

SPDES Permit No. NY0028410

# Long Term Control Plan Semi-Annual Status Report Reporting Period: July through December 2015

Amended Administrative Order CWA-02-2014-3033 (Amends CWA-02-2012-3024)

March 2016

CWA-02-2014-3033 BUFFALO SEWER AUTHORITY

# **BUFFALO SEWER AUTHORITY**

#### Long Term Control Plan Semi-Annual Status Report Reporting Period: July through December 2015

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# **1. INTRODUCTION**

The Buffalo Sewer Authority (Authority) received approval of its Long Term Control Plan (LTCP) from the United States Environmental Protection Agency (USEPA) and New York State Department of Environmental Conservation (NYSDEC) on March 18, 2014. The Authority entered into an Amended Administrative Order on April 16, 2014 (herein after referred to as the AO), with the USEPA. This AO establishes a schedule for implementation of the Authority's LTCP, approved by the USEPA and NYSDEC.

The AO in part requires that the Authority submit written Semi-Annual Status Reports to the USEPA and NYSDEC by September  $1^{st}$  for current year January 1– June 30 reporting period, and March  $1^{st}$  for the previous calendar year July 1 – December 31 reporting period. The AO requires that the following be provided in each Semi-Annual Status Report:

- The project milestones, deadlines and other terms that the Authority is required to meet since the date of the last Semi-Annual Status Report, whether and to what extent the Authority has met those requirements, and the reason for any anticipated delays and/or noncompliance.
- A general description of the work completed during the reporting period and the applicability of the work to meet indicated design criteria, as well as the projection of work to be performed during the next reporting period and any anticipated delays for the upcoming work. Any changes in key personnel must also be noted.
- Enclosure of public meeting (if held) materials including: advertisements, handouts, formal meeting notes, and a summary of the meeting.
- Copies (to USEPA only) of all monthly monitoring reports or other reports pertaining to combined sewer overflows (CSOs) and bypasses that Authority submitted to the NYSDEC during the reporting period (see Attachment D).

This report covers July through December 2015 which serves as Semi-Annual Report No. 4.

# 2. REQUIREMENTS DUE IN REPORTING PERIOD

Attachment A provides the current status of all projects listed in the Administrative Order. Issues with implementing these projects are detailed in Section 4 of this document.

This document serves as the March 1, 2016 semi-annual report.

Certificates of Acceptance and Occupancy for fully completed projects are included in Attachment B.

# 3. WORK COMPLETED IN CURRENT REPORTING PERIOD AND PROJECTION OF WORK TO BE PERFORMED NEXT REPORTING PERIOD

A general description of the work completed on LTCP projects during the reporting period (July1 through December 31, 2015) and the work projected to be performed during the next reporting period (January 1 through June 30, 2016) is provided in Attachment A. Work to be completed after the current or next reporting period has been grayed out.

A more detailed description of each project including the location and the goal to be achieved through each project is provided in Attachment C.

# 4. IMPLEMENTATION ISSUES

#### 4.1 Bird and Lang RTC Projects

As noted in the previous Semi-Annual Reports: on the Bird and Lang RTC Projects there were construction delays aggregating several weeks due to inclement weather, easement acquisition, submittal and fabrication delays for the actuators and stems, and a delayed radio path study. An additional delay has occurred due to a late determination by National Grid that the existing utility poles which were to have provided power to the projects will need to be replaced due to their age (a six week process which has been further complicated by the large snow pack and frigid temperatures). Additionally, legal issues relating to obtaining an easement have necessitated rerouting of power for the Bird Avenue site between the project and the utility pole. A final issue arose due to a delay in the restoration of a light standard on Bird Avenue upon which the Bird RTC Project antenna is to be mounted. Both sites were briefly energized, however on October 19, 2015 it was found that the electrical work was defective and needed to be replaced, this work is currently ongoing. However, as optimization requires a three-month period during which the gates do not need to be functional, the optimization of the gates began on November 1, 2015.

#### 4.2 Smith Street Storage

The Smith Street Storage project has undergone several conceptual level redesigns that have reduced capital and maintenance costs and negative impacts to the environment and residents, however these redesigns have also resulted in a prolonged engineering period. In order to expedite construction, the Smith Street storage project has been separated into an in-line storage project and a partial sewer separation project. The engineering for the partial sewer separation project was completed just after the March 18, 2015 deadline set forth in the Administrative Order on April 6, 2015. The engineering for the Smith Street in-line storage project was completed on June 10, 2015 and a copy of the revised Basis of Design Report was submitted to NYSDEC at that time. Construction of the partial sewer separation project is currently ongoing. Bidding for the Smith Street in-line storage project will proceed upon approval from the NYSDEC of plans and specifications for this facility. Due to the extended approval process of the Smith Street in-line storage project, completion of construction of the overall Smith Street storage project is expected to exceed the March 18, 2017 deadline set by the LTCP.

#### 4.3 Hamburg Drain Optimizations

Preliminary design for the Hamburg Drain Optimizations was begun prior to January 1, 2014 however detailed design was delayed due to high water levels in Lake Erie. As a result of this delay the March 18. 2016 Notice to Proceed deadline is expected to be exceeded and a new date of June 18, 2017 has been suggested by the consulting engineers currently charged with design for these projects. After additional review of this project, it has been determined that the goals of this project may be obtained through a combination of partial sewer separation and/or green infrastructure. Plans are currently being developed toward these goals.

#### 4.4 WWTP Improvement Project Alternative C2

Design of this project has been delayed due to the need to remove extensive quantities of grit which have accumulated in the system and do not allow the WWTP to perform at its maximum capacity. Before further upgrades are considered, the existing issues must first be rectified to allow for accurate measurements of existing capacity to be conducted. The Authority has requested proposals from engineering firms for the WWTP Project Alternative C2, but has not awarded a contract due to the ongoing grit issues. The Authority has utilized an existing contract for cleaning and televising work to perform cleaning of influent channels on the B-side. The cleaning of Aeration Basins 3 and 4 on the B-Side under this separate contract and Digester 5 under a separate contract are expected to be completed in the early part of the next reporting period. The cleaning of the effluent channels under the previously mentioned existing cleaning and televising contract is expected to also be started and possibly concluded within the next reporting period. The cleaning of the A-side influent channels is currently planned to be advertised for bidding during the next reporting period as well. The first notice to proceed for construction is not expected to be issued by March 18, 2017 as the cleaning of the system remains ongoing.

# **5. CHANGES IN KEY PERSONNEL**

David P. Comerford retired as General Manager effective July 24, 2015. Oluwole A. McFoy, P.E. has been appointed as the General Manager of the Authority effective August 26, 2015. Catherine H. Knab, P.E. has been appointed Principal Sanitary Engineer effective November 30, 2015.

#### 6. PUBLIC MEETINGS

No public meetings have been held regarding the LTCP or projects associated with the LTCP during this reporting period.

# 7. MODEL MODIFICATIONS

The process of converting the hydraulic model from XP-SWMM to PC-SWMM has been postponed until the model is recalibrated. No new model modifications were made during this reporting period.

### 8. CERTIFICATION STATEMENT

"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 fipe and imprisonment for knowing violations."

Oluwole A. McFoy, P.E., General Manager

CWA-02-2014-3033 BUFFALO SEWER AUTHORITY

# Attachment A to the Semi-Annual Status Report: March 2016

Work Completed in Current Period/ Projection of Work to be Performed in Next Reporting Period

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
Phase   Projects				
CSO 060 GI Project			Prior to 1/1/2014	Complete.
Bird/Lang RTC	Construction Start	3/17/2014	2/24/2014	Complete
Projects	Completion Date	9/2/2014		Projected to be Completed During Next Reporting Period; See 4.1
	Operations/ Optimization (RTC)	9/3/2014 - 9/3/15		Started 11/1/2015
Bird RTC Project	Construction Start	3/17/2014	2/24/2014	Complete
	Completion Date	9/2/2014		Projected to be Started During Next Reporting Period ; See 4.1
	Operations/ Optimization (RTC)	9/3/2014 – 9/3/15		Started 11/1/2015
Lang RTC Project	Construction Start	3/17/2014	2/24/2014	Complete
	Completion Date	9/2/2014		Projected to be Completed During Next Reporting Period; See 4.1
	Operations/ Optimization (RTC)	9/3/2014 - 9/3/15		Started 11/1/2015

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
Foundation Project	<u>s</u>			
Foundation 1 -	Engineering Start	3/18/2014	Prior to 1/1/2014	Complete
Smith Street	Engineering Completion	3/18/2015	6/10/2015	Complete
Storage	Notice to Proceed	3/18/2015		Projected to be Completed During Next Reporting Period; See 4.2
	Substantial Completion	3/18/2017		
CSO No. 026 Sewer	Engineering Start	3/18/2014	Prior to 1/1/2014	Complete
Separation	Engineering Completion	3/18/2015	4/3/2015	Complete
	Notice to Proceed	3/18/2015	7/8/2015	Complete
	Substantial Completion	3/18/2017	12/21/2015	Complete
CSO No. 026 RTC	Engineering Start	3/18/2014	Prior to 1/1/2014	Complete
Structure	Engineering Completion	3/18/2015	6/10/2015	Complete
	Notice to Proceed	3/18/2015		Projected to be Completed During Next Reporting Period; Basis of Design Report Submitted to NYSDEC on 6/10/15, NYSDEC approval still pending; See 4.2
	Substantial Completion	3/18/2017		
Foundation 2 - SPP	Engineering Start	3/1/2014	Prior to 1/1/2014	Complete
<b>Optimization (20</b>	Engineering Completion	3/18/2015	4/20/2015	Complete
projects)	Notice to Proceed	3/1/2014	Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2017		
SPP 180	Engineering Start		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		4/20/2015	Complete
	Notice to Proceed		9/8/2015	Complete
	Substantial Completion	3/18/2017	12/16/2015	Complete
SPP 331	Engineering Start		Prior to 1/1/2014	Complete
Optimization	Engineering Completion	3/18/2015	4/20/2015	Complete
	Notice to Proceed		9/8/2015	Complete
a 1	Substantial Completion	3/18/2017	12/16/2015	Complete

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
SPP 036	Engineering Start		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		1/20/2014	Complete
	Notice to Proceed		5/30/2014	Complete
	Substantial Completion	3/18/2017	8/4/2014	Complete
SPP 217	Engineering Start		Prior to 1/1/2014	Complete
Optimization	<b>Engineering Completion</b>		4/3/2015	Complete
	Notice to Proceed		7/8/2015	Complete
	Substantial Completion	3/18/2017	12/21/2015	Complete
SPP 318	Engineering Start		Prior to 1/1/2014	Complete
Optimization	<b>Engineering Completion</b>		4/3/2015	Complete
	Notice to Proceed	1000	7/8/2015	Complete
	Substantial Completion	3/18/2017	12/21/2015	Complete
SPP 097A	Engineering Start		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		4/20/2015	Complete
	Notice to Proceed		9/8/2015	Complete
	Substantial Completion	3/18/2017	12/16/2015	Complete
SPP 122	Engineering Start		Prior to 1/1/2014	Complete
Optimization	<b>Engineering Completion</b>		Prior to 1/1/2014	Complete
	Notice to Proceed		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2017	Prior to 1/1/2014	Complete
SPP 163	Engineering Start		3/1/2014	Complete
Optimization	<b>Engineering Completion</b>		11/25/2014	Complete
	Notice to Proceed		3/1/2015	Complete
	Substantial Completion	3/18/2017	8/6/2015	Complete
SPP 165	Engineering Start	2 <b>20</b> 20 20	Prior to 1/1/2014	Complete
Optimization	Engineering Completion		Prior to 1/1/2014	Complete
	Notice to Proceed		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2017	Prior to 1/1/2014	Complete

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
SPP 165A	Engineering Start		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		4/4/2014	Complete
	Notice to Proceed		7/25/2014	Complete
	Substantial Completion	3/18/2017	11/3/2014	Complete
SPP 178	Engineering Start		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		Prior to 1/1/2014	Complete
	Notice to Proceed		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2017	Prior to 1/1/2014	Complete
SPP 335B	Engineering Start		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		Prior to 1/1/2014	Complete
	Notice to Proceed		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2017	Prior to 1/1/2014	Complete
SPP 336A	Engineering Start		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		4/20/2015	Complete
	Notice to Proceed		9/8/2015	Complete
	Substantial Completion	3/18/2017	12/16/2015	Complete
SPP 341A	Engineering Start		1/1/2014	Complete
Optimization	Engineering Completion			This project is on hold pending the results of post-
	Notice to Proceed			construction monitoring.
	Substantial Completion	3/18/2017		
SPP 342B	Engineering Start:		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		Prior to 1/1/2014	Complete
	Notice to Proceed		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2017	Prior to 1/1/2014	Complete
SPP 001	Engineering Start:		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		3/27/2014	Complete
	Notice to Proceed		6/16/2014	Complete
	Substantial Completion	3/18/2017	12/12/2014	Complete

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
SPP 183	Engineering Start		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		Prior to 1/1/2014	Complete
	Notice to Proceed		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2017	Prior to 1/1/2014	Complete
SPP 283	Engineering Start		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		Prior to 1/1/2014	Complete
	Notice to Proceed		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2017	Prior to 1/1/2014	Complete
SPP 211	Engineering Start		Prior to 1/1/2014	Complete
Optimization	Engineering Completion		Prior to 1/1/2014	Complete
	Notice to Proceed		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2017	Prior to 1/1/2014	Complete
Foundation 3 - Remaining RTC	Engineering Start	3/18/2016		Projected to be Completed During Next Reporting Period
(14 sites)	Notice to Proceed	3/18/2017		
	Engineering Completion	3/18/2023		
	Substantial Completion	3/18/2024		
Hertel Northwest	Engineering Start	a landar a <del></del> and da		
In-Line Storage	Engineering Completion			
	Notice to Proceed	la deservición Styles		
	Substantial Completion	3/18/2024		
Hertel South In-	Engineering Start			
Line Storage	Engineering Completion			
	Notice to Proceed	1		
	Substantial Completion	3/18/2024		
Hertel Northeast In-	Engineering Start			
Line Storage	Engineering Completion			
	Notice to Proceed	ti kana <del>an</del> darata		
	Substantial Completion	3/18/2024		

Project Name	Project Milestone	AO Project	Actual Completion	Project Status
and the second second		Deadline	Dates	
Bird East In-Line	Engineering Start	s		
Storage	Engineering Completion	in the state of the state of the		
	Notice to Proceed			
	Substantial Completion	3/18/2024		
East Ferry In-Line	Engineering Start		Contract Contract of Contract	
Storage	Engineering Completion			
	Notice to Proceed			
	Substantial Completion	3/18/2024		
Colorado In-Line Storage	Engineering Start			Projected to be Completed During Next Reporting Period
	Engineering Completion			
	Notice to Proceed			
	Substantial Completion	3/18/2024		
North Bailey In-Line	Engineering Start			
Storage	Engineering Completion			
	Notice to Proceed			
	Substantial Completion	3/18/2024		
South Bailey In-Line	Engineering Start			
Storage	Engineering Completion			
	Notice to Proceed			
	Substantial Completion	3/18/2024		
Roslyn In-Line	Engineering Start			
Storage	Engineering Completion			
	Notice to Proceed	×		
	Substantial Completion	3/18/2024		
Kay In-Line Storage	Engineering Start			Projected to be Completed During Next Reporting Period
	Engineering Completion			
	Notice to Proceed		1	
	Substantial Completion	3/18/2024	Τ	

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
Amherst Quarry	Engineering Start			
Off-Line Storage	Engineering Completion			
	Notice to Proceed			
	Substantial Completion	3/18/2024		
Fillmore North In-	Engineering Start			
Line Storage	Engineering Completion			
	Notice to Proceed			
	Substantial Completion	3/18/2024		
Gibson CSO Line	Engineering Start	1		
Storage	Engineering Completion			
	Notice to Proceed			
	Substantial Completion	3/18/2024		
Montgomery CSO	Engineering Start	(1) (1) (1)		
Line Storage	Engineering Completion			
	Notice to Proceed	7		
	Substantial Completion	3/18/2024		
Foundation 4 -	Engineering Start	3/18/2015	Prior to 1/1/2014	Complete
Hamburg Drain	Engineering Completion	3/18/2017		
Optimizations	Notice to Proceed	3/18/2016		Delayed; See 4.3
	Substantial Completion	3/18/2018		
Foundation 4 -	Engineering Start	3/18/2028		
Hamburg Drain	Engineering Completion	3/18/2030		
Storage	Notice to Proceed	3/18/2030		
	Substantial Completion	3/18/2032		
WWTP				
WWTP	Engineering Start	3/18/2015		On hold; See 4.4.
Improvement	Engineering Completion	3/18/2019		
Project Alternative	Notice to Proceed	3/18/2017		
C2	Substantial Completion	3/18/2022		

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
Green Infrastructur	e Projects			
Green 1 - Pilot	Engineering Start	3/1/2014	Prior to 1/1/2014	Complete
Projects – 267-	Engineering Completion	3/18/2016		
acres of GI control	Substantial Completion	3/18/2018		
2001-2013	Engineering Start		Prior to 1/1/2014	Complete
Demolitions	Engineering Completion		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2018	See GI Master Plan Appendix 7-1	Complete
2014-2018	Engineering Start		Prior to 1/1/2014	Complete
Demolitions	Engineering Completion			
	Substantial Completion	3/18/2018		
PUSH Blue Projects	Engineering Start		Prior to 1/1/2014	Complete
	Engineering Completion	n Martine Para Antonio		
	Substantial Completion	3/18/2018		
Carlton Street	Engineering Start		Prior to 1/1/2014	Complete
Porous Asphalt	Engineering Completion		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2018	7/25/2014	Complete
Fillmore Avenue	Engineering Start		Prior to 1/1/2014	Complete
Porous Parking	Engineering Completion		Prior to 1/1/2014	Complete
Lots and Green Lots	Substantial Completion	3/18/2018	4/23/2015	Complete
Ohio Street	Engineering Start		Prior to 1/1/2014	Complete
	Engineering Completion		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2018	12/1/2014	Complete
Kenmore Avenue	Engineering Start		4/30/2014	Complete
	Engineering Completion		4/20/2015	Complete
	Substantial Completion	3/18/2018		
Allen Street	Engineering Start	2 <u></u> 21	Prior to 1/1/2014	Complete
	Engineering Completion			
	Substantial Completion	3/18/2018		

Attachment A to the Semi-Annual Status Report: March 2016

Work Completed in Current and Projection of Work to be Performed in Next Reporting Periods

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
Niagara Street	Engineering Start		Prior to 1/1/2014	Complete
	Engineering Completion			
	Substantial Completion	3/18/2018		
Green 2 – 410	Engineering Start:	3/18/2019		
acres of GI Control	Engineering Completion:	3/18/2023		
	Substantial Completion:	3/18/2024		
Green 3 – 375	Engineering Start:	3/18/2023		
acres of GI Control	Engineering Completion:	3/18/2028		
	Substantial Completion:	3/18/2029		
Green 4 – 263	Engineering Start:	3/18/2028		
acres of GI Control	Engineering Completion:	3/18/2033		
	Substantial Completion:	3/18/2034		

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
Gray Projects				
CSOs 014/15 – Erie Basin In-line	Engineering Start		Prior to 1/1/2014	Complete
storage and optimization	Engineering Completion		Prior to 1/1/2014	Complete
projects SEE DETAILS	Notice to Proceed	3/18/2014	Prior to 1/1/2014	Complete
FOLLOWING FOR SPECIFIC PROJECTS	Substantial Completion	3/18/2015	12/29/2014	Complete
SPPs 206A&B	Engineering Start		Prior to 1/1/2014	Complete
	Engineering Completion		Prior to 1/1/2014	Complete
	Notice to Proceed		5/30/2014	Complete
	Substantial Completion	3/18/2015	12/29/2014	Complete
SPP 035	Engineering Start		Prior to 1/1/2014	Complete
	Engineering Completion		Prior to 1/1/2014	Complete
	Notice to Proceed		Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2015	5/31/2014	Complete
SPP 036	Engineering Start		Prior to 1/1/2014	Complete
	Engineering Completion		Prior to 1/1/2014	Complete
	Notice to Proceed		5/30/2014	Complete
	Substantial Completion	3/18/2015	12/5/2014	Complete
CSO 013 – Satellite storage,	Engineering Start	3/18/2019		
conveyance, FM &	Engineering Completion	3/18/2020		
PS	Notice to Proceed	3/18/2020		
	Substantial Completion	3/18/2022		

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
North Relief –	Engineering Start	3/18/2019	5/15/2015	Complete
Interceptor	Engineering Completion	3/18/2022		
	Notice to Proceed	3/18/2022		
	Substantial Completion	3/18/2026		
CSOs 010, 008/010,	Engineering Start	3/18/2021		
061, 004 –	Engineering Completion	3/18/2023		
Underflow capacity	Notice to Proceed	3/18/2023		
upsizing	Substantial Completion	3/18/2024		
SPP 337 (CSO 053) – Satellite storage,	Engineering Start	3/18/2023		
conveyance, FM &	Engineering Completion	3/18/2025		
PS	Notice to Proceed	3/18/2025	N HEALEN AND AND SHEEREN	
	Substantial Completion	3/18/2027		
SPP 336A&B (CSO 053) – Satellite	Engineering Start	3/18/2024		
storage,	Engineering Completion	3/18/2026		
conveyance, FM &	Notice to Proceed	3/18/2026		
PS	Substantial Completion	3/18/2029		
Jefferson Avenue & Florida Street (CSO	Engineering Start	3/18/2025		
053) – Satellite storage,	Engineering Completion	3/18/2027		
conveyance and	Notice to Proceed	3/18/2027		
FM	Substantial Completion	3/18/2030		
CSO 055 – Satellite	Engineering Start:	3/18/2027		
storage,	Engineering Completion:	3/18/2030		
conveyance, FM &	Notice to Proceed:	3/18/2030		
PS	Substantial Completion:	3/18/2034		

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
CSOs 028/044/047 Satellite storage,	Engineering Start:	3/18/2028		
conveyance, FM &	Engineering Completion:	3/18/2031		
PS	Notice to Proceed:	3/18/2031		
	Substantial Completion:	3/18/2034		
CSO 052 – Satellite	Engineering Start:	3/18/2030		
storage,	Engineering Completion:	3/18/2032		
conveyance, FM &	Notice to Proceed:	3/18/2032		
PS	Substantial Completion:	3/18/2034		
CSO 064 – Satellite	Engineering Start:	3/18/2030		
storage, conveyance, FM &	Engineering Completion:	3/18/2032		
	Notice to Proceed:	3/18/2032		
PS	Substantial Completion:	3/18/2034		

# Attachment B to the Semi-Annual Status Report: March 2016

Certificates of Acceptance and Occupancy

							NOW THEREFORE BEITRESOLVED:	WHEREAS:	WHEREAS:	WHEREAS:	CONTRACTOR:	BID:	WORK:	<b>CERTIFICATE 0</b>	·	
2 <sup>ND</sup> BY MR. KENNEDY AYES <u>3</u> NOES <u>0</u>	MADE BY MS. PETRUCCI	MOTION TO APPROVE	<ul> <li>d. Final payment be made to the Contractor in the amount of \$59,035.17,</li> <li>increased by \$249,323.33, making the final cost of the Contract</li> <li>\$1,180,838.73.</li> </ul>	c. The maintenance period commence on July 1, 2015;	b. The date of entrance and occupancy be fixed as of July 1, 2015;	a. The work to be performed under the terms of the Contract has been complete and is accepted;	That the Board of the Buffalo Sewer Authority hereby finds and determines that:	In Item No. 25, on July 29, 2015 the contract value was decreased by \$135.40.	In Item No. 28, on May 6, 2015, the contract value was increased by \$249,458.73; and	The Principal Sanitary Engineer and staff have certified that the Contractor completed the work in accordance with the plans and specification on July 1, 2015; and	Visone Construction, Inc. 79 Sheldon Avenue Depew, NY 14043	\$931,380.00	Swan Trunk Improvements SPP 206 A&B Modifications Project	CERTIFICATE OF ACCEPTANCE AND OCCUPANCY	CONTRACTNO. 81400007	ITEM NO. 26

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Board Meeting of July 29, 2015

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# CONTRACT NO. 81500015

# CERTIFICATE OF ACCEPTANCE AND OCCUPANCY

		NOW THEREFORE BE IT RESOLVED:	WHEREAS:	CONTRACTOR:	BID:	WORK:
b. The date of entrance and occupancy be fixed as of August 6, 2015;	<ul> <li>The work to be performed under the terms of the Contract has been complete and is accepted;</li> </ul>	That the Board of the Buffalo Sewer Authority hereby finds and determines that:	The Associate Engineer of the Buffalo Sewer Authority has certified that the Contractor completed the work in accordance with the plans and specifications on August 6, 2015.	Milherst Construction, Inc. 10025 County Road Clarence Center, NY 14032	\$353,757.12	SPP 163 Fillmore Northland Sewer Optimization Project

Final payment be made to the Contractor in the amount of \$19,332.96, making the final cost of the contract \$386,659.14.

The maintenance period commence on August 6, 2015;

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Board	AYES	2 <sup>ND</sup> BY	MADE BY	MOTION TO	
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Board Meeting of September 23, 2015	NOES 0	MR. ROOSEVELT	MS. PETRUCCI	APPROVE	

55348

# Attachment C to the Semi-Annual Status Report: March 2016

Detailed Project Descriptions

Project Name	Project Description	Project Purpose*
Phase I Projects		
CSO 060 GI Project	This project consisted of the construction of 4768 CF of rain garden on Windsor, Parkdale and Elmwood Avenues between Bird and Forest Avenues and 39,600 SF of permeable pavement on Clarendon and Claremont Avenues between Bird and Forest Avenues, installation of a Stormceptor unit at Bird Avenue and Granger Place and a total of 6,125 LF of 12-30 inch sewer designed to carry street flow to the existing storm overflow sewer on Forest Avenue from the above mentioned street segments. Additionally, weirs were raised in SPPs 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, and 240.	This project was designed to treat 13,600 cf of stormwater runoff from the 0.9 inch water quality storm event and remove 49.5 cfs of peak flow from the combined sewer system. Thereby reducing overflows through SPPs 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, and 241 to CSO 060. Together with other LTCP projects, this project is projected reduce CSO 060 discharges to Scajaquada Creek based on the 1993 Modified Typical Year (TY) to negligible activations and flow.
Bird/Lang RTC Projects	These RTC projects utilize available capacity of large sewers to provide flow control measures during wet weather events through the use of gates which allow continuous dry weather underflow.	
Bird RTC Project	The Bird RTC Project is located on Bird Avenue between Parkdale Avenue and Hoyt Street.	The Bird RTC project is designed to provide 1.01 MG of storage volume, thereby reducing discharges through SPP 013 to CSO 004. Together with other LTCP projects, this project is projected reduce CSO 004 discharges to the Black Rock Canal based on the TY to 3 activations.
Lang RTC Project	The Lang RTC Project is located on Lang Avenue between Courtland Avenue and Hagen Street.	The Lang RTC project is designed to have a storage volume of 0.84 MG, thereby reducing discharges through SPP 340 to CSO 053. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the 1993 Modified Typical Year (TY) to 4 activations.

Project Name	Project Description	Project Purpose*
Foundation Projects	<u>s</u>	
Foundation 1 - Smith Street Storage	Originally envisioned as a single project, these two projects have been separated to realize cost advantages due to the different levels of skill required for the projects and to expedite the sewer separation component.	
CSO No. 026 Sewer Separation	This project consisted of the installation of collection sewers for street receiver flows on Leddy Street, South Park Avenue, Owahn Place, Prenatt Street, Bolton Place, St. Stephen's Place, and Buffalo River Place in order to discharge these storm flows downstream of regulators combined the Optimization projects for SPP 217 and SPP 318.	Together with the Smith Street in-line storage project, the Smith Street partial sewer separation project is designed to divert and detain the equivalent of a storage volume of 0.5 MG, thereby reducing CSO 026 discharges. Together with other LTCP projects, this project is projected to reduce CSO 026 discharges to the Buffalo River based on the TY to 3 activations.
CSO No. 026 RTC Structure	The second contract consists of an in-line storage project which is designed to detain wet weather flows along the western side of Smith Street using a weir structure between the I-190 and the I-190 off ramp within the Smith Street Drain for discharge to the South Interceptor thereby diverting combined sewer flows from CSO 026.	Together with the Smith Street partial sewer separation project, the Smith Street in-line storage project is designed to divert and detain the equivalent of a storage volume of 0.5 MG, thereby reducing CSO 026 discharges. Together with other LTCP projects, this project is projected to reduce CSO 026 discharges to the Buffalo River based on the TY to 3 activations.

Project Name	Project Description	Project Purpose*
the state when some some state	Project consists of multiple smaller projects that will overlap in engineering and construction. SEE DETAILS FOLLOWING FOR SPECIFIC PROJECTS	In general, these projects will reduce discharges to the CSOs by detaining flows within the BSA's system through the modification of existing control structures.
SPP 180 Optimization	This project consisted of raising of the weir associated with SPP 180 by 2.0' along its entire length. SPP 180 is located on Delaware Avenue at the intersection with West Delavan. As part of the revised SPP 331 Optimization, this weir will be raised an additional 1.75' along its entire length.	The SPP 180 Optimization project was designed to increase the capacity of the CSS at SPP 180 thereby decreasing CSO 006 discharges. Together with other LTCP projects, this project is projected to reduce CSO 006 discharges to the Black Rock Canal based on the TY to 4 activations.
SPP 331 Optimization	SPP331 is located at the intersection of Elmwood Avenue and West Delavan Avenue. Preliminary plans were for the diversion of flows from this point through a new sewer to Bird Avenue along the centerline of Elmwood Avenue. This would have required major disruption of a very high traffic commercial area and was deemed impractical. Plans have been developed to instead divert the same flow that was to have been diverted through this project through a system of localized weir modifications rather than extensive pipe installation. These modifications include raising the weir at SPP 180 by 1.75' and the bench located in SPP 332 on the northeast quadrant of Gates Circle which currently directs dry weather flows into the interceptor will be removed and replaced with a 6.2' weir and restored sewer trough which will direct dry weather flows into the Bird Avenue trunk sewer.	
SPP 036 Optimization	This project consisted of the reconstruction of 35' of 30" sewer associated with SPP 036 to reverse the slope. It was located on Church Street between the off and on ramps of the Skyway (State Route 5).	The SPP 036 Optimization project was designed to increase the underflow capacity at SPP 036 thereby decreasing CSO 015 discharges. Together with other LTCP projects, this project is projected based on the TY to reduce discharges to the Erie Basin through CSO 015 to 0 activations.

Project Name	Project Description	Project Purpose*
SPP 217 Optimization	In association with the Smith Street partial sewer separation project, this project consisted of the removal of two bottom orifice plates totaling 1.42' in height, increasing the orifice size and conveyance capacity of the Emslie Street Sewer. SPP 217 is located on Emslie Street at its intersection with Eagle Street.	The SPP 217 Optimization project is designed to increase the underflow capacity at SPP 217 thereby decreasing CSO 026 discharges. Together with other LTCP projects, this project is projected to reduce CSO 026 discharges to the Buffalo River based on the TY to 3 activations.
SPP 318 Optimization	In association with the Smith Street partial sewer separation project, this project consisted of the removal of an orifice plate, increasing the orifice size and conveyance capacity of the Clinton Avenue Sewer. SPP 318 is located east of the intersection of Fillmore Avenue and Clinton Street.	The SPP 318 Optimization project is designed to increase the underflow capacity at SPP 318 thereby decreasing CSO 026 discharges. Together with other LTCP projects, this project is projected to reduce CSO 026 discharges to the Buffalo River based on the TY to 3 activations.
SPP 097A Optimization	This project consisted of abandoning an inactive combined sewer, converting another to a storm sewer and abandoning the underflow connection. SPP 097A is located at the intersection of the extension of Prenatt and Orlando Streets.	The SPP 097A Optimization project is designed to eliminate SPP 097A thereby decreasing CSO 026 discharges. Together with other LTCP projects, this project is projected to reduce CSO 026 discharges to the Buffalo River based on the TY to 3 activations.
SPP 122 Optimization	This project consisted of raising of the weir associated with SPP 122 by 0.5' along its entire length. SPP 122 is located on South Legion Drive just north of the intersection with Meriden Street.	The SPP 122 Optimization project was designed to increase the flow volume conveyed by the CSS at SPP 122 thereby decreasing CSO 037 discharges. Together with other LTCP projects, this project is projected to reduce CSO 037 discharges to the Buffalo River based on the TY to 3 activations.
SPP 163 Optimization	The SPP 163 Weir Optimization project consisted of replacing the existing weir with a new weir 0.75' higher. It is located to the East of the intersection of Fillmore Avenue and Northland on Northland Avenue.	The SPP 163 Optimization project is designed to increase the flow volume conveyed by the CSS at SPP 163 thereby decreasing CSO 053 discharges. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.

Project Name	Project Description	Project Purpose*
SPP 165 Optimization	This project consisted of raising of the weir associated with SPP 165 by 0.5' along its entire length. SPP 165 is located on Fillmore Avenue just north of the intersection with East Delavan Street.	The SPP 165 Optimization project was designed to increase the capacity of the CSS at SPP 165 thereby decreasing CSO 053 discharges. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.
SPP 165A Optimization	The weir associated with SPP 165A located at the intersections of Fillmore and Kensington Avenues.	The SPP 165A Optimization project was designed to increase the capacity of the CSS at SPP 165A by raising the weir by 0.75' and upsizing 675' of 15" pipe to 18" pipe to reduce CSOs in association with CSO 053. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.
SPP 178 Optimization	This project consisted of raising of the weir associated with SPP 178 by 0.5' along its entire length. SPP 178 is located on Masten Avenue just north of the intersection with Northland Avenue.	The SPP 178 Optimization project was designed to increase the flow volume conveyed by the CSS at SPP 178 thereby decreasing CSO 053 discharges. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.
SPP 335B Optimization	This project consisted of raising of the weir associated with SPP 335B by 1.0' along its entire length. SPP 335B is located on Hager Street just south of the intersection with Florida Street.	The SPP 335B Optimization project was designed to increase the flow volume conveyed by CSS at SPP 335B thereby decreasing CSO 053 discharges. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.
SPP 336A Optimization	This project has been constructed in association with the SPP 331 optimization. The project consist sof removing a sluice gate and orifice plate and modifying the existing structure by changing the existing side channel opening from 24" to 30". SPP 336A is located on Humboldt Parkway North of the Scajaquada Drain.	The SPP 336A Optimization project is designed to increase the underflow capacity of the CSS at SPP 336A thereby decreasing CSO 053 discharges. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.

Project Name	Project Description	Project Purpose*
SPP 341A Optimization	SPP 341A is located on Genesee Street east of Kerns Avenue. This project is on hold pending the results of post-construction monitoring.	The SPP 341A Optimization project would increase the flow volume conveyed by the CSS at SPP 341A thereby decreasing CSO 053 discharges. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations. Field conditions may require modification to this planned optimization.
SPP 342B Optimization	This project consisted of raising of the weir associated with SPP 342B by 1.0' along its entire length. SPP 342B is located on Sprenger Avenue adjacent to Schiller Park.	The SPP 342B Optimization project was designed to increase the flow volume conveyed by the CSS at SPP 342B thereby decreasing CSO 053 discharges. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.
SPP 001 Optimization	The weir associated with SPP 001 located at the discharge of Cornelius Creek into the Niagara River and tributary to CSO 055 has been raised 1.0' to reduce CSOs.	The SPP 001 Optimization project was designed to increase the flow volume conveyed by the CSS at SPP 001 thereby decreasing CSO 055 discharges. Together with other LTCP projects, this project is projected to reduce CSO 055 discharges to the Niagara River based on the TY to 9 activations.
SPP 183 Optimization	This project consisted of raising of the weir associated with SPP 183 by 2.0' along its entire length. SPP 183 is located at the intersection of Bradley Avenue and Dewitt Street.	The SPP 183 Optimization project was designed to increase the flow volume conveyed by the CSS at SPP 183 thereby decreasing CSO 059 discharges. Together with other LTCP projects, this project is projected to reduce CSO 059 discharges to Scajaquada Creek based on the TY to 0 activations.
SPP 283 Optimization	SPP 283 is located in the median between the I-190 South ramp to Porter Avenue and a service road near the West Side Rowing Club. This project consisted of removing an orifice plate which restricted flows from entering the Swan Trunk and the installation of a new 1.0 tall weir to restrict flows from discharging through CSO 063.	The SPP 283 Optimization project was designed to increase the underflow capacity of the CSS at SPP 283 thereby decreasing CSO 063 discharges. Together with other LTCP projects, this project is projected to reduce CSO 063 discharges to the Niagara River based on the TY to 4 activations.

Project Name	Project Description	Project Purpose*
SPP 211 Optimization	This project consisted of constructing a weir to an elevation above the overflow raised pipe invert at SPP 211. SPP 211 is located at the South East corner of the intersection of Clinton and South Ogden Streets.	The SPP 211 Optimization project was designed to increase the flow volume conveyed by the CSS at SPP 211 thereby decreasing CSO 066 discharges. Together with other LTCP projects, this project is projected to reduce CSO 066 discharges to the Buffalo River based on the TY to 4 activations.
Foundation 3 - Remaining RTC (14 sites)	These RTC projects propose to utilize available capacity in the CSS to provide flow control measures during wet weather events through the use of active controls.	In general, these projects are designed to reduce discharges to the CSOs through the detention of flows within the BSA's CSS system.
Hertel Northwest In-Line Storage	This RTC project is proposed to utilize available capacity of a large sewer to provide flow control measures during wet weather events while allowing continuous dry weather underflow. The proposed project location is within the northern of the two large combined sewers which are located under Hertel Avenue.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 055 discharges to the Niagara River based on the TY to 9 activations.
Hertel South In- Line Storage	This RTC project is proposed to utilize available capacity in the CSS capacity of a large sewer to provide flow control measures during wet weather events while allowing continuous dry weather underflow. The proposed project location is within the southern of the two large combined sewers which are located under Hertel Avenue.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 055 discharges to the Niagara River based on the TY to 9 activations.
Hertel Northeast In- Line Storage	This RTC project is proposed to utilize available capacity in the CSS capacity of a large sewer to provide flow control measures during wet weather events while allowing continuous dry weather underflow. This project will be located within the northern of the two large combined sewers which are located under Hertel Avenue.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 055 discharges to the Niagara River based on the TY to 9 activations.

Project Name	Project Description	Project Purpose*
Bird East In-Line Storage	This RTC project is proposed to utilize available capacity in the CSS capacity of a large sewer to provide flow control measures during wet weather events while allowing continuous dry weather underflow. This project will be located to the east of the above mentioned Bird RTC project along the same Bird Avenue sewer.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 004 discharges to the Black Rock Canal based on the TY to 3 activations.
East Ferry In-Line Storage	This RTC project is proposed to utilize available capacity in the CSS capacity of a large sewer to provide flow control measures during wet weather events while allowing continuous dry weather underflow. The proposed project location is along the Ferry Street sewer upstream of its leaping weir overflow to the Scajaquada Drain north of Florida Street.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.
Colorado In-Line Storage	This RTC project is proposed to utilize available capacity in the CSS capacity of a large sewer to provide flow control measures during wet weather events while allowing continuous dry weather underflow. The proposed project location is along the Colorado Avenue sewer which runs underneath the manufacturing facility located at 1001 East Delavan Avenue.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.
North Bailey In-Line Storage	This RTC project is proposed to utilize available capacity in the CSS capacity of a large sewer to provide flow control measures during wet weather events while allowing continuous dry weather underflow. The proposed project location is along Bailey Avenue north of Scajaquada Street.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.

Project Name	Project Description	Project Purpose*
South Bailey In-Line Storage	This RTC project is proposed to utilize available capacity in the CSS capacity of a large sewer to provide flow control measures during wet weather events while allowing continuous dry weather underflow. The proposed project location is along Bailey Avenue north of Scajaquada Street and south of the afore mentioned North Bailey In-Line Storage project.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.
Roslyn In-Line Storage	This RTC project is proposed to utilize available capacity in the CSS capacity of a large sewer to provide flow control measures during wet weather events while allowing continuous dry weather underflow. The proposed project location is near Roslyn Street on Lang Avenue.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.
Kay In-Line Storage	This RTC project is proposed to utilize available capacity in the CSS capacity of a large sewer to provide flow control measures during wet weather events while allowing continuous dry weather underflow. The proposed project location is on Hazelwood Avenue between East Delavan and Easton Avenues.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.
Amherst Quarry Off-Line Storage	This RTC project proposes to utilize available capacity in the CSS capacity within the inactive Amherst Quarry to provide flow control measures during wet weather events, once downstream capacity is available, flows will then be pumped back into the system. The Amherst Quarry is located in an area bounded by Parkridge Avenue, East Amherst Street, and Hewitt Avenue.	This RTC project is proposed to utilize available capacity of the quarry to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 053 discharges to Scajaquada Creek based on the TY to 4 activations.

Project Name	Project Description	Project Purpose*
Fillmore North In- Line Storage	This RTC project is proposed to utilize available capacity in the CSS capacity of a large sewer to provide flow control measures during wet weather events while allowing continuous dry weather underflow. This project is proposed to be located on Fillmore Avenue, however pending the results of post-construction monitoring, it may be eliminated depending on the efficacy of the Smith Street Storage project.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 026 discharges to the Buffalo River based on the TY to 3 activations.
Gibson CSO Line Storage	This project is proposed to utilize the available capacity of the CSO pipe downstream of the SPP, but before the discharge point or outfall. It would be designed to convey water to prevent surface flooding and overflows through upstream SPPs. Once the storm event has subsided, it would be designed to dewater back into the combined system. The dewatering rate would be controlled so that it would not cause overflows downstream from the control structure. The proposed project location is on Gibson Street, however pending the results of post-construction monitoring, it may be eliminated depending on the efficacy of the Smith Street Storage project.	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 026 discharges to the Buffalo River based on the TY to 3 activations.

Project Name	Project Description	Project Purpose*
Montgomery CSO Line Storage	This project is proposed to utilize the available capacity of the CSO pipe downstream of the SPP, but before the discharge point or outfall. It would be designed to convey water to prevent surface flooding and overflows through upstream SPPs. Once the storm event has subsided, it would be designed to dewater back into the combined system. The dewatering rate would be controlled so that it would not cause overflows downstream from the control structure. The proposed project location is along the railroad right- of-way near Montgomery Street, however pending the results of	This RTC project is proposed to utilize available capacity within the collection system to detain flows until downstream capacity becomes available. Together with other LTCP projects, this project is projected to reduce CSO 026 discharges to the Buffalo River based on the TY to 3 activations.
Foundation 4 - Hamburg Drain Optimizations	<ul> <li>post-construction monitoring, it may be eliminated depending on the efficacy of the Smith Street Storage project.</li> <li>This project will entail several in-system optimizations, e.g. rerouting of flows, installation of weirs, partial sewer separations etc. and/or green infrastructure to reduce the overflow events at a number of upstream SPPs in order to control flows through CSOs 017, 022, and</li> </ul>	These optimization projects are proposed to increase the flow volume conveyed by the CSS upstream of the SPPs and diverting stormwater flows out of the CSS thereby decreasing CSO 017, 022, and 064 discharges.
	064. These optimizations would be located within the Hamburg Basin.	Together with other LTCP projects, this project is projected based on the TY to reduce discharges to the Buffalo River through CSO 017 to 4 activations, CSO 022 to 5 activations, and CSO 064 to 3 activations.
Foundation 4 - Hamburg Drain Storage	Together with the Hamburg Drain Optimizations, this project would be designed to provide the equivalent of 5 MG of offline storage. This facility would be located within the Hamburg Basin and may involve the installation of RTCs.	This storage project is proposed to provide off-line storage thereby decreasing CSO 017, 022, and 064 discharges. Together with other LTCP projects, this project is projected based on the TY to reduce discharges to the Buffalo River through CSO 017 to 4 activations, CSO 022 to 5 activations, and CSO 064 to 3 activations.

Project Name	Project Description	Project Purpose*
Green Infrastructur	e Projects	
Green 1 - Pilot Projects – 267- acres of GI control SEE DETAILS FOLLOWING FOR SPECIFIC PROJECTS		In general, this phase is designed to control stormwater flow from 267 acres of impervious area in the various sewer sheds within the targeted areas.
2001-2013 Demolitions	This project consists of the demolition of vacant houses thereby replacing impervious with pervious surface.	This project is designed to control stormwater flow from 354 total acres of impervious area.
2014-2018 Demolitions	This project consists of the demolition of vacant houses thereby replacing impervious with pervious surface. In addition, the BSA is piloting alterations to the City of Buffalo's demolition specifications to allow for the use of modified rain gardens to increase onsite infiltration.	This project is designed to control stormwater flow from 50 total acres of impervious area.
PUSH Blue Projects	PUSH-Buffalo will install rain gardens, porous pavement and a green roof and distribute rain barrels within the CSO 012 sewer shed.	This project is designed to control stormwater flow from 1 acre of impervious area.
Carlton Street Porous Asphalt	This project consisted of the installation of pervious pavement to retain stormwater from the area tributary to the Right-of-Way on Carlton Street between Michigan and Jefferson Avenues in the City of Buffalo as part of the City's streetscape project.	This project is designed to control stormwater flow from 5.9 acres of impervious area.

Project Name	Project Description	Project Purpose*
Fillmore Avenue Porous Parking Lots and Green Lots	This project consisted of the installation of porous pavement parking lots and modified rain gardens to retain stormwater from the area tributary to the Right-of-Way of Fillmore Avenue in the City of Buffalo as part of the City's streetscape project.	This project is designed to control stormwater flow from 0.4 total acres of impervious area.
Ohio Street	This project consisted of the installation of green infrastructure to retain stormwater from the area tributary to the Right-of-Way on Ohio Street in the City of Buffalo as part of the City's streetscape project.	This project is designed to control stormwater flow from 6.1 total acres of impervious area.
Kenmore Avenue	This project consists of the installation of green infrastructure to retain stormwater from the area tributary to the Right-of-Way on Kenmore Avenue in the City of Buffalo as part of the City's streetscape project.	This project is designed to control stormwater flow from 5.17 total acres of impervious area.
Genesee Gateway Project	This project consists of the installation of green infrastructure to retain stormwater from the area tributary to the Right-of-Way on Genesee Street in the City of Buffalo as part of the City's streetscape project.	This project is designed to control stormwater flow from 2.8 total acres of impervious area.
Allen Street	This project will consist of the installation of green infrastructure to retain stormwater from the area tributary to the Right-of-Way for the portion of Allen Street between Main Street and Elmwood Avenue in the City of Buffalo as part of the City's streetscape project.	This project is designed to control stormwater flow from 2.5 total acres of impervious area.
Niagara Street	This project consists of the installation of green infrastructure to retain stormwater from the area tributary to the Right-of-Way for the length of Niagara Street in the City of Buffalo as part of the City's streetscape project.	This project is designed to control stormwater flow from 50 total acres of impervious area.

Project Name	Project Description	Project Purpose*					
Green 2 – 410 acres of GI Control	These projects will consist of multiple green infrastructure projects that will overlap in engineering and construction. Details will be provided in the Phase 2 Green Infrastructure Master Plan.	In general, these projects would be designed to retain stormwater flow from 410 acres of impervious area in the various sewer sheds in the targeted areas.					
Green 3 – 375 acres of GI Control	These projects will consist of multiple green infrastructure projects that will overlap in engineering and construction. Details will be provided in the Phase 2 Green Infrastructure Master Plan.	In general, these projects would be designed to retain stormwater flow from 375 acres of impervious area in the various sewer sheds in the targeted areas.					
Green 4 – 263 acres of GI Control	These projects will consist of multiple green infrastructure projects that will overlap in engineering and construction. Details will be provided in the Phase 2 Green Infrastructure Master Plan.	In general, these projects would be designed to retain stormwater flow from 263 acres of impervious area in the various sewer sheds in the targeted areas.					
<u>WWTP</u>							
WWTP Improvement Project Alternative C2	The proposed project is expected to rehabilitate the existing primary clarifiers by adding high rate disenfection and provide additional secondary clarifiers at the Bird Island WWTP.	This project would be designed to provide treatment of wet weather flows and increased secondary treatment capacity.					

Project Name	Project Description	Project Purpose*
Gray Projects		
CSOs 014/15 – Erie Basin In-line storage and optimization projects SEE DETAILS FOLLOWING FOR SPECIFIC PROJECTS		
SPPs 206A&B	A new 113,000 gallon in-line storage facility was constructed in association with SPPs 206A&B to reduce CSOs at CSO 014. This site is located at Trenton Road/ Village Court north east of Fourth Street.	This project was designed to provide in-line storage thereby decreasing CSO 014 discharges through SPPs 206A&B. Together with other LTCP projects, this project is projected based on the TY to reduce discharges to the Erie Basin through CSO 014 to 2 activations.
SPP 035	A new 50,000 gallon in-line storage facility was constructed between the Genesee Trunk and Swan Trunk sewers to create additional storage capacity in association with SPP 035 (CSO 015). This project is located to the north west of the intersection of South Elmwood Avenue and West Genesee Street.	This project was designed to provide in-line storage thereby decreasing CSO 015 discharges through SPP 35. Together with other LTCP projects, this project is projected based on the TY to reduce discharges to the Erie Basin through CSO 015 to 0 activations.
SPP 036	This project consisted of the reconstruction of 35' of 30" sewer associated with SPP 036 to reverse the slope. This site is located on Church Street between the off and on ramps of the Skyway bridge (State Route 5).	This sewer reconstruction project was designed to increase the underflow capacity of the CSS thereby decreasing CSO 015 discharges. Together with other LTCP projects, this project is projected based on the TY to reduce discharges to the Erie Basin through CSO 015 to 0 activations.

Project Name	Project Description	Project Purpose*					
storage,	CSO 013 is located at the extension of Virginia Street into the Black Rock Canal, the structure is tentatively planned to be built between the last SPP structure and the Canal. The proposed satellite storage facility would consist of a covered, concrete, underground tank.						
North Relief – Interceptor	This project will consist of a deep tunnel relief sewer to run in the vicinity of Niagara Street between Bird Avenue and Albany Street with an additional line connecting the tunnel to the WWTP influent siphon. Preliminary design is for 5,310' of 96"pipe and 571' of 120" pipe.	The purpose of this project is to reduce discharges through CSOs 004, 011, and 012, by creating a new relief sewer thereby creating offline storage capacity capacity in the CSS. Together with other LTCP projects, this project is projected based on the TY to reduce discharges to the Black Rock Canal through CSO 004 to 3 activations, CSO 011 to 4 activation, and CSO 012 to 2 activations.					
061, 004 –	This project will consist of upsizing of underflow piping to maximize flow to the interceptors. This project is tentatively proposed for between Breckenridge Street and Brace Street along the I-190 with an extension along Brace Street across Niagara Street.	This underflow capacity upsizing project would increase the capacity of the CSS thereby decreasing CSO 010, 008, 061 and 004 discharges. Together with other LTCP projects, this project is projected based on the 1993 Modified Typical Year to reduce discharges to the Black Rock Canal through CSO 004 to 3 activations, CSO 010 to 1 activations, CSO 008 to 0 activations, and CSO 061 to 4 activations.					
SPP 337 (CSO 053) – Satellite storage, conveyance, FM & PS	SPP 337 is located at Colorado Street North of Scajaquada Street. The proposed satellite storage facility would consist of a covered, concrete, underground tank.	The purpose of this project is to reduce discharges through CSO 53 to the Scajaquada Creek. Preliminary design is for a 0.7 MG off-line storage facility. Together with other LTCP projects, this project is projected reduce CSO discharges to Scajaquada Creek based on the TY to 4 activations.					
SPP 336A&B (CSO 053) – Satellite storage, conveyance, FM & PS	SPP 336A&B are located on Humboldt Parkway on each side of the Scajaquada Drain. The proposed satellite storage facility would consist of a covered, concrete, underground tank.	The purpose of this project is to reduce discharges through CSO 53 to the Scajaquada Creek. Preliminary design is for a 4.2 MG off-line storage facility. Together with other LTCP projects, this project is projected reduce CSO discharges to Scajaquada Creek based on the TY to 4 activations.					

Project Name	Project Description	Project Purpose*
Constant and the Advantage of the Advantage	The proposed location for this facility is in the vicinity of the intersection of Jefferson Avenue and Florida Street. The proposed satellite storage facility would consist of a covered, concrete, underground tank.	The purpose of this project is to reduce discharges through CSO 53 to the Scajaquada Creek. Preliminary design is for a 2.6 MG off-line storage facility. Together with other LTCP projects, this project is projected reduce CSO discharges to Scajaquada Creek based on the TY to 4 activations.
storage,	For CSO 055, the proposed storage facility would be located upstream of the regulator, near Military Road. At this location, an offline facility would be constructed and flows above 26 MGD (instantaneous peak) would be diverted from the South Hertel Trunk sewer into the storage facility. The proposed satellite storage facility would consist of a covered, concrete, underground tank.	
a service of the serv	The proposed location for this facility is underneath the Tops parking lot between South Park Avenue and the Buffalo River. The proposed satellite storage facility would consist of a covered, concrete, underground tank.	The purpose of this project is to reduce discharges through CSO 28 to the Buffalo River and through CSOs 047 and 044 to Cazenovia Creek. Preliminary design is for a 2.3 MG off-line storage facility. Together with other LTCP projects, this project is projected reduce CSO discharges based on the TY to 6 activations through CSO 028, 2 activations through CSO 044 and 3 activations through CSO 047.
	The proposed location for this facility is in the vicinity of South Ogden Street between Mineral Springs Road and Cazenovia Creek. The proposed satellite storage facility would consist of a covered, concrete, underground tank.	The purpose of this project is to reduce discharges through CSO 52 to the Buffalo River. Preliminary design is for a 0.6 MG offline storage facility. Together with other LTCP projects, this project is projected reduce CSO discharges to the Buffalo River through CSO 052 based on the TY to 3 activations.

Project Name	Project Description	Project Purpose*					
storage, conveyance, FM &	confluence of Ohio, Louisiana and Saint Claire Streets. The proposed satellite storage facility would consist of a covered, concrete, underground tank.	The purpose of this project is to reduce discharges through CSO 064 to the Buffalo River. Preliminary design is for a 0.1 MG off-line storage facility. Together with other LTCP projects, this project is projected reduce CSO discharges to the Buffalo River through CSO 064 based on the TY to 3 activations.					

\*Note: Black Rock Canal Performance Criterion is 4 Activations in the Typical Year Buffalo River Performance Criterion is 6 Activations in the Typical Year Cazenovia Creek - B Performance Criterion is 4 Activations in the Typical Year Cazenovia Creek - C Performance Criterion is 6 Activations in the Typical Year Erie Basin Performance Criterion is 2 Activations in the Typical Year Niagara River Performance Criterion is 9 Activations in the Typical Year Scajaquada Creek - Performance Criterion is 4 Activations in the Typical Year

## Attachment D to the Semi-Annual Status Report: March 2016

Monthly Monitoring Reports Submitted to NYSDEC (USEPA copy only)



September 21, 2015

WASTEWATER TREATMENT PLANT

FAX: (716) 856-5810

FOOT OF WEST FERRY

BUFFALO, NY 14202-3378 PHONE: (716) 851-4664

65 NIAGARA SQUARE 1038 CITY HALL

90 West Ferry Street Buffalo, NY 14213-1799 Phone: (716) 851-4664 Fax: (716) 883-3789

ADMINISTRATIVE OFFICES

625 Broadway 4<sup>th</sup> Floor Albany, New York 12233-3506 Bureau of Watershed Compliance Programs **SPDES Compliance Information Section** Division of Water New York State Department of Environmental Conservation

# RE: **Discharge Monitoring Report** August 1-31, 2015

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for August 2015

Also enclosed please find a noncompliance report for August 11, 2015

4664 ext. 5201. If you have any questions or require any further information, please contact me at (716) 851-

Very truly yours,

BUFFALO SEWER AUTHORITY

Treatment Plant Superintendent Michael A. Letina

encs.

MAL:pp

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Environmental Engineer III – Cert. Mail #9590 9403 0481 5173 7954 61 Article #7015 0640 0006 3993 6827

O. McFoy, Process Department

FILE:G/WPDOCS/ADM//DMR2015/August2015.DOC

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

 NAME:
 BUFFALO SEWER AUTHORITY

 ADRESS:
 1038 CITY HALL

 BUFFALO, NY 142023310

 FACILITY:
 BIRD ISLAND WWTP

 LOCATION:
 90 WEST FERRY STREET

 BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

 NY0028410		1
PERMIT NUMBE	R	1

DISCHARGE NUMBER

MM/DD/YYYY

08/31/2015

MONITORING PERIOD

ММ/DD/ҮҮҮҮ FROM 08/01/2015 то 001-M

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Form Approved

OMB No. 2040-0004

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09) PRIMARY TREATMENT ONLY

External Outfall

No Discharge

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Page 1

PARAMETER		QUAN	TITY OR LOADING		Q	UALITY OR CONCE	NTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	117		0	01/DS	CP .
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	******	Reg Mon DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	198		0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.7		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	*****	Reg Mon DAILY MX	mL/L		ONCE/ DISCHG	GRAS
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	18.1		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	2467		*****	*****	6.13		0	01/DS	CP
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	REQ. Mon. DAILY MAX	lb/d	*****	******	Reg Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	12.9		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	*****	****		*****	*****	Reg Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.8		0	01/DS	СР
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req: Mon DAILY MX	mg/L		ONCE/ Dischg	COMPOS

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under	10 Bar	TELEPHONE	DATE
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of			
TREATMENT PLANT SUPERINTENDENT	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 penalities for information of the statement of the stateme		716-851-4664	09/21/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (F	Reference all attachments here)		Travers over Infittiber	

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PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME:BUFFALO SEWER AUTHORITYADDRESS:1038 CITY HALL<br/>BUFFALO, NY 142023310FACILITY:BIRD ISLAND WWTPLOCATION:90 WEST FERRY STREET<br/>BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

	NY0028410 PERMIT NUMBER	3 6	001-M DISCHARGE NUMBER
	MO	NITORING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2015	-  <sub>то</sub>  -	08/31/2015

Form Approved

OMB No. 2040-0004

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge

Page 1

PARAMETER		QUAN	TITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALTSIS	TYPE
Flow, wastewater by-passing trimnt plant	SAMPLE MEASUREMENT	*****	179		*****	*****	*****	*****	0	99/99	RC
50049 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	****	******	******	*****		Continuous	RECORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.5		0	01/DS	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		wżzaż	*****	2 DAILY MX			ONCE/ DISCHG	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		*****	38207	1300000	mg/L	0	01/DS	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	Reg. Mon 30DA GEO	Reg Mon	#/100mL		ONCE/ DISCHG	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under			
Michael Letter	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of		TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT	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 fine and imprisonment for knowing volcations.	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	09/21/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R		OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY

EPA Form 3320-1 (Rev 01/06) Previous editions may be used

		19/31		FANT DR		NATION 5151	ENI (NPDES)			Form Approve	d
PERMITTEE NAME/ADDRESS: (Include Facility Name/L	-		DISCHARG	E MONIT	ORING REPORT	(DMR)				OMB No. 204	
NAME: BUFFALO SEWER AUTHORITY ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF		NY0028410 002-M PERMIT NUMBER DISCHARGE NUMBER			DMR MAILING ZIP CODE: 14213 MAJOR				Pag		
LOCATION: 90 WEST FERRY STRE				MON	ITORING PERIOD	)	ן	(SUBR09 STP OL			
BUFFALO, NY 14213			MM/DD/Y			M/DD/YYYY	-	External			
ATTN: Michael Letina, PLT SUPT		FROM	08/01/20	15	то 08	/31/2015			oution	No D	ischarge
PARAMETER		QUAN	TITY OR LOADING		Q	UALITY OR CONCE			NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****	*****	73		0	06/01	GR
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	******	Reg. Mon DAILY MX	deg F		Six Per Day	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	1	*****	*****	72	ucyi	0	06/01	GR
00011 G 0 Raw Sewage influent	PERMIT REQUIREMENT	*****	******		*****		Reg Mon DAILY MX	deg F		Six Per Day	GRAB
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	10390	16530		*****	14	20	ueg r	0	01/01	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	*****	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	*****	*****		*****	120	*****		0	01/01	24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		*****	Reg. Mon. MO AVG	******	mg/L		Daily	COMP 24
рН	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.6		0	06/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		B	******	0 Maximum	sυ		Six Per Day	GRAB
рН	SAMPLE MEASUREMENT	*****	*****		6.4	*****	7.5		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		Reci Mori MINBAUM		Reg Mon MAXIMLIM	SU		Six Per Day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7000	9150		*****	9.4	11		0	01/01	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 70A AVG	lb/d	******	30 MO AVG	45 70A AVG	mg/L		Daily	COMP 24

Michael Letina processory after and evaluate the information submitted. Based on my inquiry of the personel processory gather and evaluate the information submitted. Based on my inquiry of the personel processory gather and evaluate the information submitted. Based on my inquiry of the personel processory gather and evaluate the information submitted. Based on my inquiry of the personel processory gather and evaluate the information submitted. Based on my inquiry of the personel processory gather and evaluate the information submitted. Based on my inquiry of the personel processory gather and evaluate the information submitted. Based on my inquiry of the personel processory gather and evaluate the information submitted. Based on my inquiry of the personel pe	
the person or persons who manage the system, or these persons directly responsible for	
TREATMENT PLANT SUPERINTENDENT gethering the information. The information submitted is to the best of my knowledge and belief, true, accurate, and complete. I an aware that there are significant penalties for SIGNATURE OF PRINCIPAL EXECUTIVE 716-851_4664 09/21/2015	5
TYPED OR PRINTED     Type and imprisonment for knowing     OFFICER OR AUTHORIZED AGENT     AREA Code     Number     MM/DD/YYY       COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)     OFFICER OR AUTHORIZED AGENT     AREA Code     Number     MM/DD/YYY	r

OMB No. 2040-0004

No Discharge

Form Approved

Page 3

#### **DISCHARGE MONITORING REPORT (DMR)**

	NY0028410	Г
	PERMIT NUMBER	
<b>—</b>	MONIT	

002-M DISCHARGE NUMBER

08/31/2015

MONITORING PERIOD
MM/DD/YYYY
MM/DD/YYYY

ММ/DD/ҮҮҮҮ FROM 08/01/2015 то Major (SUBR09) STP OUTFALL

DMR MAILING ZIP CODE: 14213

External Outfall

PARAMETER		QUAN	TITY OR LOADING		Q	UALITY OR CONCE	NTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	SF AIWAL 1315	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	121	*****		0	01/01	24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	******		*****	Req Mon MO AVG	*****	mg/L		DAILY	COMP 24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.6		1	12/01	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		****	******	S DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.8		0	06/01	GR
00545 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		****	*****	Ren Mon DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.99		0	01/30	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	17.6		0	01/30	24
00625 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	*****		*****	****	Reg Mon DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	0.87	*****		0	01/01	24
00665 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****		*****	1 MO AVG	*****	mg/L		DAILY	COMP24
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.88		0	01/01	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****		*****	*****	Reg. Mon DAILY MX	mg/L		Monthly	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under		TELEPHONE	DATE
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of		TELEPHONE	DATE
	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			00/04/0045
TREATMENT PLANT SUPERINTENDENT	belief, true, accurate, and complete. I am aware that there are significant penalties for	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	09/21/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (F	Pafaranca all attachmente hom)	STINER OR AS THORALES AGENT	AREA Code Number	MM/DD/YYYY
	(elerence an attachments here)			

Final Effluent settleable solids averaged 0.5 mL/L on 8/11/15. See attached noncompliance report.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

BUFFALO, NY 14213

ADDRESS: 1038 CITY HALL

BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF

LOCATION: 90 WEST FERRY STREET

ATTN: Michael Letina, PLT SUPT

BUFFALO SEWER AUTHORITY

NAME:

MONITORING PERIOD

то

#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

 NAME:
 BUFFALO SEWER AUTHORITY

 ADDRESS:
 1038 CITY HALL

 BUFFALO, NY 142023310

 FACILITY:
 BIRD ISLAND WWTF

 LOCATION:
 90 WEST FERRY STREET

 BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

NY0028410
PERMIT NUMBER

MM/DD/YYYY

08/01/2015

FROM

002-M DISCHARGE NUMBER

MM/DD/YYYY

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08/31/2015

DMR MAILING ZIP CODE: 14213
MAJOR
(0) (00000)

(0) (0,00)
(SUBR09)
STP OUTFALL
OIL COLLY

External Outfall

PARAMETER		QUAN	TITY OR LOADING		Q	UALITY OR CONCE	NTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALISIS	TYPE
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	10.8		0	01/30	24
34726 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	*****		*****	*****	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
Phenols	SAMPLE MEASUREMENT	<3.99	*****		*****	****	*****		0	01/30	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	36.6 MO AVG	******	lþ/d	*****	******	******			Monthly	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	121	*****		*****	*****	*****		0	9 <del>9</del> /99	RC
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	160 AGGROLAV	*****	Mgal/d	******	******	*****			CONTINOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.1		0	24/01	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	******	2 DALLY MX	mg/l		SIX PER DAY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.2	- ng/i	0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	-	*****	*****	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		*****	62	88		0	01/01	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	200 30DA GEC	400 7 DA GEO	#/100mL		Daily	GRAB
BOD, 5-day percent removal	SAMPLE MEASUREMENT	*****	******		88	*****	*****	mivoul	0	01/30	CA
81010 K 0 Percent removal	PERMIT REQUIREMENT	******	****		85 MO:AV MN	*****	*****	%		Monthly	CALCID

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER Michael Letina	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	of IN	La	TELEPHONE	DATE
,	personnel property 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	Muhux	Letin		09/21/2015
TREATMENT PLANT SUPERINTENDENT	belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing		PRINCIPAL EXECUTIVE	716-851-4664	03/21/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	eference all attachments here)	OFFICER OR	AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY

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OMB No. 2040-0004

No Discharge

Page 4

#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: **BUFFALO SEWER AUTHORITY** ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### DISCHARGE MONITORING REPORT (DMR)

F	NY0028410 PERMIT NUMBER	7 F	002-M DISCHARGE NUMBER	DMR MAILING ZIP ( MAJOR
	MC			(SUBR09) STP OUTFALL
	MM/DD/YYYY		MM/DD/YYYY	External Outfall
FROM	08/01/2015	то	08/31/2015	

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OMB No. 2040-0004

Page 4

CODE: 14213

No Discharge

PARAMETER		QUAN	QUANTITY OR LOADING QUALITY OR CONC	QUALITY OR CONCENTRATION NO.		NCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	] •^		TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****		92	*****	*****		0	. 01/30	CA
81011 K 0 Percent removal	PERMIT REQUIREMENT	******	*****		85 MQ AV MN	******	******	%		Monthly	CALCID

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	Icertify under penalty of law that this document and all attachments were prepared under	101	0.	TELEPHONE	DATE
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property 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	M	A		
TREATMENT PLANT SUPERINTENDENT	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	SIGNATURE OF	PRINCIPAL EXECUTIVE	716-851-4664	09/21/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.		AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	eference all attachments here)	· · · · · · · · · · · · · · · · · · ·			

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPI	DES
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PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME:BUFFALO SEWER AUTHORITYADDRESS:1038 CITY HALLBUFFALO, NY 142023310FACILITY:BIRD ISLAND WWTFLOCATION:90 WEST FERRY STREETBUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### DISCHARGE MONITORING REPORT (DMR)

	NY0028410 PERMIT NUMBER	= E	01A-M DISCHARGE NUMBER
	MC	DNITORING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
ROM	08/01/2015	ТоГ	08/31/2015

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OMB No. 2040-0004

Page 5

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DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09) HEADWORKS BYPASS

External Outfall

No Discharge

PARAMETER		QUANT	TTY OR LOADING		Q	QUALITY OR CONCENTRATION			NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF AMALISIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	01/DS	GR
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	*****	Reg Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	***********************		0	01/DS	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	****	Reg Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	<u></u>	<u>g</u> r <u></u>	0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		******	******	Reg Mon DAILY MX	mL/L		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	*****	Req Mon DAILY MX	mg/l		Once Per	GRAB
Flow, wastewater bypassing trmnt plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	119/1	0	Discharge 01/DS	ES
50049 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	Reg Mon MO TOTAL	Mgal/mo	*****	*****	*****			Önce Per Discharge	ESTIMA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I cartify under penalty of law that this document and all attachments were prepared under		101		
blick and be stime	t my direction or supervision in accordance with a system designed to assure that qualified	$n/1 \vee \backslash k$	U	TELEPHONE	DATE
	personnel property 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	MILAN XO	VIIA		
I REALMENT PLANT SUPERIN ENDENT	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	SIGNATURE OF F	RINCIPAL EXECUTIVE	716-851-4664	09/21/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.				
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	eference all attachments here)			AREA Code Number	MM/DD/YYYY

energy and the second

MONITORING PERIOD

то

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: BUFFALO SEWER AUTHORITY ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

NY0028410 PERMIT NUMBER

MM/DD/YYYY

08/01/2015

FROM

002-V DISCHARGE NUMBER

MM/DD/YYYY

08/31/2015

OMB No. 2040-0004

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09) OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge

Page 6

PARAMETER		QUAN.	TITY OR LOADING		Q	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALISIS	TYPE
Cyanide, total (as CN)	SAMPLE MEASUREMENT	*****	<16.0		*****	*****	*****		0	01/30	24
00720 V 0 See Comments	PERMIT REQUIREMENT	*****	90 Daily MX	lb/d	*****	*****	***			Monthly	COMP24
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	*****	<7.97		*****	*****	*****	· · ·	0	01/30	24
01027 V 0 See Comments	PERMIT REQUIREMENT	******	30 DAJLY MX	lb/d	*****	*****	*****			Monthly	COMP24
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	<7.97		*****	*****	*****		0	01/30	24
01034 V 0 See comments	PERMIT REQUIREMENT	*****	12.5 DAILY MX	lb/d	*****		*****			Monthly	COMP24
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	*****	<7.97		*****	*****	*****		0	01/30	24
01040 V 0 See Comments	PERMIT REQUIREMENT	*****	Reg Man DAILY MX	lb/d	*****	*****	******			Monthly	GOMP24
Copper. total (as Cu)	SAMPLE MEASUREMENT	*****	<7.97		*****	*****	*****		0	01/30	24
01042 V 0 See Comments	PERMIT REQUIREMENT	******	319 DAILY MX	lb/d	*****	*****	******	·		Monthly	COMP24
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	<16.0		*****	*****	*****		0	01/30	24
01051 V 0 See Comments	PERMIT REQUIREMENT	*****	66.2 Dail y MX	lb/d	******	*****				Monthly	COMP24
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	<7.97		*****	*****	*****		0	01/30	24
01067 V 0 See Comments	PERMIT REQUIREMENT	*****	43.8 Daily MX	lb/d	******	****	*****			Monthly	COMP 24

H	BRisboot 1 offer	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	~	ATI R	PA-	TELEPHO	ONE	DATE
L	TREATMENT PLANT SUPERINTENDENT	personnel property 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 an aware that there are significant penalties for		unall.		716.95	51-4664	09/21/2015
	TIPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	1		RAUTHORIZED AGENT	times a s	1	
C	COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Re	eference all attachments here)				AREA CODO	Number	MM/DD/YYYY

EPA Form 3320-1 (Rev 01/06) Previous editions may be used

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Form Approved

PERMITTEE NAME/ADDRESS: (Include Facility N	lomol eaction it Differently									Form Approve	d
	DISCH				ORING REPORT	(DMR)				OMB No. 204	0-0004
ADDRESS: 1038 CITY HALL BUFFALO, NY 142	BUFFALO, NY 142023310			NY0028410 002-V PERMIT NUMBER DISCHARGE NUMBER				DMR MAI		CODE: 14213	Page 7
LOCATION: 90 WEST FERRY						•	OUTFALL 002 ACTION LEVELS				
BUFFALO, NY 142	213		MM/DD/YYYY MM/DD/YYYY			External Outfall					
ATTN: Michael Letina, PLT SU	JPT	FROM	08/01/20	15	то 08	8/31/2015	No Discharg			ischarge	
PARAMETER		QUAN	TITY OR LOADING		G	QUALITY OR CONCE	NTRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			TYPE
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	*****	61.2		*****	*****	*****		0	01/30	24
01090 V 0 See Comments	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	***			Monthly	COMP24
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	64.5		*****	*****	*****		0	01/30	24
01092 V 0 See Comments	PERMIT REQUIREMENT	******	174 DAILY MX	lb/d	*****	*****	******			Monthly	COMP24
Bis(2ethylhexyl) phthalate	SAMPLE MEASUREMENT	*****	<2.39		*****	*****	*****		0	01/30	24
39100 V 0 See comments	PERMIT REQUIREMENT	*****	16:7 DAILY MX	lb/d	******	*****	*****			Monthly	COMF24

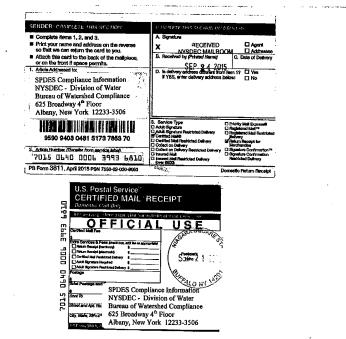
a second s

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under	a. ( 100	TELEPHONE	DATE				
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiling of the persons of persons who manage the system, or those persons directly responsible for	Mu hu Kelins						
TREATMENT PLANT SUPERINTENDENT	gethering 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 genetities for	SIGNATI RE OF PRINCIPAL EXECUTIVE	716-851-4664	09/21/2015				
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY				
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								

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EPA Form 3320-1 (Rev 01/06) Previous editions may be used

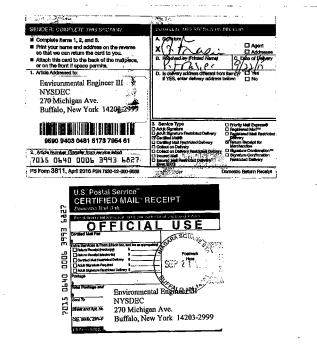
Date, time eral wotification made to DEC?       05 / 12 / 15 , 13 ; 85 (AM) (FM) DEC Official contacted: ROBERT SMYTHE[EMAL]         Immediate corrective actions:       Solids loss was stopped as operators adjusted final dariifer flows.         Immediate corrective actions:       Adde FAS well was being chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth and return SVI's to normal range. Chichaeled to eliminate filement growth.         SECTION 3       DBC returns to active the start and growth file start and tartes and tartes and tartes in Section 2. Allow         SECTION 4       DBC returns to active the start and growthe start and startes and tartes in sector 2. file.
EC? 08 / 12 / 15 , 13 : 56 (AM) (PM) DEC Official contacted: <u>ROBERT SM</u> i loss was stopped as operators adjusted final clarifier flows. as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> as: <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> <u>A-side RAS well was being chlorinated to eliminate filement growth and return SVI's to n</u> <u>A-side RAS well was being chlorinated to eliminate filement growth and to be a side state state sto n side</u>
EC? 08 / 12 / 15 , 13 ; 56 (AM) (PM) DEC Official contacted: <u>ROBERT SM</u> i loss was stopped as operators adjusted final clarifler flows. as: A-side RAS well was being citorinated to eliminate flament growth and return SVI's to n as: A-side RAS well was being citorinated to eliminate flament growth and return SVI's to n binacted: Was prior DEC authorization received for this event? (Yes) (No) binacted: Jack Science A. Detail the start and end dates and thmes in Section binacted target. area, in Section 2. Detail the start and end dates and thmes in Section
? 08 / 12 / 15 _ 13 : 56 (AM) (PM) DEC Official contacted: ROBERT SM s was stopped as operators adjusted final darifier flows. A-side RAS well was being chlorinated to eliminate flament growth and return SVI's to n
? 08 / 12 / 15 _ 13 : 56 (AM) (PM) DEC Official contacted: ROBERT SM s was stopped as operators adjusted final darifier flows. A-side RAS well was being chlorinated to eliminate flament growth and return SVI's to n
<u>, 13 : 56</u> (AM) (PM) DEC Official contacted: <u>ROBERT SM</u> is operators adjusted final darifier flows.
If so, when? 08/11/15 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No) / 11 / 15 , 02 ; 00 (AM) (PM)
SECTION 2 SPDES #: NY0028410 Facility: BUFFALO SEWER AUTHORITY Date of noncompliance: 08 / 11 / 15 Location (Outfall, Treatment Unit, or Pump Station): Bird Island Description of noncompliance(s) and cause(s): The Final effluent settleable solids averaged 0.5 mL/L. Askie seration gallety has experienced abundant filamenious growth.
" ViolationAnticipated Noncompliance
New York State Department of Environmental Conservation Division of Water  Report of Noncompliance Event Contact JEFFREY KONSELLA DEC Region: 9



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January 22, 2016

625 Broadway 4<sup>th</sup> Floor Bureau of Watershed Compliance Programs New York State Department of Environmental Conservation SPDES Compliance Information Section Albany, New York 12233-3506 Division of Water

## RE: December 1-31, 2015 **Discharge Monitoring Report**

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for December 2015

Also enclosed is the Yearly SWPPP Annual Certification Report for 2015

If you have any questions or require any further information, please contact me at (716) 851-4664 ext. 5201.

Very truly yours

BUFFALO SEWER AUTHORITY

**Treatment Plant Superintendent** Michael A. Letina

MAL:pp

Encs.

FILE:G/WPDOCS/ADM//DMR2015/December2015.DOC

O. McFoy, Process Department

Environmental Engineer III – Cert. Mail #9590 9403 0362 5163 7067 18 Article #7015 1660 0000 6773 6724

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Administrative Offices 65 NIAGARA SQUARE 1038 CITY HALL

WASTEWATER TREATMENT PLANT BUFFALO, NY 14202-3378 PHONE: (716) 851-4664 Fax: (716) 856-5810

**90 West Ferry Street** Foot of West Ferry

BUFFALO, NY 14213-1799 Phone: (716) 851-4664 Fax: (716) 883-3789



#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) Form Approved **DISCHARGE MONITORING REPORT (DMR)** OMB No. 2040-0004 NAME: BUFFALO SEWER AUTHORITY Page 1 ADDRESS: 1038 CITY HALL NY0028410 001-M DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER DISCHARGE NUMBER MAJOR FACILITY: BIRD ISLAND WWTP (SUBR09) LOCATION: 90 WEST FERRY STREET MONITORING PERIOD PRIMARY TREATMENT ONLY BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT FROM 12/01/2015 то 12/31/2015 No Discharge QUANTITY OR LOADING FREQUENCY QUALITY OR CONCENTRATION NO. PARAMETER OF ANALYSIS SAMPLE EX VALUE VALUE UNITS VALUE VALUE VALUE TYPE UNITS SAMPLE \*\*\*\*\* BOD, 5-Day, 20 deg, C \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT 152 0 01/DS CP PERMIT 00310 1 0 \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Reg Mon Once per REQUIREMENT Effluent Gross COMPOS DAILY MX Discharge mg/L SAMPLE \*\*\*\*\* \*\*\*\*\* Solids, total suspended \*\*\*\*\* MEASUREMENT \*\*\*\*\* 166 0 01/DS CP 0053010 PERMIT \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Reg. Mon ONCE/ REQUIREMENT Effluent Gross COMPOS DAILY MX DISCHG mg/L SAMPLE 1 \*\*\*\*\* \*\*\*\*\* Solids, settleable \*\*\*\*\*\* \*\*\*\*\* MEASUREMENT 2.0 0 01/DS GR 00545 1 0 PERMIT \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* Reg Mon \*\*\*\*\* ONCE/ REQUIREMENT Effluent Gross GRAB DAILY MX DISCHG mL/L SAMPLE \*\*\*\*\*\* \*\*\*\*\* Oil & grease \*\*\*\*\* \*\*\*\*\* MEASUREMENT 63.3 0 01/DS GR 0055610 PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Reg. Mon ONCE/ REQUIREMENT Effluent Gross GRAB DAILY MX mg/L DISCHG SAMPLE Nitrogen, ammonia total (as N) \*\*\*\*\* 2834 \*\*\*\*\* \*\*\*\*\* MEASUREMENT 9.09 0 01/DS CP 0061010 PERMIT REQ. Mon. \*\*\*\*\*\* \*\*\*\*\* Reg. Mon \*\*\*\*\* ONCE/ REQUIREMENT Effluent Gross DAILY MAX lb/d COMPOS DAILY MX DISCHG mg/L SAMPLE Nitrogen, Kjeldahl, total (as N) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT \*\*\*\*\* 14.9 0 01/DS CP 0062510 PERMIT \*\*\*\*\* \*\*\*\*\* Reg. Mon \*\*\*\*\* \*\*\*\*\* ONCE/ REQUIREMENT Effluent gross COMPOS DAILY MX mg/L DISCHG SAMPLE Phosphorus, total (as P) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT 2.7 0 01/DS CP 0066510 PERMIT \*\*\*\*\* \*\*\*\*\* Reg. Mon \*\*\*\*\*\* \*\*\*\*\* ONCE/ REQUIREMENT Effluent Gross COMPOS DAILY MX DISCHO mg/L

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under		$\overline{}$	9	TELEPHONE	
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of		$\cdot \setminus I$		TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT	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	fund			716-851-4664	01/22/2016
TIFED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.			AUTHORIZED AGENT		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (F	leference all attachments here)				AREA Code Number	MM/DD/YYYY

. . . . . . . . . . . . . . .

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) **DISCHARGE MONITORING REPORT (DMR)** OMB No. 2040-0004 NAME: **BUFFALO SEWER AUTHORITY** Page 1 ADDRESS: 1038 CITY HALL NY0028410 001-M DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER DISCHARGE NUMBER MAJOR FACILITY: **BIRD ISLAND WWTP** (SUBR09) MONITORING PERIOD LOCATION: 90 WEST FERRY STREET PRIMARY TREATMENT ONLY BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT FROM 12/01/2015 то 12/31/2015 No Discharge FREQUENCY QUANTITY OR LOADING NO. QUALITY OR CONCENTRATION PARAMETER SAMPLE OF ANALYSIS EX VALUE VALUE UNITS VALUE VALUE VALUE TYPE UNITS Flow, wastewater by-passing SAMPLE \*\*\*\*\* 327 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT \*\*\*\*\* 0 99/99 trtmnt plant RC PERMIT 50049 1 0 Reg Mon Mgal/mo \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* REQUIREMENT Effluent Gross Continuous MO TOTAL RECORDR \*\*\*\*\*\* SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Chlorine, total residual MEASUREMENT \*\*\*\*\* 1.1 0 01/DS GR 50060 1 0 PERMIT \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2 ONCE/ REQUIREMENT Effluent Gross GRAB DISCHO DAILY MX mg/L SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Coliform, fecal general 55142 MEASUREMENT 920000 0 01/DS GR 74055 1 0 PERMIT \*\*\*\*\*\* Req Mon \*\*\*\*\* Reg Mon ONCE/ \*\*\*\*\* REQUIREMENT Effluent Gross GRAB 30DA GEO

7DA GEO

#/100ml

DISCHG

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER Michael Letina	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		TELEPHONE	DATE
	personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the systam, or those persons directly responsible for gathering the information. The information submitted is to the best of my knowledge and			04/00/0040
TREATMENT PLANT SUPERINTENDENT	belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EVECUTIVE	716-851-4664	01/22/2016
TYPED OR PRINTED	violations.	C OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (F	Reference all attachments here)		preserved internet	

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) **DISCHARGE MONITORING REPORT (DMR)** OMB No. 2040-0004 NAME: BUFFALO SEWER AUTHORITY Page 2 ADDRESS: 1038 CITY HALL NY0028410 002-M DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER DISCHARGE NUMBER MAJOR FACILITY: BIRD ISLAND WWTF (SUBR09) MONITORING PERIOD LOCATION: 90 WEST FERRY STREET STP OUTFALL BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT FROM 12/01/2015 то 12/31/2015 No Discharge FREQUENCY QUANTITY OR LOADING NO. QUALITY OR CONCENTRATION SAMPLE PARAMETER OF ANALYSIS EΧ VALUE VALUE UNITS VALUE VALUE VALUE TYPE UNITS SAMPLE \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Temperature, water deg, fahrenheit MEASUREMENT 59 0 06/01 GR 00011 1 0 PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Reg Mon \*\*\*\*\*\* REQUIREMENT Six Per Day GRAB Effluent Gross DAILY MX deg F SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Temperature, water deg, fahrenheit MEASUREMENT 57 0 06/01 GR 00011 G 0 PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* Reg. Mon REQUIREMENT Six Per Day GRAB Raw Sewage influent DAILY MX deg F SAMPLE \*\*\*\*\* BOD, 5-day, 20 deg C MEASUREMENT 8620 10730 9.7 13 0 01/01 24 0031010 PERMIT 45036 67554 30 \*\*\*\*\* 45 REQUIREMENT Daily COMP 24 Effluent Gross MOAVG 7DA AVG lb/d MOLAVG 7DA AVG mg/L SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* BOD, 5-day, 20 deg C \*\*\*\*\* 126 0 MEASUREMENT 01/01 24 PERMIT 00310 G 0 Reg. Mon. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\*\* REQUIREMENT Daily COMP 24 Raw Sewage Influent MO AVG mg/L SAMPLE \*\*\*\*\* \*\*\*\*\* pН \*\*\*\*\* 7.1 MEASUREMENT 7.5 0 06/01 GR PERMIT 00400 1 0 6 \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 9 REQUIREMENT SU Effluent Gross Six Per Dav GRAB MINIMUM MAXIMUM SAMPLE рH \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 6.8 7.5 MEASUREMENT 0 06/01 GR 00400 G 0 PERMIT Red Mon \*\*\*\*\* \*\*\*\*\*\* Reg Mon \*\*\*\*\* REQUIREMENT Six Per Day GRAB Raw Sewage Influent MINIMUM MAXIMUM SU SAMPLE \*\*\*\*\* Solids, total suspended 9700 11040 MEASUREMENT 11 13 0 01/01 24 00530 1 0 PERMIT 45036 67564 30 45 \*\*\*\*\*\* REQUIREMENT lb/d mg/L Daily COMP 24 Effluent Gross MO AVG 7DA AVG MO AVG 7DA AVG

	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	nt V		f 1	TELEPHONE	DATE
	personnel property 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	unu	XX	elus		01/22/2016
TREATMENT PLANT SUPERINTENDENT	beller, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIG	SNATURE OF	PRINCIPAL EXECUTIVE	716-851-4664	01/22/2016
TYPED OR PRINTED	violations.		OFFICER OR	AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EVEL ANATION OF ANY MOLATIONS (D. (						

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT	(DMR)
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Form Approved

OMB No. 2040-0004

and the second second

NAME: BUFFALO SEWER AUTHORITY ADDRESS: 1038 CITY HALL NY0028410 BUFFALO, NY 142023310 PERMIT NUMBER FACILITY: BIRD ISLAND WWTF LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213 MI

FROM

ATTN: Michael Letina, PLT SUPT

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

002-M DISCHARGE NUMBER

. . . .

12/31/2015

MONITORING PERIOD					
MM/DD/YYYY		MM/DD/YYYY			
12/01/2015	Тто	12/31/2015			

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09) STP OUTFALL External Outfall

No Discharge

Page 3

PARAMETER		QUAN	TITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	110	*****		0	01/01	24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		*****	Reg Mon MC AVG	******	mg/L		DAILY	COMP 24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1		0	12/01	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	3 DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.2		0	06/01	GR
00545 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	*****		*****	*****	Reg. Mon DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	9.95		0	01/30	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		*****	*****	Reg. Mon DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	14.9		0	01/30	24
00625 G 0 Raw Sewage Influent	PERMIT	*****	******		******	*****	Req Mon DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	0.85	*****		0	01/01	24
00665 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****		*****	MO AVG	*****	mg/L		DAILY	COMP24
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.04		0	01/01	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	*****	Reg. Mon DAILY MX	mg/L		Monthly	COMP24

NAME / TITLE 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	大	> the		TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT	belief, true, accurate, and complete. I am aware that there are significant penalties for	À			716-851-4664	01/22/2016
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.		OFFICER OR AUTHORIZED	ACENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS /						

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME: **BUFFALO SEWER AUTHORITY** Page 4 ADDRESS: 1038 CITY HALL NY0028410 002-M DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER **DISCHARGE NUMBER** MAJOR FACILITY: BIRD ISLAND WWTF (SUBR09) MONITORING PERIOD LOCATION: 90 WEST FERRY STREET STP OUTFALL BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT FROM 12/01/2015 то 12/31/2015 No Discharge FREQUENCY NO. QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER OF ANALYSIS SAMPLE EX VALUE VALUE UNITS VALUE VALUE TYPE VALUE UNITS SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Nitrogen, ammonia, total (as NH3) 10.4 0 MEASUREMENT 01/30 24 PERMIT 34726 G 0 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Reg Mon \*\*\*\*\* REQUIREMENT Monthly COMP 24 Raw Sewage Influent DAILY MX mg/L SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Phenols <3.53 \*\*\*\*\* MEASUREMENT 0 01/30 24 46000 1 0 PERMIT 36.6 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* lb/d REQUIREMENT Monthly COMP 24 Effluent Gross MO AVG SAMPLE Flow, in conduit or thru treatment \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 117 \*\*\*\*\* MEASUREMENT 0 99/99 RC plant PERMIT 50050 G 0 180 \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* REQUIREMENT CONTINOUS RCORDR Raw Sewage Influent AGGROLAV Mgal/d SAMPLE \*\*\*\*\* \*\*\*\*\* Chlorine, total residual \*\*\*\*\* \*\*\*\*\* MEASUREMENT 1.0 0 24/01 GR 50060 1 0 PERMIT \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* 2 REQUIREMENT SIX PER DAY GRAB Effluent Gross DAILY MX ma/i SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Mercury, total (as Hg) 1.8 0 MEASUREMENT 01/30 GR PERMIT 71900 1 0 \*\*\*\*\* 50 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* REQUIREMENT ng/L Monthly GRAB Effluent Gross DAILY MX SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Coliform, fecal general 31 36 0 MEASUREMENT 01/01 GR PERMIT 74055 1 0 200 400 \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* REQUIREMENT Daily GRAB Effluent Gross SODA GEO 7 DA GEO #/100mL SAMPLE BOD, 5-day percent removal \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 92 \*\*\*\*\*\* MEASUREMENT 0 01/30 CA 81010 K D PERMIT 85 \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* REQUIREMENT % Percent removal Monthly CALCTO MO AV MN

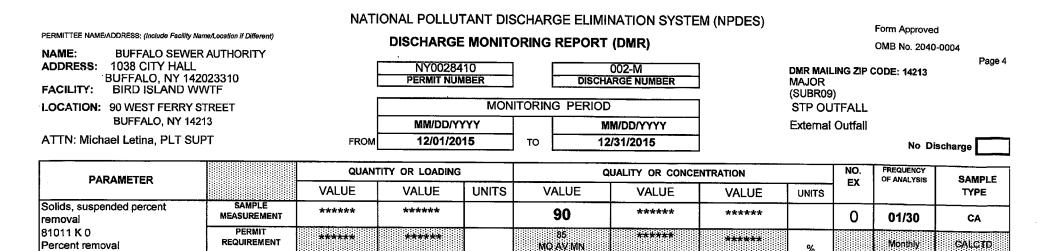
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under		TELEPHONE	DATE
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persona who manage the system, or these persons directly responsible for	that tell		DAIL
TREATMENT PLANT SUPERINTENDENT	belief, true, accurate, and complete. I am aware that there are significant penalties for	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	01/22/2016
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NAME / TITLE 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	0		4	TELEPHONE	DATE
Michael Letina	personnel property gather and evaluate the information submitted. Based on my inquiry of		itin Stota			
TREATMENT PLANT SUPERINTENDENT	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 peraities for	10	SIGNATURE OF PRINCIPAL		716-851-4664	01/22/2016
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	· ·	OFFICER OR AUTHORIZE	DAGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	eference all attachments here)					

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#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) **DISCHARGE MONITORING REPORT (DMR)** OMB No. 2040-0004 NAME: **BUFFALO SEWER AUTHORITY** Page 5 ADDRESS: 1038 CITY HALL NY0028410 01A-M DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER DISCHARGE NUMBER MAJOR FACILITY: BIRD ISLAND WWTF (SUBR09) MONITORING PERIOD LOCATION: 90 WEST FERRY STREET **HEADWORKS BYPASS BUFFALO, NY 14213** MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT 12/01/2015 FROM то 12/31/2015 No Discharge NO. FREQUENCY QUANTITY OR LOADING QUALITY OR CONCENTRATION OF ANALYSIS SAMPLE PARAMETER EX VALUE VALUE UNITS VALUE VALUE TYPE VALUE UNITS SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* BOD, 5-day, 20 deg. C 43 0 MEASUREMENT 01/DS GR 0031010 PERMIT \*\*\*\*\* Reg Mon \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Once Per REQUIREMENT GRAB Effluent Gross DAILY MX Discharge mg/L SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Solids, total suspended MEASUREMENT 142 0 01/DS GR PERMIT 00530 1 0 \*\*\*\*\* Reg Mori Once Per \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* REQUIREMENT GRAB Effluent Gross DAILY MX mg/L Discharge SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Solids, settleable 1.8 0 01/DS MEASUREMENT GR PERMIT 00545 1 0 Reg Mon \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Once Per REQUIREMENT GRAB Effluent Gross DAILY MX mL/L Discharge SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Oil & grease 8.2 0 MEASUREMENT 01/DS GR PERMIT 00556 1 0 Req Mon \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* Once Per \*\*\*\*\* REQUIREMENT GRAB Effluent Gross DAILY MX mg/l Discharge SAMPLE Flow, wastewater bypassing \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.2 0 MEASUREMENT 01/DS

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under			TELEPHONE	DATE
Michael Letina	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 supervision of the		) Jack		
TREATMENT PLANT SUPERINTENDENT	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, frue, accurate, and complete. I am aware that there are significant penalties for submitting faise information, including the possibility of fine and imprisonment for knowing	free	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	01/22/2016
TYPED OR PRINTED	violations.	L C	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	oforence all attachmente here)				

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Discharge

ENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT

REQUIREMENT

EPA Form 3320-1 (Rev 01/06) Previous editions may be used

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Raw Sewage Influent

#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) **DISCHARGE MONITORING REPORT (DMR)** OMB No. 2040-0004 NAME: **BIJFFALO SEWER AUTHORITY** Page 6 ADDRESS: 1038 CITY HALL NY0028410 002-V DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER **DISCHARGE NUMBER** MAJOR FACILITY: BIRD ISLAND WWIF (SUBR09) MONITORING PERIOD LOCATION: 90 WEST FERRY STREET **OUTFALL 002 ACTION LEVELS BUFFALO, NY 14213** MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT FROM 12/01/2015 то 12/31/2015 No Discharge QUANTITY OR LOADING NO. FREQUENCY QUALITY OR CONCENTRATION PARAMETER OF ANALYSIS SAMPLE EX VALUE VALUE UNITS VALUE VALUE VALUE UNITS TYPE SAMPLE \*\*\*\*\* Cyanide, total (as CN) \*\*\*\*\* \*\*\*\*\* <14.1 \*\*\*\*\* MEASUREMENT 0 01/30 24 00720 V 0 PERMIT 90 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* REQUIREMENT lb/d See Comments Monthly COMP24 DAILY MX SAMPLE \*\*\*\*\* Cadmium, total (as Cd) \*\*\*\*\* <7.06 \*\*\*\*\* \*\*\*\*\* MEASUREMENT 0 01/30 24 101027 V 0 PERMIT 30 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* lb/d REQUIREMENT See Comments DAILY MX Monthly COMP24 SAMPLE Chromium, total (as Cr) \*\*\*\*\* \*\*\*\*\* <7.06 \*\*\*\*\* \*\*\*\*\* MEASUREMENT 0 01/3024 101034 V 0 PERMIT 12.5 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* REQUIREMENT lb/d See comments Monthly DAILY MX COMP24 SAMPLE \*\*\*\*\* Copper, dissolved (as Cu) \*\*\*\*\*\* <7.06 \*\*\*\*\* \*\*\*\*\* MEASUREMENT 0 01/30 24 PERMIT 01040 V 0 Rea Man ----\*\*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\*\* lb/d REQUIREMENT See Comments DAILY MX Monthly COMP24 SAMPLE Copper. total (as Cu) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* <7.06 \*\*\*\*\* MEASUREMENT 0 01/30 24 01042 V 0 PERMIT 31.9 \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* REQUIREMENT lb/d See Comments Monthly COMP24 DAILY MX SAMPLE \*\*\*\*\* Lead, total (as Pb) \*\*\*\*\* \*\*\*\*\* <14.1 \*\*\*\*\*\* MEASUREMENT 0 01/30 24 01051 V 0 PERMIT 66.2 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* lb/d \*\*\*\*\*\* REQUIREMENT See Comments Monthly COMP24 DAILY MX SAMPLE \*\*\*\*\* Nickel, total (as Ni) <7.06 \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT 0 01/30 24 01067 V 0 PERMIT 43.8 \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* lb/d REQUIREMENT See Comments COMP 24 DAILY MX Monthiv

	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		TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT	personnel property 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 an aware that there are significant penalities for	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	01/22/2016
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	C OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY

OWNENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

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#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) **DISCHARGE MONITORING REPORT (DMR)** OMB No. 2040-0004 NAME: **BUFFALO SEWER AUTHORITY** Page 7 ADDRESS: 1038 CITY HALL NY0028410 002-V DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER **DISCHARGE NUMBER** MAJOR FACILITY: BIRD ISLAND WWTF (SUBR09) MONITORING PERIOD LOCATION: 90 WEST FERRY STREET OUTFALL 002 ACTION LEVELS BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT 12/01/2015 FROM то 12/31/2015 No Discharge QUANTITY OR LOADING NO. FREQUENCY QUALITY OR CONCENTRATION PARAMETER OF ANALYSIS SAMPLE EΧ VALUE VALUE UNITS VALUE VALUE TYPE VALUE UNITS SAMPLE \*\*\*\*\* Zinc, dissolved (as Zn) \*\*\*\*\* \*\*\*\*\* 50.2 \*\*\*\*\* MEASUREMENT 0 01/30 24 PERMIT 01090 V 0 Reg Mon \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* REQUIREMENT lb/d See Comments DAILY MX Monthly COMP24 SAMPLE \*\*\*\*\* Zinc, total (as Zn) \*\*\*\*\* 71.4 \*\*\*\*\* MEASUREMENT \*\*\*\*\* 0 01/30 24 PERMIT 01092 V 0 174 \*\*\*\*\* \*\*\*\*\* lb/d \*\*\*\*\*\* \*\*\*\*\* REQUIREMENT See Comments Monthly COMP24 DAILY MX SAMPLE

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0

01/30

Monthly

24

COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under		TELEPHONE	
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of		TEEFHONE	DATE
TREATMENT PLANT SUPERINTENDENT	the person or persons who manage the system, or those persons directly responsible for gethering 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 remarking for		716-851-4664	01/22/2016
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (F	afarance all attachments here)	GIT IGEN ON ADTIIONIZED AGENT	AREA Code Number	MM/DD/YYYY
	anerence an attachments here)			

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Bis(2ethylhexyl) phthalate

39100 V 0

See comments

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MEASUREMENT

PERMIT

REQUIREMENT

<2.12

16.7

DAILY MX

lb/d

SLD1

DISCHARGE NUMBER

12/31/2015

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#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME:	BUFFALO SEWER AUTHORITY
ADDRESS:	1038 CITY HALL
	BUFFALO, NY 142023310
FACILITY:	BIRD ISLAND WWTP
LOCATION:	90 WEST FERRY STREET BUFFALO, NY 14213
	DUN ALO, NI 14213

ATTN: Michael Letina, PLT SUPT

#### DISCHARGE MONITORING REPORT (DMR)

NY0028410 PERMIT NUMBER

MONITORING PERIOD

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FROM 01/01/2015

Form Approved

OMB No. 2040-0004

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09) BIOSOLIDS DISPOSAL

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Other

No Discharge

Page 1

PARAMETER		QUAN	TITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
ANN. AMT SLUDGE DISPOSED BY OTHER METHOD	SAMPLE MEASUREMENT	0	****		****	*****	*****		0	Annual	MEASRD
49017 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt. Mon. ANNL. TOT	*****	1/yr	*****	*****	******				
ANNUAL AMT OF SLUDGE INCINERATED	SAMPLE MEASUREMENT	10738	****		****	*****	*****		0	Annual	MEASRD
49018 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt. Mon. ANNL TOT	******	1/yr	*****	******	******				
ANNUAL SLUDGE PRODUCTION, TOTAL	SAMPLE MEASUREMENT	9358	****		· ****	*****	*****		0	Annual	MEASRD
49019 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt. Mon. ANNL TOT	******	1/yr	*******	*****	******				
ANNUAL AMOUNT OFSLUDGE LAND APPLIED	SAMPLE MEASUREMENT	0	****		****	*****	*****		0	Annual	MEASRD
49020 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt, Mort. ANNL TOT	******	1/yr	*****	*****	******				
ANNUAL AMT. SLUDGE DISPOSED SURFACE UNIT	SAMPLE MEASUREMENT	0	****		****	*****	****		0	Annual	MEASRD
49021 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt Mon. ANNL TOT	*****	1/yr	******	*****	*****				
ANNUAL AMT. SLUDGE DISPOSED IN LANDFILL	SAMPLE MEASUREMENT	0	****		****	*****	*****		0	Annual	MEASRD
49022 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt. Mon. ANINL. TOT	******	1/yr		******	******				

			15				
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under	101		1111 A	TELEPHO	NE I	DATE
Michael Letina	<ul> <li>my direction or supervision in accordance with a system designed to assure that qualified personnel property rather and evaluate the information submitted. Besed on my leaving of</li> </ul>	NA I					
	The starty shoep penaky of the mart mit downment and all attachments were prepared under my direction or supervision in accordence with a system designed to assure that qualified personnel property 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			X A OLIN	1		04/00/0040
TREATMENT PLANT SUPERINTENDENT	gathering the information. The information submitted is to the best of my knowledge and bellef, true, accurate, and complete I am aware that there are significant penalties for submitting failse information, including the possibility of fine and imprisonment for knowledge.	7	SIGNAT	URE OF PRINCIPAL EXECUTIVE	716-85	1-4664	01/22/2016
TYPED OR PRINTED	violations, including the possibility of the and imprisonment for knowing	10	OFFIC	ER OR AUTHORIZED AGENT			MMDDAAA
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachn		4			AREA Code	Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	ients nere)						



November 23, 2015

625 Broadway 4<sup>th</sup> Floor Albany, New York 12233-3506 Bureau of Watershed Compliance Programs Division of Water New York State Department of Environmental Conservation SPDES Compliance Information Section

# **Discharge Monitoring Report** October 1-31, 2015

RE:

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for October 2015.

If you have any questions or require any further information, please contact me at (716) 851-4664 ext. 5201.

Very truly yours,

**BUFFALO SEWER AUTHORITY** 

**Treatment Plant Superintendent** Michael A. Letina

MAL:pp

Encs.

FILE:G/WPDOCS/ADM//DMR2015/October2015.DOC

O. McFoy, Process Department

8

Environmental Engineer III - Cert. Mail #9590 9403 0481 5173 7952 70

**ADMINISTRATIVE OFFICES** 65 Niagara Square Buffalo, NY 14202-3378 Phone: (716) 851-4664 Fax: (716) 856-5810 1038 CITY HALL

WASTEWATER TREATMENT PLANT 90 WEST FERRY STREET BUFFALO, NY 14213-1799 PHONE: (716) 851-4664 FAX: (716) 883-3789 FOOT OF WEST FERRY



#### **DISCHARGE MONITORING REPORT (DMR)**

	NY0028410 PERMIT NUMBER	$\exists$	001-M DISCHARGE NUMBER
	MC	NITORING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2015	то	10/31/2015

Form Approved

OMB No. 2040-0004

Page 1

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge

PARAMETER		QUAN.	TITY OR LOADING		Q	UALITY OR CONCE	NTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
· · · · · · · · · · · · · · · · · · ·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALISIS	TYPE
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	169		0	01/DS	СР
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	******	Reg Mon DAILY MX	mg/L	-	Ohçe per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	170	ing/c	0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.5		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		*****	*****	Reg Mon DAILY MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	39.9		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	*****	Reg Mon DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	4941		*****	*****	8.55	- mg/L	0	01/DS	CP
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	REQ. Mon. DAILY MAX	lb/d	******	*****	Reg Mon DAILY MX	mg/L		once/ Dischg	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	15.2	ing/L	0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****		*****	<b>.</b>	Reg. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.2		0	01/DS	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	******	Req. Mon DAILY MX	mg/L	-	ONCE/ DISCHG	COMPOS

TREATMENT PLANT SUPERINTENDENT         person or persons who manage the system of the best on my inquiry of the best	Minhard L Alar	I cartify 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		TELEPHONE	DATE
TYPED OR PRINTED volations.	TREATMENT PLANT SUPERINTENDENT	gathering the information. The information submitted is to the best of my knowledge and belief, true, socurate, and complete, I am aware that there are along inform the provide the start for	SIGNATURE OF DEMOLDAL EVERALEN	740.054.4004	11/23/2015
	TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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.

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

ADDRESS: 1038 CITY HALL

FACILITY: BIRD ISLAND WWTP

ATTN: Michael Letina, PLT SUPT

LOCATION: 90 WEST FERRY STREET

BUFFALO SEWER AUTHORITY

BUFFALO, NY 142023310

BUFFALO, NY 14213

NAME:

MONITORING PERIOD

#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: **BUFFALO SEWER AUTHORITY** ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTP LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

#### **DISCHARGE MONITORING REPORT (DMR)**

 NY0028410
 PERMIT NUMBER

MM/DD/YYYY

#### 001-M **DISCHARGE NUMBER**

MM/DD/YYYY

MAJOR

Form Approved

OMB No. 2040-0004

DMR MAILING ZIP CODE: 14213 (SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

ATTN: Michael Letina, PLT SUP	Г	FROM	10/01/20	15	то 10	)/31/2015	]			No Di	scharge
PARAMETER		QUAN	TITY OR LOADING		G	UALITY OR CONCE				SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	G. ARALISIS	TYPE
Flow, wastewater by-passing trimnt plant	SAMPLE MEASUREMENT	*****	386		*****	*****	*****	*****	0	99/99	RC
50049 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	*****	******	******	******		Continuous	RECORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.9		0	01/DS	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		****	*****	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		*****	32767	2800000		0	01/DS	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		******	Reg Mon 30DA GEO	Reg Mon 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under	11		TELEPHONE	DATE
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of	$(1/1/1)$ $X \setminus 1/2$			DATE
TREATMENT PLANT SUPERINTENDENT	gathering the information. The information submitted is to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for	SIGNATURE OF	PRINCIPAL EXECUTIVE	716-851-4664	11/23/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR	AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (P				ALTER CODE INVINDER	

NATION OF ANY VIOLATIONS (Reference all attachments here)

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Page 1

PERMITTEE NAME/ADDRESS: (Include Facility Name/L	ocation if Different)									Form Approve	d
NAME: BUFFALO SEWER AU			DISCHARGE		ORING REPORT	(DMR)				OMB No. 2040	-0004
ADRESS: 1038 CITY HALL BUFFALO, NY 1420233 FACILITY: BIRD ISLAND WWTF	310		NY00284			002-M Arge Number		DMR MAIL MAJOR (SUBR09		Page 2	
LOCATION: 90 WEST FERRY STRE	EET			MON	ITORING PERIOD		1	STP OL	,		
BUFFALO, NY 14213			MM/DD/YY	(YY	M	M/DD/YYYY		External			
ATTN: Michael Letina, PLT SUPT		FROM	10/01/201	15	то 10	/31/2015	No Discha			scharge	
PARAMETER		QUAN	TITY OR LOADING	LOADING QUALITY OR CONC		QUALITY OR CONCE		NTRATION NO. FREQUENCY EX OF ANALYSIS SAM			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****	*****	70		0	06/01	GR
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	******	Req Mon DAILY MX	deg F		Six Per Day	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****	*****	68	uogi	0	06/01	GR
00011 G 0 Raw Sewage influent	PERMIT REQUIREMENT	*****	*****			******	Reg Mon DAILY MX	deg F		Six Per Day	GRAB
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	6360	7480		*****	8.1	9.6	uogi	0	01/01	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	****	30 MQ AVG	45 7DA AVG	mg/L		Daily	COMP 24
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	*****	*****		*****	118	*****	iiig/L	0	01/01	24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		*****	Reg. Mon. MO AVG	*****	mg/L		Daily	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.6		0	06/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 Minemum	*****	0 Maximum	SU		Six Per Day	GRAB
рН	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.5		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT	*****	*****		Reg Mon MINIMUM	******	Reg Mon MAXIMUM	su		Six Per Day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7100	9560		*****	9.0	10.0		0	01/01	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	*****	20 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	F			
Michael Letina	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		TELEPHONE	DATE
Michael Leuna	personnel property 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	Minhie Leting		
TREATMENT PLANT SUPERINTENDENT	gathering the information. The information submitted is to the best of my knowledge and bellef, frue, accurate, and complete. I am aware that there are significant penalties for	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	11/23/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT		B434 (DD00000)
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Ref	erence all attachments here)		AREA Code Number	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) Form Approved **DISCHARGE MONITORING REPORT (DMR)** OMB No. 2040-0004 NAME: BUFFALO SEWER AUTHORITY ADDRESS: 1038 CITY HALL Page 3 NY0028410 002-M DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER **DISCHARGE NUMBER** MAJOR FACILITY: BIRD ISLAND WWTF (SUBR09) LOCATION: 90 WEST FERRY STREET MONITORING PERIOD STP OUTFALL BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT FROM 10/01/2015 то 10/31/2015 No Discharge QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY PARAMETER OF ANALYSIS SAMPLE EΧ VALUE VALUE UNITS VALUE VALUE VALUE TYPE UNITS SAMPLE Solids, total suspended \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT 105 \*\*\*\*\* 0 01/01 24 00530 G 0 PERMIT \*\*\*\*\* \*\*\*\*\* Reg Mon \*\*\*\*\* REQUIREMENT \*\*\*\*\*\* Raw Sewage Influent DAILY COMP 24 MOAVG mg/L SAMPLE Solids, settleable \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT \*\*\*\*\*\* < 0.1 0 12/01 GR 00545 1 0 PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\* 3 \*\*\*\*\* REQUIREMENT Effluent Gross SIX PER DAY GRAB DAILY MX mL/L SAMPLE Solids, settleable \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT 4.6 0 06/01 GR 00545 G 0 PERMIT \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Reg Mon \*\*\*\*\* REQUIREMENT Raw Sewage Influent SIX PER DAY GRAB DAILY MX mL/L SAMPLE Nitrogen, Kjeldahl, total (as N) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* MEASUREMENT 6.1 0 01/30 24 00625 1 0 PERMIT \*\*\*\*\* \*\*\*\* \*\*\*\*\*\* Reg. Mon REQUIREMENT \*\*\*\*\* Effluent Gross Monthly COMP24 DAILY MX mg/L SAMPLE Nitrogen, Kieldahl, total (as N) \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT 16.2 0 01/30 24 00625 G 0 PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Reg Mon REQUIREMENT Raw Sewage Influent mg/L Monthly COMP24 DAILY MX SAMPLE Phosphorus, total (as P) \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* MEASUREMENT \*\*\*\*\* 0.75 0 01/01 24 0066510 PERMIT \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* REQUIREMENT Effluent gross \*\*\*\*\* DAILY COMP24 MO AVG mg/L SAMPLE Nitrogen, ammonia, total (as NH3) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT \*\*\*\*\* 2.4 0 01/01 24 34726 1 0 PERMIT

Silebool Lotter	I carlify under penalty of law that this document and all attachments were prepared under my direction or a upervision in accordance with a system designed to assure that qualified personnel more drug and under the law any statements were prepared under the second second accordance with a system designed to assure that qualified	NISA	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT	personnel property gather and evaluate the information submitted. Based on my inquiring 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 they knowledge and belief, true, accurate, and complete. I am avara that there are significant penalties for authmitting false information, including the possibility of these and my knowledge and authmitted is information. The information submitted is a strain that there are significant penalties for authmitting false information, including the possibility of these and my knowledge.	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	11/23/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY

\*\*\*\*\*

Reg Mon

DAILY MX

mg/L

Monthly

A REAL PROPERTY AND A REAL PROPERTY AND A

COMP24

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Effluent Gross

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REQUIREMENT

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10/31/2015

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#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: **BUFFALO SEWER AUTHORITY** ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

FROM

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER
UVIU	g period
MM/DD/YYYY	G PERIOD MM/DD/YYYY

Form Approved

OMB No. 2040-0004

Page 4

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09) STP OUTFALL

External Outfall

No	Discharge	
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PARAMETER		QUAN'	TITY OR LOADING		Q	UALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			TYPE
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	12.6		0	01/30	24
34726 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		*****	******	Rec Mon DAILY MX	mg/L		Monthly	COMP 24
Phenols	SAMPLE MEASUREMENT	3.69	*****		*****	****	*****		0	01/30	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	96.6 Mo Avg	******	lb/d	*****	******	******			Monthly	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	121	*****		*****	*****	*****		0	99/99	RC
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	180 AGGROLAV	*****	Mgal/d	*****	*****	*****			CONTINOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.2		0	24/01	GR
50060 1 0 Effluent Gross	PERMIT	******	*****		*****	****	2 DAILY MX	mg/l		SIX PER DAY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3		0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	******	50 DARLY MX	ng/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	1	*****	36	50		0	01/01	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	200 30DA GEO	400 7 DA GEO	#/100mL		Daily	GRAB
BOD, 5-day percent removal	SAMPLE MEASUREMENT	*****	*****		93	*****	*****		0	01/30	CA
81010 K 0 Percent removal	PERMIT REQUIREMENT	******	******		85 MO AV MN	******	*****	%		Monthly	CALCTD

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under	150 100	TELEPHONE	D. A.Y.T.
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of		TELEFHONE	DATE
TREATMENT PLANT SUPERINTENDENT	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 avane that there are significant penalties for	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	11/23/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OF AUTHORIZED ACTIVE		MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) **DISCHARGE MONITORING REPORT (DMR)** OMB No. 2040-0004 NAME: **BUFFALO SEWER AUTHORITY** Page 4 ADDRESS: 1038 CITY HALL NY0028410 002-M DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER DISCHARGE NUMBER MAJOR BIRD ISLAND WWTF FACILITY: (SUBR09) MONITORING PERIOD LOCATION: 90 WEST FERRY STREET STP OUTFALL BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT FROM 10/01/2015 то 10/31/2015 No Discharge QUANTITY OR LOADING FREQUENCY QUALITY OR CONCENTRATION NO. PARAMETER OF ANALYSIS SAMPLE ΕX VALUE VALUE VALUE UNITS VALUE TYPE VALUE UNITS Solids, suspended percent SAMPLE \*\*\*\*\* \*\*\*\*\* 91 \*\*\*\*\* \*\*\*\*\* MEASUREMENT 0 removal 01/30 CA

85

MO AV MN

\*\*\*\*\*

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%

Monthly

CALCID

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NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of iaw that this document and all attachments were prepared under	A ACAA	TELEPHONE	DATE
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of			DATE
TREATMENT PLANT SUPERINTENDENT	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 bellef, true, accurate, and complete, I an aware that there are significant penalties for		716-851-4664	11/23/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (F	Reference all attachments here)		AREA Code Number	MM/DD/YYYY

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PERMIT

REQUIREMENT

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81011 K 0

Percent removal

## PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved DISCHARGE MONITORING REPORT (DMR)

NAME: BUFFALO SEWE	RAUTHORITY		DISCHARGE		URING REPORT	(DMR)				OMB No. 2040	-0004	
ADDRESS: 1038 CITY HALL BUFFALO, NY 14 FACILITY: BIRD ISLAND W	2023310		NY00284		DISCH	01A-M ARGE NUMBER	]	DMR MAII MAJOR (SUBR09		CODE: 14213	Page 5	
	LOCATION: 90 WEST FERRY STREET			MONITORING PERIOD			1	HEADW	,	YPASS		
BUFFALO, NY 14213 ATTN: Michael Letina, PLT SUPT FRO			MM/DD/YY	YY	N	M/DD/YYYY	1	External	Outfall			
		FROM	10/01/20	10/01/2015		то 10/31/2015		No Discharge				
PARAMETER		QUAN	TITY OR LOADING		G	UALITY OR CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			TYPE	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	173		0	01/DS	GR	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg Mon DAILY MX	mg/L		Once Per Discharge	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	272	ing/L	0	01/DS	GR	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	*****	Reg Mon DAILY MX	mg/L		Once Per	GRAB	
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	8	<u> </u>	0	Discharge 01/DS	GR	
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	*****	Reg Mon DAILY MX	mL/L		Once Per Discharge	GRAB	
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	25		0	01/DS	GR	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	*****	Reg Mon DAILY MX			Once Per	GRAB	
Flow, wastewater bypassing trmnt plant	SAMPLE MEASUREMENT	*****	0.2		*****	*****	*****	mg/l	0	Discharge 01/DS	ES	
50049 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	Reg Mon MO TOTAL	Mgal/mo	*****	*****	*****			Orice Per Discharge	ESTIMA	

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER				
Michael Letina	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		TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT	belief, true, accurate, and complete. I am aware that there are significant penalties for	SIGNATURE OF DRINCIDAL EXECUTIVE	716-851-4664	11/23/2015
ITPED OR PRINTED	submitting faise information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	leference all attachments here)		AKCA CODE Number	MM/DD/YYYY

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#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: BUFFALO SEWER AUTHORITY ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### DISCHARGE MONITORING REPORT (DMR)

	NY0028410
_	
	PERMIT NUMBER

002-V

2 ~ Form Approved

OMB No. 2040-0004

#### DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09)

**OUTFALL 002 ACTION LEVELS** 

External Outfall

.

No Discharge

Page 6

PARAMETER		QUAN	TITY OR LOADING		Q	UALITY OR CONCE	NTRATION	· · · · ·	NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Cyanide, total (as CN)	SAMPLE MEASUREMENT	*****	<13.1		*****	*****	*****		0	01/30	24
00720 V 0 See Comments	PERMIT REQUIREMENT	******	90 Daily Max	lb/d	*****	*****	*****			Monthly	COMP24
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	*****	<6.56		*****	*****	*****		0	01/30	24
01027 V 0 See Comments	PERMIT	*****	30 DAILY MX	lb/d	*****	*****	******			Monthly	GOMP24
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	<6.56		*****	*****	*****		0	01/30	24
01034 V 0 See comments	PERMIT REQUIREMENT	*****	12.5 DAILY MX	lb/d	*****	*****	******			Monthly	COMP24
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	*****	<6.56		*****	*****	*****		0	01/30	24
01040 V 0 See Comments		*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	GOMP24
Copper. total (as Cu)	SAMPLE MEASUREMENT	*****	<6.56		*****	*****	*****		0	01/30	24
01042 V 0 See Comments	PERMIT REQUIREMENT	*****	319 DAILY MX	lb/d	*****	******	*****			Monthly	COMP24
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	<13.1		*****	*****	*****		0	01/30	24
01051 V 0 See Comments	PERMIT REQUIREMENT	*****	66.2 DAILY MX	lb/d	******	*****	*****			Monthly	COMP24
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	<6.56		*****	*****	*****		0	01/30	24
01067 V 0 See Comments	PERMIT REQUIREMENT	*****	43.8 DAILY MX	lb/d	*****	******	*****			Monthly	COMP 24

	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	1. A	11 6	<u> </u>	TELEPHONE	DATE
Michael Letina	personnel property 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	Mut	ピット	Incost		DATE
TREATMENT PLANT SUPERINTENDENT	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 slowlingant penalties for	SIGNA	TURE OF PRIN		716-851-4664	11/23/2015
	submitting false Information, including the possibility of fine and imprisonment for knowing violations.			HORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	Reference all attachments here)				Practice Code Inditibal	

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FROM

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2015 то 10/31/2015

Ň	ATIONAL POLLUTANT DISCHAF	RGE ELIMINATION SYSTEM (NPDES	<b>3)</b>	
PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) DISCHARGE MONITORING REPORT (DMR)		Form Approved		
NAME: BUFFALO SEWER AUTHORITY	DISCHARGE MONITORING	REPORT (DMR)	OMB No. 2040-0004	
ADDRESS: 1038 CITY HALL	NY0028410	002-V	DMR MAILING ZIP CODE: 14213	Page 7
BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF	PERMIT NUMBER	DISCHARGE NUMBER	MAJOR (SUBR09)	
LOCATION: 90 WEST FERRY STREET	MONITORI	NG PERIOD	OUTFALL 002 ACTION LEVELS	
BUFFALO, NY 14213	MM/DD/YYYY	MM/DD/YYYY	External Outfail	

10/31/2015

QUANTITY OR LOADING FREQUENCY OF ANALYSIS QUALITY OR CONCENTRATION NO. PARAMETER SAMPLE EΧ VALUE VALUE UNITS VALUE VALUE TYPE VALUE UNITS SAMPLE \*\*\*\*\* Zinc, dissolved (as Zn) 51.2 \*\*\*\*\* \*\*\*\*\* MEASUREMENT \*\*\*\*\* 0 01/30 24 01090 V 0 PERMIT Reg Mon \*\*\*\*\*\* \*\*\*\*\* lb/d \*\*\*\*\* \*\*\*\*\* REQUIREMENT See Comments DAILY MX Monthly COMP24 SAMPLE Zinc, total (as Zn) \*\*\*\*\* 36.5 \*\*\*\*\* \*\*\*\*\* MEASUREMENT \*\*\*\*\*\* 0 01/30 24 01092 V 0 PERMIT 174 \*\*\*\*\* \*\*\*\* \*\*\*\*\*\* REQUIREMENT ib/d \*\*\*\*\* See Comments DAILY MX Monthly COMP24 SAMPLE \*\*\*\*\* Bis(2ethylhexyl) phthalate <1.97 \*\*\*\*\* MEASUREMENT \*\*\*\*\* \*\*\*\*\* 0 01/30 24 39100 V 0 PERMIT 16.7 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* lb/d REQUIREMENT See comments DAILY MX Monthly COMP24

то

10/01/2015

FROM

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under			
Misheel Lating	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inguiry of	1 ° M/1 - 11 - 12 - 13	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT	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, frue, accurate, and complete, I and wave that there are significant penalties for	SIGNATURE OF OPINICIPAL		11/23/2015
ITFED OR FRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZE	DAGENT	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	eference all attachments here)		DAGENI AREA Code Number	MM/DD/YYYY

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ATTN: Michael Letina, PLT SUPT

No Discharge



December 18, 2015

SPDES Compliance Information Section New York State Department of Environmental Conservation Division of Water Bureau of Watershed Compliance Programs 625 Broadway 4<sup>th</sup> Floor Albany, New York 12233-3506

# RE: Discharge Monitoring Report November 1-30, 2015

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for November 2015

4664 ext. 5201. If you have any questions or require any further information, please contact me at (716) 851-

Very truly yours,

BUFFALO SEWER AUTHORITY

Michael A. Letina Treatment Plant Superintendent

MAL:pp Encs.

8 Environmental Engineer III - Cert, Mail #9590 9403 0481 5173 7955 91 Article #7015 0640 0006 3993 7039

O. McFoy, Process Department

FILE:G/WPDOCS/ADM//DMR2015/November2015.DOC

ADMINISTRATIVE OFFICES

1038 City Hall 65 Niagara Square Buffalo, NY 14202-3378 Phone: (716) 851-4664 Fax: (716) 856-5810

WASTEWATER TREATMENT PLANT FOOT OF WEST FERRY 90 WEST FERRY STREET BUFFALO, NY 14213-1799

90 West Ferry Street Buffalo, NY 14213-1799 Phone: (716) 851-4664 Fax: (716) 883-3789



PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

 NAME:
 BUFFALO SEWER AUTHORITY

 ADDRESS:
 1038 CITY HALL

 BUFFALO, NY 142023310

 FACILITY:
 BIRD ISLAND WWTP

 LOCATION:
 90 WEST FERRY STREET

 BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

NY0028410 PERMIT NUMBER

001-M DISCHARGE NUMBER

11/30/2015

MONITORING PERIOD

ММ/DD/YYYY FROM 11/01/2015 ТО Form Approved

OMB No. 2040-0004

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge

Page 1

PARAMETER		QUANT	TITY OR LOADING		Q	UALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	85		0	01/DS	СР
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	******	Req Mon DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	104		0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.5		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg Mon DAILY MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	17.7	· · · ·	0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Reg Mon DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	2534		*****	*****	6.64		0	01/DS	СР
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	REQ. Mon. DAILY MAX	lb/d	*****	******	Req Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	****	8.48		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****	•	*****		Reg Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.4		0	01/DS	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	*****	Reg Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS

NAME / TITLE 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	A later	TELEPHONE	DATE
Michael Letina	personal property 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			
TREATMENT PLANT SUPERINTENDENT	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	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	12/18/2015
	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	teference all attachments here)		Participation in the second se	

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#### **DISCHARGE MONITORING REPORT (DMR)**

	NY0028410		001-M	
L	PERMIT NUMBER	_] [	DISCHARGE NUMBER	
<b></b>	MC	NITORING	B PERIOD	
	MM/DD/YYYY		MM/DD/YYYY	
ом	11/01/2015	ᅥᇟᅡ	11/30/2015	

Form Approved

OMB No. 2040-0004

Page 1

MR MAILING ZIP CODE: 14213 MAJOR SUBR09) PRIMARY TREATMENT ONLY External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			Q	UALITY OR CONCE	NTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Flow, wastewater by-passing trtmnt plant	SAMPLE MEASUREMENT	*****	83		*****	*****	*****	*****	0	99/99	RC
50049 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	*****		Continuous	RECORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.0		0	01/DS	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		****	*****	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		*****	38081	154952		0	01/DS	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	Reg Mon 30DA GEO	Reg Mon	#/100mL	_	ONCE/ DISCHG	GRAB

 NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
 Lostity under penalty of law that this document and all attachments wore prepared under my direction or supervision in accordance with a system designed to assure that qualified to the penalty of run prepared under my direction or supervision in accordance with a system designed to assure that qualified to the penalty of run prepared under my direction or supervision in accordance with a system designed to assure that qualified to the penalty of run prepared under prepared under prepared under prepared under my direction or supervision in accordance with a system designed to assure that qualified to the period or pareners who manage the system, or these pensions for my inquiry of the penalties of my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted is to the best of my incovered ge and belief, true, sucrate, and countrate, and countrate, not countrate, and countrate that there are significant penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penalties for submitted. Based on my inquiry of the penaltites for submitted. Base

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PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

 NAME:
 BUFFALO SEWER AUTHORITY

 ADDRESS:
 1038 CITY HALL

 BUFFALO, NY 142023310
 BIRD ISLAND WWTP

 LOCATION:
 90 WEST FERRY STREET

 BUFFALO, NY 14213
 BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

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#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME: **BUFFALO SEWER AUTHORITY** Page 2 ADDRESS: 1038 CITY HALL NY0028410 002-M DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER DISCHARGE NUMBER MAJOR FACILITY: BIRD ISLAND WWTF (SUBR09) MONITORING PERIOD LOCATION: 90 WEST FERRY STREET STP OUTFALL BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT FROM 11/01/2015 то 11/30/2015 No Discharge FREQUENCY QUANTITY OR LOADING NO. QUALITY OR CONCENTRATION SAMPLE OF ANALYSIS PARAMETER EX VALUE VALUE UNITS VALUE VALUE TYPE VALUE UNITS SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Temperature, water deg. fahrenheit MEASUREMENT 64 0 06/01 GR PERMIT 00011 1 0 \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* Red Mon \*\*\*\*\* REQUIREMENT Six Per Dav GRAB Effluent Gross DAILY MX deg F SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Temperature, water deg. fahrenheit \*\*\*\*\* MEASUREMENT 63 0 06/01 GR PERMIT 00011 G 0 \*\*\*\*\* \*\*\*\* \*\*\*\*\*\* Reg Mon \*\*\*\*\* REQUIREMENT Six Per Dav GRAB Raw Sewage influent DAILY MX deg F SAMPLE BOD, 5-day, 20 deg C 6230 \*\*\*\*\* 4170 MEASUREMENT 5.1 0 6.8 01/01 24 0031010 PERMIT 45036 67554 30 45 \*\*\*\*\* REQUIREMENT Daily COMP 24 Effluent Gross MOAVG 7DA AVG lb/d MOAVG 7DA AVG mg/L SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* BOD, 5-day, 20 deg C 132 \*\*\*\*\*\* MEASUREMENT 0 01/01 24 00310 G 0 PERMIT Reg Mon \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* REQUIREMENT Daily COMP 24 Raw Sewage Influent MOAVG mg/L SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* рH 7.1 MEASUREMENT 7.6 0 06/01 GR 0040010 PERMIT \*\*\*\*\*\* \*\*\*\*\* 0 \*\*\*\*\* REQUIREMENT SU Six Per Day GRAB Effluent Gross MINIMUM MAXIMUM SAMPLE \*\*\*\*\* \*\*\*\*\* рΗ \*\*\*\*\* 6.6 7.3 n MEASUREMENT 06/01 GR 00400 G 0 PERMIT Rea Mon \*\*\*\*\*\* \*\*\*\*\* Reg Mon \*\*\*\*\* REQUIREMENT GRAB Six Per Day Raw Sewage Influent MINIMUM SU MAXIMUM SAMPLE \*\*\*\*\* Solids, total suspended 6400 8520 7.9 9.5 0 MEASUREMENT 01/01 24 00530 1 0 PERMIT 45036 67654 30 45 \*\*\*\*\* REQUIREMENT Effluent Gross lb/d mg/L Daily COMP 24 MOAVG 7DA AVG

the person or persons who manage the system, or those persons directly responsible for which is the formation of the back of which have a formation of which have a formation of the back of which have a formation of which have a formation of the back of which have a formation of which have		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	MAL	Pt	TELEPHONE	DATE
	Michael Letina	the person or persons who manage the system, or those persons directly responsible for	Mytur	elina		10/10/0015
TREATMENT PLANT SUPERINTENDENT belief, true accurate, and complete. I an aware that there are significant penalties for submitting failse information, including the possibility of fine and imprisonment for knowing	TREATMENT PLANT SUPERINTENDENT	belief, true, accurate, and complete. I am aware that there are significant penalties for	SIGNATURE	OF PRINCIPAL EXECUTIVE	716-851-4664	12/10/2015
TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT AREA Code Number MM/DD/YYYY	TYPED OR PRINTED	violations.		OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY

MOAVG

7DA AVG

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) **DISCHARGE MONITORING REPORT (DMR)** OMB No. 2040-0004 NAME: BUFFALO SEWER AUTHORITY Page 3 ADDRESS: 1038 CITY HALL NY0028410 002-M DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER DISCHARGE NUMBER MAJOR FACILITY: BIRD ISLAND WWTF (SUBR09) MONITORING PERIOD LOCATION: 90 WEST FERRY STREET STP OUTFALL BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT FROM 11/01/2015 то 11/30/2015 No Discharge FREQUENCY QUANTITY OR LOADING NO. QUALITY OR CONCENTRATION PARAMETER OF ANALYSIS SAMPLE EX VALUE VALUE UNITS VALUE VALUE VALUE TYPE UNITS SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Solids, total suspended \*\*\*\*\*\* MEASUREMENT 104 0 01/01 24 00530 G 0 PERMIT \*\*\*\*\* ren para no s \*\*\*\*\*\* Reg Mon \*\*\*\*\* REQUIREMENT DAILY **Raw Sewage Influent** COMP 24 MO AVG mg/L SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Solids, settleable MEASUREMENT < 0.1 0 12/01 GR PERMIT 00545 1 0

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DAILY MX

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Reg Mon

DAILY MX

4.13

Reg. Mon

DAILY MX

17.2

Reg Mon

DAILY MX

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Reg. Morr

DAILY MX

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mg/L

mg/L

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mg/L

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REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under	aut i i la	TELEPHONE	DATE
Michael Letina	<ul> <li>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</li> </ul>			DATE
	the person or persons who manage the system, or those persons directly responsible for	MIMUNALI		40/40/0045
TREATMENT PLANT SUPERINTENDENT	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	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	12/18/2015
TYPED OR PRINTED	<ul> <li>submitting false information, including the possibility of fine and imprisonment for knowing violations.</li> </ul>	OFFICER OR AUTHORIZED AGENT		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (	Reference all attachments here)		AREA Code Number	MM/DD/YYY
	verenenee an autominicities nere			

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Effluent Gross

00545 G 0

0062510

00625 G 0

0066510

34726 1 0

Effluent gross

Effluent Gross

Effluent Gross

Solids, settleable

Raw Sewage Influent

Raw Sewage Influent

Phosphorus, total (as P)

Nitrogen, Kieldahl, total (as N)

Nitrogen, Kieldahl, total (as N)

Nitrogen, ammonia, total (as NH3)

DISCHARGE MONITORING REPORT (DMR)			
NAME: BUFFALO SEWER AUTHORITY	DMB No. 2040		
ADDRESS: 1038 CITY HALL NY0028410 DISCHARGE NUMBER DISCHARGE NUMBER	ODE: 14213	Page 4	
FACILITY: BIRD ISLAND WATE MAJOR	R		
LOCATION:     90 WEST FERRY STREET     MONITORING PERIOD     STP OUTFALL			
BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall			
ATTN: Michael Letina, PLT SUPT FROM 11/01/2015 TO 11/30/2015			
	No Di	scharge	
DARAMETED DESERVICES CONCLAMATION	FREQUENCY OF ANALYSIS	SAMPLE	
VALUE VALUE UNITS VALUE VALUE VALUE UNITS		TYPE	
Nitrogen, ammonia, total (as NH3) SAMPLE ***** **** ***** ***** ***** ***** 11.3 0	01/30	24	
34726 G 0 PERMIT REQUIREMENT REQUIREMENT REQUIREMENT			
DARY MX mg/L	Monthly	COMP 24	
Phenois MEASUREMENT 4.56 ***** **** ***** ***** 0	01/30	24	
46000 1 0 PERMIT 36.8 HERALT Ib/d ANTRA ATTACK	Monthly	COMP 24	
Flow, in conduit or thru treatment SAMPLE 440 ******			
	99/99	RC	
	CONTINOUS	RCORDR	
Chlorine, total residual SAMPLE ***** ***** ***** ****** ****** ******	24/01	GR	
50060 1 0 PERMIT REQUIREMENT			
DALYMX mg/l	IX PER DAY	<u> </u> Grae	
Mercury, total (as Hg) ****** **** ***** ***** ***** 1.3 0	01/30	GR	
71900 1 0 PERMIT REQUIREMENT RECUIREMENT	Monthly	GRAB	
Coliform, fecal general SAMPLE ****** ****** ****** 34 43 0	01/01	GR	
74055 1 0 PERMIT			
Emuent Gross SODA GEO TDA GEO #100mL	Daily	GRAB	
BOD, 5-day percent removal MEASUREMENT ***** ***** 96 ****** 0	01/30	CA	
81010 K 0 PERMIT ****** *** 85 B5 ****** % %	Monthly	CALCTO	

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			· ·	
Michael Letine	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		TELEPHONE	DATE
	ure person or persons who manage the system, or those persons directly responsible for	I M' I I I M IN XII A II I ADRON		
TREATMENT PLANT SUPERINTENDENT	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	SIGNATURE OF DRINGIDAL EXECUTIVE	716-851-4664	12/18/2015
TYPED OR PRINTED	aubmitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	110-001-4004	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	leference all attachments here)		AREA Code Number	MM/DD/YYYY

PERMITTEE NAME/ADDRESS: (Include Facility N	ame/Location if Different)									Form Approve	a	
NAME: BUFFALO SEWEI			DISCHARGE MONITORING REPORT (DMR)					OMB No. 2040-0004				
ADDRESS: 1038 CITY HALL BUFFALO, NY 142 FACILITY: BIRD ISLAND W LOCATION: 90 WEST FERRY S	2023310 WTF		NY0028410 PERMIT NUMBER MONITORING PERIOD				] ]	DMR MAII MAJOR (SUBR09 STP OL	)	ODE: 14213	Page 4	
BUFFALO, NY 142	213		MM/DD/	MM/DD/YYYY MM/DD/YYYY External Outfail								
ATTN: Michael Letina, PLT SU	PT	FROM	11/01/2	015	то	1/30/2015	]			No D	ischarge	
PARAMETER		QUANT	TTY OR LOADING	3	· · ·	QUALITY OR CONCE	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE	
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****		92	*****	*****		0	01/30	СА	
81011 K 0 Percent removal	PERMIT REQUIREMENT	*****	*****		85 MO AV MN	*****	*****	%		Monthly	CALCTD	

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under		TELEPHONE	DATE:
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of		TELEPHONE	DATE
•	the person or persons who manage the system, or those persons directly responsible for	TIMM XX AVAIN		40/40/0045
IREATMENT PLANT SUPERINTENDENT	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	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	12/18/2015
ITPED OR PRINTED	submitting false Information, including the possibility of fine and Imprisonment for knowing violations,	OFFICER OR AUTHORIZED ACENT		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	eference all attachments here)		AREA Code Number	MM/DD/YYYY

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: BUFFALO SEWER AUTHORITY ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### DISCHARGE MONITORING REPORT (DMR)

	NY0028410 PERMIT NUMBER		01A-M DISCHARGE NUMBER	DMI MA
Γ	МС	DNITORING	PERIOD	(SU HE/
	MM/DD/YYYY		MM/DD/YYYY	Ext
FROM	11/01/2015	то	11/30/2015	
QUANTITY	OR LOADING		QUALITY OR CONCENTRATIO	ON

Form Approved

OMB No. 2040-0004

R MAILING ZIP CODE: 14213 JOR JBR09) ADWORKS BYPASS

ternal Outfall

No Discharge

Page 5

PARAMETER		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF AGALTSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****		*****	*****	115		0	01/DS	GR
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	*****	Reg Mon DAtLY MX	mg/L		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	324		0	01/DS	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	· · · ·	*****	******	Reg Mon DALLY MX	mg/L		Once Per Discharge	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	3.5		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg Mon DAILY MX	mL/L		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	13.3		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DALLY MX	mg/l		Once Per	GRAB
Flow, wastewater bypassing trmnt plant	SAMPLE MEASUREMENT	*****	0.1		*****	*****	*****	- mg/t	0	Discharge 01/DS	ES
50049 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	Reg Mon MO TOTAL	Mgal/mo	*****	****	*****			Once Per Discharge	ESTIMA

NAME / TITLE 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	M X HA	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT	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	SIGNATIPE OF PRINCIPAL EVECUTIVE	716-851-4664	12/18/2015
TYPED OR PRINTED	<ul> <li>submitting false information, including the possibility of fine and imprisonment for knowing violations,</li> </ul>			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (	Reference all attachments here)	OTHOLK OK AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMIN	NATION SYSTEM (NPDE:
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PERMITTEE NAME/ADDRESS: (Include Facility I	Name/Location if Different)									Form Approve	d	
,	•		DISCHARGE		ORING REPORT	(DMR)				OMB No. 2040	-0004	
ADDRESS: 1038 CITY HALL		1	NY00284	10	. <b>r</b>	002-V	DMR MAILING ZIP CODE: 1 MAJOR				Page 6	
BUFFALO, NY 142	2023310		PERMIT NUM							CODE: 14213		
FACILITY: BIRD ISLAND W					· ·		1	(SUBR09	))			
LOCATION: 90 WEST FERRY				MON	ITORING PERIOD		•	OUTFAL	L 002 A	CTION LEV	ELS	
BUFFALO, NY 142	213		MM/DD/YY	YY -	м	M/DD/YYYY		External	Outfall			
ATTN: Michael Letina, PLT SL	JPT	FROM	11/01/20	15	то 11	/30/2015				No Di	ischarge	
					· · · · · · · · · · · · · · · · · · ·							
PARAMETER		QUANT	TITY OR LOADING		Q	UALITY OR CONCE	NTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALTOIS	TYPE	
Cyanide, total (as CN)	SAMPLE MEASUREMENT	*****	<15.0		*****	*****	*****	·	0	01/30	24	
00720 ∨ 0	PERMIT	*****	90	11-1-1	*****	*****	*****					
See Comments	REQUÍREMENT		DAILY MX	lb/d			*****			Monthly	COMP24	
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	*****	<7.51		*****	*****	*****		0	01/30	24	
01 <b>0</b> 27 V 0	PERMIT	*****	30	lb/d	*****	*****		<u> </u>				
See Comments	SAMPLE		DAILY MX	iu/u						Monthly	COMP24	
Chromium, total (as Cr)	MEASUREMENT	*****	<7.51		*****	*****	*****		0	01/30	24	
01034 V 0	PERMIT REQUIREMENT	*****	12.5	lb/d	*****	*****	*****					
See comments	SAMPLE		DAILYMX							Monthly	COMP24	
Copper, dissolved (as Cu)	MEASUREMENT	*****	<7.51		*****	*****	*****		0	01/30	24	
01040 V 0 See Comments	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24	
Copper. total (as Cu)	SAMPLE MEASUREMENT	*****	<7.51	· · ·	*****	*****	*****		0	01/30	24	
01042 V 0	PERMIT	*****	31 9		****					01/30		
See Comments	REQUIREMENT		DAILY MX	lb/d		*****	*****			Monthly	COMP24	
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	<15.0		*****	*****	*****	<u> </u>	0	01/30	24	
01051 V 0	PERMIT	*****	66.2	lb/d	*****	*****	***					
See Comments	REQUIREMENT		DAILY MX	ib/a						Monthiy	COMP24	
Nickel, total (as Ní)	SAMPLE MEASUREMENT	*****	<7.51		*****	*****	*****		0	01/30	24	
01067 V 0	PERMIT		43.8									

NAME / TITLE 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 faise information, including the possibility of fine and imprisonment for knowling violations. TELEPHONE DATE Michael Letina 12/18/2015 TREATMENT PLANT SUPERINTENDENT SIGNATURE OF PRINCIPAL EXECUTIVE 716-851-4664 TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT AREA Code Number MM/DD/YYYY COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

lb/d

DAILY MX

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REQUIREMENT

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See Comments

Form Approved

Monthly

01/30

Monthly

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COMP24

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COMP24

#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) **DISCHARGE MONITORING REPORT (DMR)** OMB No. 2040-0004 **BUFFALO SEWER AUTHORITY** Page 7 ADDRESS: 1038 CITY HALL NY0028410 002-V DMR MAILING ZIP CODE: 14213 BUFFALO, NY 142023310 PERMIT NUMBER DISCHARGE NUMBER MAJOR FACILITY: BIRD ISLAND WWTF (SUBR09) MONITORING PERIOD **OUTFALL 002 ACTION LEVELS** LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT 11/01/2015 FROM то 11/30/2015 No Discharge FREQUENCY NO. QUANTITY OR LOADING QUALITY OR CONCENTRATION OF ANALYSIS SAMPLE PARAMETER EX VALUE VALUE UNITS VALUE VALUE TYPE VALUE UNITS SAMPLE \*\*\*\*\* 42.3 \*\*\*\*\* \*\*\*\*\* Zinc, dissolved (as Zn) \*\*\*\*\* MEASUREMENT 0 01/30 24 PERMIT 01090 V 0 Reg Mon \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* lb/d REQUIREMENT Monthly COMP24 See Comments DAILY MX SAMPLE \*\*\*\*\* 32.7 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Zinc, total (as Zn) 0 MEASUREMENT 01/30 24

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174

DAILY MX

2.25

16.7

DAILY MX

lb/d

lb/d

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NAME / TITLE 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	nal 0 10 1	TELEPHONE	DATE
Michael Letina	personnel property gather and evaluate the information submitted. Based on my inquiry of the personnel property gather and evaluate the information submitted. Based on my inquiry of	Mulia Later		
TREATMENT PLANT SUPERINTENDENT	the person or period a who manage the system, or those persons directly responsible for gathering the information. The information nubmitted 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 fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	12/18/2015
TYPED OR PRINTED	violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	eference all attachments here)			

EPA Form 3320-1 (Rev 01/06) Previous editions may be used

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

NAME:

01092 V 0

39100 V 0

See comments

See Comments

Bis(2ethylhexyl) phthalate



# October 21, 2015

625 Broadway 4<sup>th</sup> Floor SPDES Compliance Information Section New York State Department of Environmental Conservation Bureau of Watershed Compliance Programs Albany, New York 12233-3506 Division of Water

## RE: September 1-30, 2015 **Discharge Monitoring Report**

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for September 2015.

4664 ext. 5201 If you have any questions or require any further information, please contact me at (716) 851-

Very truly yours,

**BUFFALO SEWER AUTHORITY** 

Michael A. Letina

Treatment Plant Superintendent

MAL:pp Encs.

8 Environmental Engineer III - Cert. Mail #9590 9403 0481 5173 7853 18 Article #7015 0640 0006 3993 7183

O. McFoy, Process Department

FILE:G/WPDOCS/ADM//DMR2015/September2015.DOC

Administrative Offices 65 Niagara Square Buffalo, NY 14202-3378 Phone: (716) 851-4664 Fax: (716) 856-5810 1038 CITY HALL

WASTEWATER TREATMENT PLANT

90 West Ferry Street Buffalo, NY 14213-1799 Phone: (716) 851-4664 FAX: (716) 883-3789 FOOT OF WEST FERRY



PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: BUFFALO SEWER AUTHORITY ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTP LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

NY0028410	
PERMIT NUMBER	
	MONITOR

001-M DISCHARGE NUMBER

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MM/DD/YYYY

09/30/2015

RING PERIOD

то

MM/DD/YYYY FROM 09/01/2015

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09) PRIMARY TREATMENT ONLY External Outfall

No Discharge

Page 1

PARAMETER		QUAN	TITY OR LOADING		Q	UALITY OR CONCEI	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			TYPE
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	302		0	01/DS	СР
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg: Mon DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	144		0	01/DS	СР
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		****	*****	Req Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.0		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		*****	*****	Reg: Mon DAILY:MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	31.2		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	5685		*****	*****	16.1		0	01/DS	СР
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	REQ. Mon. DAILY MAX	lb/d	*****	*****	Req Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	19.2		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	3.6		0	01/DS	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	******	Req Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS

· · · · · · · · · · · · · · · · · · ·	1 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		TELEPHONE	DATE
Michael Letina	personel to captor thin a storbulate the information subgitte to usorie the gamma 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	Mutic Telina		10/23/2015
TREATMENT PLANT SUPERINTENDENT	belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	10/20/2013
TYPED OR PRINTED	violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EVELANATION OF ANY VIOLATIONS (B.	oforeneo all attachmenta here)			

NTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (Rev 01/06) Previous editions may be used

Form Approved

OMB No. 2040-0004

#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME:BUFFALO SEWER AUTHORITYADDRESS:1038 CITY HALL<br/>BUFFALO, NY 142023310FACILITY:BIRD ISLAND WWTPLOCATION:90 WEST FERRY STREET<br/>BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

NY0028410		001-M
PERMIT NUMBER		DISCHARGE NUMBER
MC	ONITORING	PERIOD
 MC MM/DD/YYYY		PERIOD MM/DD/YYYY

Form Approved

OMB No. 2040-0004

Page 1

DMR MAILING ZIP CODE: 14213
MAJOR
(SUBR09)
PRIMARY TREATMENT ONLY
External Outfall

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING		G	QUALITY OR CONCE	INTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Flow, wastewater by-passing trtmnt plant	SAMPLE MEASUREMENT	*****	648		*****	*****	*****	*****	0	99/99	RC
50049 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req Mon. MO TOTAL	Mgal/mo	*****	*****	******	*****		Continuous	RECORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****		*****	*****	1.3		0	01/DS	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		****	*****	2 DAILY MX	mg/L		ONCE/ DISCHG	grae
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		*****	56602	9200000		0	01/DS	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		******	Reg. Mon 30DA GEO	Req Mon 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I cartify 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		TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT	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 benafties for	SIGNATING OF DEINCIDAL EVECUTING	716-851-4664	10/23/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Re	eference all attachments here)		NICO CODE   NUMBER	

EPA Form 3320-1 (Rev 01/06) Previous editions may be used

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PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

BUFFALO SEWER AUTHORITY NAME: ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### DISCHARGE MONITORING REPORT (DMR)

	NY0028410		002-M
	PERMIT NUMBER	_] L	DISCHARGE NUMBER
<b>—</b>	MÖ	NITORING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
ROM	09/01/2015	Тто Г	09/30/2015

Form Approved

OMB No. 2040-0004

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09) STP OUTFALL

External Outfall

No Discharge

Page 2

PARAMETER		QUAN	TITY OR LOADING		Q	UALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****	*****	75		0	06/01	GR
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	******	Reg Mon DAILY MX	deg F		Six Per Day	GRAS
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****	*****	73		0	06/01	GR
00011 G 0 Raw Sewage influent	PERMIT REQUIREMENT	******	*****		*****	*****	Reg Mon DAILY MX	deg F		Six Per Day	GRAB
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	7070	10510	-	*****	10	16		0	01/01	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	SO MQ AVG	45 7DA AVG	mg/L		Daily	COMP 24
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	*****	*****		*****	121	****	<u>9;</u>	0	01/01	24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	-	*****	Reg. Mon. MO AVG	*****	mg/L		Daily	COMP 24
pН	SAMPLE MEASUREMENT	*****	*****		7.0	*****	8.0	<u></u>	0	06/01	GR
00400 1 0 Effluent Gross	PERMIT	******	*****		6 Minimuja	******	9 MAXIMUM	SU		Six Per Day	GRAB
рН	SAMPLE MEASUREMENT	*****	*****		6.4	*****	7.3		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	******		Req Mon MINIMUM	*****	Req Mon MAXIMUM	SU		Six Per Day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6600	7900		*****	9.3	11		0	01/01	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	****	30 MOAVG	45 7DA AVG	mg/L		Daily	COMP 24

	I certify under penalty of law that this document and all attachments were prepared under		TELEPHONE	DATE
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the personnel property data who manage the system of these process directions are provided for the person of the system of the sy			
		Inthe All	1	
TREATMENT PLANT SUPERINTENDENT	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	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	10/23/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT		
		OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Refe	erence all attachments here)			

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME:	BUFFALO SEWER AUTHORITY
ADDRESS:	1038 CITY HALL
	BUFFALO, NY 142023310
FACILITY:	BIRD ISLAND WWTF
LOCATION:	90 WEST FERRY STREET
	BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### DISCHARGE MONITORING REPORT (DMR)

	NY0028410	7 F	002-M
	PERMIT NUMBER		DISCHARGE NUMBER
<b>—</b>	240		PEDIOD
	IVIC	INTORING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
ROM 09/01/2015	09/01/2015	<b>⊣</b> то Г	09/30/2015

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OMB No. 2040-0004

Page 3

DMR MAILING ZIP CODE: 14213 MAJOR
(SUBR09)
STP OUTFALL

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING		a	UALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	128	*****		0	01/01	24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		****	Reg Mon MO AVG	*****	mg/L		DAILY	COMP 24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1		0	12/01	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		****	*****	a Daily MX	mL/L		SIX PER DAY	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.4		0	06/01	GR
00545 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg: Mon DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.22		0	01/30	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	17.1		0	01/30	24
00625 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	*****		*****	*****	Reg Mon DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	0.82	*****		0	01/01	24
00665 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****		*****	t Mo'avg	*****	mg/L		DAil y	COMP24
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.77		0	01/01	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	•	*****	******	Req Mon DAILY MX	mg/L.		Monthly	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	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		TELEPHONE	DATE
Michael Letina	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	1 unul clina		
TREATMENT PLANT SUPERINTENDENT	gathering the information. The information submitted is to the best of my knowledge and a belief, true, accurate, and complete. I am aware that there are significant penalties for	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	10/23/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (P	oforonoo oli ottoohmente hare)		in the coole internet	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME:BUFFALO SEWER AUTHORITYADDRESS:1038 CITY HALL<br/>BUFFALO, NY 142023310FACILITY:BIRD ISLAND WWTFLOCATION:90 WEST FERRY STREET<br/>BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

<u> </u>	NY0028410		002-M	D
	PERMIT NUMBER		DISCHARGE NUMBER	n N
	M	DNITORING	PERIOD	(? ?
	MM/DD/YYYY		MM/DD/YYYY	E
FROM	09/01/2015	то	09/30/2015	

Form Approved

OMB No. 2040-0004

Page 4

DMR MAILING ZIP CODE: 14213 MAJOR SUBR09) STP OUTFALL

External Outfall

No Discharge

PARAMETER		QUAN	ITY OR LOADING		C	UALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			TYPE
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	10.7		0	01/30	24
34726 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	******		*****	******	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
Phenois	SAMPLE MEASUREMENT	<4.10	*****		****	****	*****		0	01/30	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	36.6 MO AVG	*****	lb/d	****	*****	*****			Monthly	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	122	*****		*****	*****	*****		0	99/99	RC
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	180 AGGROLAV	*****	Mgal/d	*****	******	*****			CONTINOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.2		0	<b>24/01</b>	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/l		SIX PER DAY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3		0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	******	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		*****	63	112		0	01/01	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	•	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Daily	GRAB
BOD, 5-day percent removal	SAMPLE MEASUREMENT	*****	*****		92	*****	*****		0	01/30	CA
81010 K 0 Percent removal	PERMIT REQUIREMENT	*****	*****		B5 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my			TELEPHONE	DATE
Michael Letina	direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of	Mul	VILLE IS		DATE
	the person or persons who manage the system, or those persons directly responsible for	W/11 hor	X TIMA		10/00/00/7
TREATMENT PLANT SUPERINTENDENT	gathering the information. The information submitted is to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for	SIGI	NATURE OF PRINCIPAL EXECUTIVE	716-851-4664	10/23/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations		OFFICER OR AUTHORIZED AGENT		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (D.		•	STRUCK OK AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

											Form Approved	1
PERMITTEE NAME/ADDRESS: (Include Facility Name	ne/Location if Different)		DISCHARGE		ORING	REPORT	(DMR)				OMB No. 2040	-0004
NAME: BUFFALO SEWER	AUTHORITY						(				0100 110. 2040	Page 4
ADDRESS: 1038 CITY HALL		[	NY00284	10			002-M		DMR MAIL	ING ZIP C	ODE: 14213	rage 4
BUFFALO, NY 1420		[	PERMIT NUM	BER		DISCH	RGE NUMBER		MAJOR			
FACILITY: BIRD ISLAND WW	VTF		DISCHARGE MONITORING REPORT (DMR)         NY0028410       002-M         PERMIT NUMBER       DISCHARGE NUMBER         MONITORING PERIOD       MM/DD/YYYY         MM/DD/YYY       MM/DD/YYYY         FROM       09/01/2015       To       09/30/2015         QUANTITY OR LOADING       QUALITY OR CONCENTRATION         JE       VALUE       VALUE       VALUE       VALUE         **       ******       93       *******					(SUBR09	)			
LOCATION: 90 WEST FERRY ST	REET			MON	ITORIN	IG PERIOD			STP OU	TFALL		
BUFFALO, NY 1421	3		MM/DD/YY	YY		M			External	Outfall		
ATTN: Michael Loting DIT CUD	ידי	5501							• • • • • •		<b></b>	
ATTN: Michael Letina, PLT SUP		нком	09/01/20	15	10	09	/30/2015				No Di	scharge
					· · · · · · ·						FREQUENCY	
PARAMETER		QUANT	TITY OR LOADING			a	UALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	V	ALUE	VALUE VALUE		UNITS			TYPE
Solids, suspended percent	SAMPLE	*****	*****			02	*****	****		0	04/00	
removal	MEASUREMENT					30					01/30	CA
81011 K 0	PERMIT	*****	******			85	*****	*****				
Percent removal	REQUIREMENT				MC	D AV MN			%		Monthly	CALCTD

	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	all a litera	TELEPHONE	DATE
Michael Letina	personnel property 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	Win his Satura		
TREATMENT PLANT SUPERINTENDENT	satisfies 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 fails information, including the possibility of fine and imprisonment for knowledge.	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	10/23/2015
TYPED OR PRINTED	violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Re	ference all attachments here)			

		NATI	UNAL POLLOT.			INATION SYSTEM	(NPDES)			Form Approved	i
PERMITTEE NAME/ADDRESS: (Include Facility Name	Accation if Different)		DISCHARGE		ORING REPOR	RT (DMR)				OMB No. 2040	
NAME:         BUFFALO SEWER A           ADDRESS:         1038 CITY HALL           BUFFALO, NY 14202           FACILITY:         BIRD ISLAND WWT           LOCATION:         90 WEST FERRY STF	3310 F	]	NY00284 PERMIT NUM	10 BER		01A-M CHARGE NUMBER		MAJOR (SUBR09 HEADW0	ING ZIP C ) DRKS B'	ODE: 14213	Page 5
BUFFALO, NY 14213			MM/DD/YY			MM/DD/YYYY		External	Outfall		
ATTN: Michael Letina, PLT SUP	Г	FROM	09/01/201	5	то	09/30/2015				No Di	scharge
		QUANT	TITY OR LOADING			QUALITY OR CONCE	NTRATION	-	NO.	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	UP ANALTSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	89		0	01/DS	GR
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	352		0	01/DS	GR
00530 1 0 Effluent Gross	PERMIT	*****	*****		****	*****	Reg Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.5		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		*****	*****	Reg Mon DAILY MX	mL/L		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	13.3		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	*****	Req Mon DAtLY MX	mg/l		Once Par Discharge	GRAB
Flow, wastewater bypassing trmnt plant	SAMPLE MEASUREMENT	*****	0.2		*****	*****	*****		0	01/DS	ES
50049 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	Req Mon MO TOTAL	Mgal/mo	*****	*****	*****			Önce Per Discharge	ESTIMA

		$\sim$	2 2		
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my		102	TELEPHONE	DATE
Michael Letina	direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of	M	I Pal		
TREATMENT PLANT SUPERINTENDENT	belief, true, accurate, and complete. I am aware that there are significant penalties for		ATURE OF PRINCIPAL EXECUTIVE	716-851-4664	10/23/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	/ 0	FFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Re	ference all attachments here)				

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PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

 NAME:
 BUFFALO SEWER AUTHORITY

 ADDRESS:
 1038 CITY HALL

 BUFFALO, NY 142023310
 FACILITY:

 BIRD ISLAND WWTF
 BIRD ISLAND WWTF

 LOCATION:
 90 WEST FERRY STREET

 BUFFALO, NY 14213
 BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

PERMIT NUMBER	NY0028410
	PERMIT NUMBER

002-V DISCHARGE NUMBER

MM/DD/YYYY

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09/30/2015

MONITORING PERIOD

ММ/DD/ҮҮҮҮ FROM 09/01/2015 то

Form Approved OMB No. 2040-0004

Page 6

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09) OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge

DADAMETER		QUANT	TITY OR LOADING		G	UALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			TYPE
Cyanide, total (as CN)	SAMPLE MEASUREMENT	*****	<16.4		*****	*****	*****		0	01/30	24
00720 V 0 See Comments	PERMIT REQUIREMENT	****	90 Daily MX	lb/d	*****	****	*****			Monthly	COMP24
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	*****	<8.21		*****	****	*****		0	01/30	24
01027 V 0 See Comments	PERMIT REQUIREMENT	*****	30 DAILY MX	lb/dl	****	*****	*****			Monthly	GOMP24
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	<8.21		*****	*****	*****		0	01/30	24
01034 V 0 See comments	PERMIT REQUIREMENT	*****	12.5 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	*****	<8.21		*****	*****	*****		0	01/30	24
01040 V 0 See Comments	PERMIT REQUIREMENT	*****	Req Mpn DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper. total (as Cu)	SAMPLE MEASUREMENT	*****	9.60		*****	*****	*****		0	01/30	24
01042 V 0 See Comments	PERMIT REQUIREMENT	*****	31.9 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	<16.4		*****	*****	*****		0	01/30	24
01051 V 0 See Comments	PERMIT REQUIREMENT	*****	66:2 DAILY MX	lb/d	*****	*****	******			Monthly	COMP24
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	<8.21		*****	*****	*****		0	01/30	24
01067 V 0 See Comments	PERMIT REQUIREMENT	*****	43.8 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP 24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my	all & Cham	TELEPHONE	DATE
Michael Letina	direction or supervision in accordance with a system designed to assure that qualified personnel property 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	Muhttel		10/23/2015
TREATMENT PLANT SUPERINTENDENT	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 faise information, including the possibility of fine and imprisonment for knowlng	SIGNATURE OF PRINCIPAL EXEC	CUTIVE 716-851-4664	10/23/2013
TYPED OR PRINTED	violations.	OFFICER OR AUTHORIZED AC	SENT AREA Code Number	MM/DD/YYYY
COMMENTS AND EVELANATION OF ANY VIOLATIONS (D				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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VALUE

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#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

BUFFALO SEWER AUTHORITY NAME: ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

PARAMETER

Zinc, dissolved (as Zn)

01090 V 0

01092 V 0

39100 V 0

See comments

See Comments

See Comments

Bis(2ethylhexyl) phthalate

Zinc, total (as Zn)

#### **DISCHARGE MONITORING REPORT (DMR)**

UNITS

lb/d

lb/d

lb/d

QUANTITY	OR LOADING		QUALITY OR CONCENTRATION		NO. FX	FREQUENCY OF ANALYSIS
FROM	09/01/2015	то	09/30/2015			No
	MM/DD/YYYY		MM/DD/YYYY	External	Outfall	
	МС	NITORING	PERIOD	(SUBR09) OUTFAL		CTION LE
	NY0028410 PERMIT NUMBER	] [	002-V DISCHARGE NUMBER	DMR MAILI MAJOR	NG ZIP (	CODE: 14213

VALUE

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VALUE

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UNITS

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my		TELEPHONE	DATE
Michael Letina		W L		
TREATMENT PLANT SUPERINTENDENT	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 A belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of file and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	10/23/2015
TYPED OR PRINTED	violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS /	Peference all attachments here)			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

VALUE

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SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

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VALUE

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37.7

174

DAILY MX

<2.46

16.7

DAILY MX

EPA Form 3320-1 (Rev 01/06) Previous editions may be used

Form Approved

01/30

Monthly

01/30

Monthly

01/30

Monthly

OMB No. 2040-0004

Page 7

MAJOR
(SUBR09)
OUTFALL 002 ACTION LEVELS

0

0

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Discharge

SAMPLE

TYPE

24

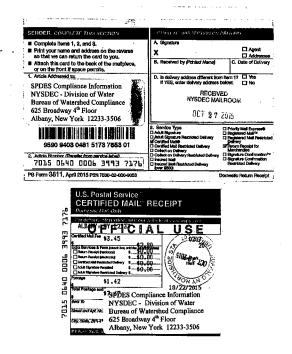
COMP24

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COMP24

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COMP24





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## August 21, 2015

SPDES Compliance Information Section New York State Department of Environmental Conservation Division of Water Bureau of Watershed Compliance Programs 625 Broadway 4<sup>th</sup> Floor Albany, New York 12233-3506

## Discharge Monitoring Report July 1-31, 2015

RE:

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for July 2015

If you have any questions or require any further information, please contact me at (716) 851-4664 ext. 5201

Very truly yours,

BUFFALO SEWER AUTHORITY

22

Michael A. Letina
 Treatment Plant Superintendent

MAL:pp encs.

8 Environmental Engineer III – Cert. Mail #9590 9403 0481 5173 7955 15 Article #7015 0640 0006 3993 6889

Article #7015 0640 0006 39 O. McFoy, Process Department

.

FILE:G/WPDOCS/ADM//DMR2015/July2015.DOC

ADMINISTRATIVE OFFICES

1038 City Hall 65 Niagara Square Buffalo, NY 14202-3378 Phone: (716) 851-4664 Fax: (716) 856-5810

WASTEWATER TREATMENT PLANT

FOOT OF WEST FERRY 90 WEST FERRY STREET BUFFALO, NY 14213-1799 PHONE: (716) 851-4664 FAX: (716) 883-3789



MM/DD/YYYY

07/31/2015

#### **DISCHARGE MONITORING REPORT (DMR)**

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD

07/01/2015

FROM

Form Approved

OMB No. 2040-0004

Page 1 DMR MAILING ZIP CODE: 14213

(SUBR09) PRIMARY TREATMENT ONLY

External Outfall

MAJOR

No Discharge

PARAMETER		QUAN	TITY OR LOADING		G	UALITY OR CONCE	INTRATION		NO.	FREQUENCY	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	SAMPLE TYPE
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	77		0	01/DS	СР
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	****	Reg. Mon DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	102		0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		****	*****	Reg. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.0	<u>i ng/L</u>	0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg Mon DAILY MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	11		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg Mon DAILY MX	ma/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	1268		*****	*****	4.0		0	01/DS	CP
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	REQ. Mon. DAILY MAX	Ib/d	*****	******	Reg Mon DAILY MX			ONCE/ DISCHG	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.9	mg/L	0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****		*****	******	Reg. Mon DAILY MX	ma/l		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.5	mg/L	0	01/DS	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	******	Reg. Mon DAILY MX	mg/L		ONCE/ DISCHO	COMPOS

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER Michael Letina	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 property end end with a de device the system designed to assure that qualified to be a set of the system of the syste		TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT	personnel property 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 the y incovidege and belief, true, accurate, and complete. I am aware that there are significant penalties for		716-851-4664	08/21/2015
TTPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICED OR AUTHORIZED ACENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (F	Reference all attachments here)			

EPA Form 3320-1 (Rev 01/06) Previous editions may be used

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

BIRD ISLAND WWTP

ADDRESS: 1038 CITY HALL

LOCATION: 90 WEST FERRY STREET

ATTN: Michael Letina, PLT SUPT

**BUFFALO SEWER AUTHORITY** 

BUFFALO, NY 142023310

BUFFALO, NY 14213

NAME:

FACILITY:

то

.

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME:BUFFALO SEWER AUTHORITYADDRESS:1038 CITY HALL<br/>BUFFALO, NY 142023310FACILITY:BIRD ISLAND WWTPLOCATION:90 WEST FERRY STREET<br/>BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

	NY0028410	-1 r	001-M
	PERMIT NUMBER	] [	DISCHARGE NUMBER
	MC	NITORING	PERIOD
-	MM/DD/YYYY		MM/DD/YYYY
$\vdash$	07/01/2015	⊣ <sub>то</sub> ⊢	07/31/2015

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OMB No. 2040-0004

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09) PRIMARY TREATMENT ONLY

External Outfall

No Discharge

Page 1

PARAMETER		QUAN <sup>.</sup>	TITY OR LOADING	TY OR LOADING QUALITY OR CONCENTRATION					NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Flow, wastewater by-passing trtmnt plant	SAMPLE MEASUREMENT	*****	83		*****	*****	*****	*****	0	99/99	RC
50049 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	Mgal/mo	*****	******	*****	*****		Continuous	RECORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.9		0	01/DS	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		****	43291	144676		0	01/DS	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	Req. Mon 30DA GEO	Reg Mon 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of isw that this document and all attachments were prepared under	also Al	TELEF	PHONE	DATE
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of	M. J. KTol			
TREATMENT PLANT SUPERINTENDENT	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 an aware that there are significant penalities for submitting faise information, including the possibility of the and imprisonment for knowing	SIGNATURE OF PRINC		-851-4664	08/21/2015
TYPED OR PRINTED	violations.	OFFICER OR AUTH			MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (F	Reference all attachments here)				

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: BUFFALO SEWER AUTHORITY ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### DISCHARGE MONITORING REPORT (DMR)

	NY0028410 PERMIT NUMBER	] E	002-M DISCHARGE NUMBER
	MO	NITORING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
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OMB No. 2040-0004

DMR MAILING ZIP CODE: 14213 MAJOR

(SUBR09)

STP OUTFALL

External Outfall

No Discharge

Page 2

PARAMETER		QUAN	TITY OR LOADING	TITY OR LOADING QUALITY OR CONCENTRATION		QUALITY OR CONCENTRATION			NO. FREQUENCY EX OF ANALYSIS		SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		****	*****	73		0	06/01	GR
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	*****	Req: Mon DAILY MX	deg F		Six Per Day	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****	****	72		0	06/01	GR
00011 G 0 Raw Sewage influent	PERMIT REQUIREMENT	******	*****		*****	*****	Req Mon DAILY MX	deg F		Six Per Day	GRAB
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	6730	9750		*****	7.9	12		0	01/01	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	*****	90 MO:AVG	45 7DA AVG	mg/L		Daily	COMP 24
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	*****	*****		*****	107	*****		0	01/01	24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		****	Reg. Mon. MO AVG	******	mg/L		Daily	COMP 24
рН	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.6		0	06/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	******	9 Maximum	SU		Six Per Day	GRAB
рН	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.5		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	******		Reg Man MINIMUM	******	Req Mon MAXIMUM	SU		Six Per Day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7100	8980		*****	8.2	9.3		0	01/01	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	******	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24

NAME / TITLE 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	n.1 4	As	TELEPHONE	DATE
Michael Letina TREATMENT PLANT SUPERINTENDENT	personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the exystem, or those persons directly responsible for gathering the information. The information submitted is to the best of my knowledge and beilef, true, accurate, and complete. I am aware that there are sharing fractanteenaties for	Multin K		740.054.4004	08/21/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	•	R AUTHORIZED AGENT	716-851-4664	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Ref	erence all attachments here)				

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PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME:BUFFALO SEWER AUTHORITYADDRESS:1038 CITY HALL<br/>BUFFALO, NY 142023310FACILITY:BIRD ISLAND WWTFLOCATION:90 WEST FERRY STREET<br/>BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

	NY0028410	ר ר	002-M			
	PERMIT NUMBER	] [	DISCHARGE NUMBER			
	MC	NITORING	B PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
FROM	07/01/2015	то	07/31/2015			

Form Approved

OMB No. 2040-0004

Page 3

DMR MAILING ZIP CODE: 14213	
MAJOR	
(SUBR09)	
STP OUTFALL	
Evdernel Outfall	

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING		G	UALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	=		TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	112	*****		0	01/01	24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	******		******	Req Mon MO AVG	******	mg/L		DAILY	COMP 24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.3		0	12/01	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	******	3 DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.3		0	06/01	GR
00545 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	*****		*****	******	Reg.Mon DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.2		0	01/30	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	13.5	<u></u>	0	01/30	<b>24</b>
00625 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	******		******	*****	Reg. Mon DAILY MX	mg/L		Mionthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	0.78	*****		0	01/01	24
00665 1 0 Effluent gross	PERMIT REQUIREMENT	*****	******		*****	MOAVG	*****	mg/L		DAILY	COMP24
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.29	1	0	01/01	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg Mon DAILY MX	mg/L		Monthly	COMP24

	I certify under penalty of Isw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified	1	$\Sigma /$	As	TELEPHONE	DATE
	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	<u>LIA</u>	Kust			08/21/2015
	belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing			PRINCIPAL EXECUTIVE	716-851-4664	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (F			OFFICER OR	AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPEANATION OF ANT MOLATIONS (A	(elefence an attachments here)					

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PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME:	BUFFALO SEWER AUTHORITY
ADDRESS:	1038 CITY HALL
	BUFFALO, NY 142023310
FACILITY:	BIRD ISLAND WWTF
LOCATION:	90 WEST FERRY STREET
	BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

	NY0028410	- Г	002-M
			DISCHARGE NUMBER
Γ	MO	NITORING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
ком	07/01/2015	Ч то Г	07/31/2015

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OMB No. 2040-0004

Page 4

DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09) STP OUTFALL

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING		Q	UALITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	6.19		0	01/30	24
34726 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	******	******	******	Rec Mon DAILY MX	ma/L		Monthly	COMP 24
Phenols	SAMPLE MEASUREMENT	<3.29	*****		*****	****	*****	¥	0	01/30	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	36.6 MO AVG	*****	lb/d	*****	******	*****			Monthly	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	121	*****		*****	*****	*****		0	99/99	RC
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	180 AGGROLAV	*****	Mgal/d	*****	******	*****			CONTINOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.1		0	24/01	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	******	2 Daily MX	mg/l		SIX PER DAY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.0		0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		******	*****	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		*****	49	90		0	01/01	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	200 30DA GEO	400 7 DA GEO	#/100mL		Daily	GRAB
BOD, 5-day percent removal	SAMPLE MEASUREMENT	*****	*****		93	*****	*****		0	01/30	CA
81010 K 0 Percent removal	PERMIT REQUIREMENT	******	*****		85 MO AV MN	*****	*****	%		Monthly	CALCTD

		·				
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under	0.1		TELEPHONE	DATE	
Michael Letina	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted, Based on my inquiry of	21/	$\wedge 114$			
	the person or persons who manage the system, or those persons directly responsible for		Mart Chara		08/21/2015	
TREATMENT PLANT SUPERINTENDENT	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	- Maria	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664		
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	10	OFFICER OR AUTHORIZED AGENT			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (P			OF HOLE OR AD HIGHLEED AGENT	AREA Code Number	MM/DD/YYYY	

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

			DISCHARGE MONITORING REPORT (DMR)				Form Approved OMB No. 2040-0004					
ADDRESS: 1038 CITY HAL BUFFALO, NY 14 FACILITY: BIRD ISLAND V	42023310					002-M ARGE NUMBER	DMR MAILING ZIP CODE: 14213 MAJOR (SUBR09)			Page		
LOCATION: 90 WEST FERRY STREET			MONITORING PERIOD				1	STP OUTFALL				
BUFFALO, NY 14	4213		MM/DD/Y	YYY	YYY MM/DD/YYYY			1	External Outfall			
ATTN: Michael Letina, PLT SUPT		FROM	07/01/2015		то 07/31/2015		]	No Dischar			charge	
PARAMETER		QUANT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE	
······································		VALUE	VALUE	UNITS	VA	ALUE	VALUE	VALUE	UNITS	EX	GI ANALISIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****			93	*****	*****		0	01/30	CA
31011 K 0 Percent removal	PERMIT REQUIREMENT	******	*****			85 AV MN	*****	******	%		Monthly	CALCTD

Blichaold stime	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	ALX WILL II	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT	personnel property gather and evaluate the information submitted. Based on my inquiry of the person or parsons 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		716-851-4664	08/21/2015
ITPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED ACEAIT		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	eference all attachments here)		AREA Code Number	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: **BUFFALO SEWER AUTHORITY** ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

#### **DISCHARGE MONITORING REPORT (DMR)**

	NY0028 PERMIT NU	MBER		01A-M IARGE NUMBER	]	DMR MAILING ZIP ( MAJOR (SUBR09)					
		MON		HEADWORKS BY							
	MM/DD/Y	YYY			External Out						
FROM	ROM 07/01/2015		то о	7/31/2015							
DUAN	TITY OR LOADING						NO.	Г			
_							EX				
E	I VALUE	VALUE UNITS VALUE				LINITE		L			

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	01/DS	GR
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	*****	Reg Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	01/DS	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	******	Reg Mon DAiLy MX	mg/L		Once Per Discharge	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>_</u>	0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	*****	Reg Mon DAILY MX	mL/L		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	·	******	*****	Reg Mon DAILY MX	mg/l		Once Per Discharge	GRAB
Flow, wastewater bypassing trmnt plant	SAMPLE MEASUREMENT	*****			*****	*****	*****		0	01/DS	ES
50049 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	Reg Mon MO TOTAL	Mgal/mo	*****	******	*****			Orice Per Discherge	ESTIMA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under	101100	TELEPHONE	DATE
Michael Leuna	my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of	Multet		BATE
	gathering the information. The information submitted is to the best of my knowledge and	Munden		08/21/2015
IREATMENT PLANT SUPERINTENDENT	bellef, true, accurate, and complete. I am aware that there are significant penalties for	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	00/21/2015
TYPED OR PRINTED	submitting false Information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY WOLATIONS (P			Luncy on the Multiplet	

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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OMB No. 2040-0004

Page 5

ODE: 14213

YPASS

No Discharge

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved

NAME: BUFFALO SEWER AUTHORITY ADDRESS: 1038 CITY HALL BUFFALO, NY 142023310 FACILITY: BIRD ISLAND WWTF LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

ATTN: Michael Letina, PLT SUPT

	NY0028410 PERMIT NUMBER	- E	002-V DISCHARGE NUMBER
	MC	DNITORING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2015	ТоГ	07/31/2015

DMR MAILING ZIP CODE: 14213
MAJOR (SUBR09)
OUTFALL 002 ACTION LEVELS
External Outfall

No Discharge

Page 6

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY OF ANALYSIS	SAMPLE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Cyanide, total (as CN)	SAMPLE MEASUREMENT	*****	<13.2		*****	*****	*****		0	01/30	24
00720 V 0 See Comments	PERMIT REQUIREMENT	******	90 Daily MX	lb/d	*****	*****	***			Monthly	COMP24
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	*****	<6.58		*****	*****	****		0	01/30	24
01027 V 0 See Comments	PERMIT REQUIREMENT	*****	30 DAILY MX	lb/d	*****	******	*****			Monthly	COMP24
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	<6.58		*****	*****	*****		0	01/30	24
01034 V 0 See comments	PERMIT REQUIREMENT	*****	12:5 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	*****	<6.58		*****	*****	*****		0	01/30	· 24
01040 V 0 See Comments	PERMIT REQUIREMENT	*****	Reg Man DAILY MX	lb/d	*****	******	*****			Monthly	COMP24
Copper. total (as Cu)	SAMPLE MEASUREMENT	*****	<6.58		*****	*****	*****		0	01/30	24
01042 V 0 See Comments	PERMIT REQUIREMENT	*****	31.9 DAILY MX	lb/d	******	******	******			Monthly	COMP24
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	<13.2		*****	*****	*****		0	01/30	24
01051 V 0 See Comments	PERMIT REQUIREMENT	*****	66.2 Daily MX	lb/d	*****	*****	*****			Monthly	COMP24
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	<6.58		*****	*****	*****		0	01/30	24
01067 V 0 See Comments	PERMIT REQUIREMENT	*****	43.8 DAILY MX	lb/d	******	******	*****			Monthly	COMP 24

	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		TELEPHONE	DATE
Michael Letina	personnel property 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 any property of the information. The system of t			00/24/2045
TREATMENT PLANT SUPERINTENDENT	gathering the information. The information submitted is to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting failse information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	08/21/2015
TYPED OR PRINTED	violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	eference all attachments here)			

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#### PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different) **DISCHARGE MONITORING REPORT (DMR)** NAME: **BUFFALO SEWER AUTHORITY** ADDRESS: 1038 CITY HALL NY0028410 002-V BUFFALO, NY 142023310 PERMIT NUMBER DISCHARGE NUMBER MAJOR FACILITY: BIRD ISLAND WWTF (SUBR09) MONITORING PERIOD LOCATION: 90 WEST FERRY STREET BUFFALO, NY 14213 MM/DD/YYYY MM/DD/YYYY External Outfall ATTN: Michael Letina, PLT SUPT 07/01/2015 FROM то 07/31/2015 QUANTITY OR LOADING NO. FREQUENCY QUALITY OR CONCENTRATION OF ANALYSIS PARAMETER EX

UNITS

lb/d

lb/d

lb/d

VALUE

28.4

Reg Mon

DAILY MX

31.0

174

DAILY MX

6.58

16.7

DAILY MX

VALUE

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SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

Zinc, dissolved (as Zn)

01090 V 0

01092 V 0

39100 V 0

See comments

See Comments

See Comments

Bis(2ethylhexyl) phthalate

Zinc, total (as Zn)

	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		TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT	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	SIGNATURE OF PRINCIPAL EXECUTIVE	716-851-4664	08/21/2015
TYPED OR PRINTED	submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA Code Number	

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OMB No. 2040-0004

DMR MAILING ZIP CODE: 14213 **OUTFALL 002 ACTION LEVELS** 

01/30

Monthly

01/30

Monthly

01/30

Monthly

No Discharge

SAMPLE

TYPE

24

COMP24

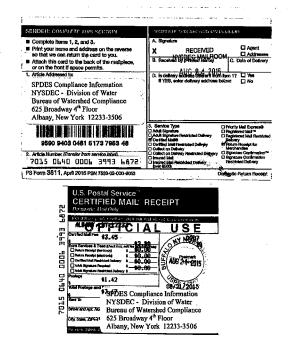
24

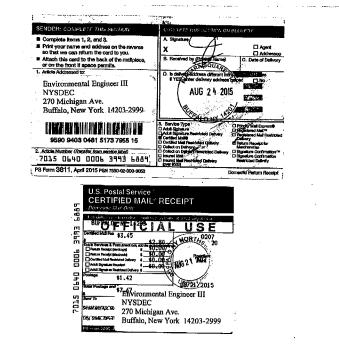
COMP24

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COMP24

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