rpt Only Avg. Monthly	Rpt Only Max. Daily	N/A	mg/l		1/quarter	Batch
									N/A				
									N/A				
									N/A				

* CEL = Compliance Evaluation Level

Name of Principal Executive Officer	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 a fine and imprisonment for knowing violations.	Date Completed	<input type="text"/>
Title of Officer		Signature of Principal Executive Officer or Authorized Agent	<input type="text"/>