



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

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 1st for current year January 1– June 30 reporting period, and March 1st 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 (July 1 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

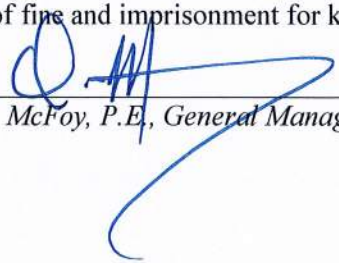
No public meetings have been held regarding the LTCP or projects associated with the LTCP during this reporting period.

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 fine and imprisonment for knowing violations."



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

2/24/16

Date

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
<u>Phase I Projects</u>				
CSO 060 GI Project	---	---	Prior to 1/1/2014	Complete.
Bird/Lang RTC Projects	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
<i>Bird RTC Project</i>	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
<i>Lang RTC Project</i>	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 Projects				
Foundation 1 - Smith Street Storage	Engineering Start	3/18/2014	Prior to 1/1/2014	Complete
	Engineering Completion	3/18/2015	6/10/2015	Complete
	Notice to Proceed	3/18/2015		Projected to be Completed During Next Reporting Period; See 4.2
	Substantial Completion	3/18/2017		
<i>CSO No. 026 Sewer Separation</i>	Engineering Start	3/18/2014	Prior to 1/1/2014	Complete
	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
<i>CSO No. 026 RTC Structure</i>	Engineering Start	3/18/2014	Prior to 1/1/2014	Complete
	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 Optimization (20 projects)	Engineering Start	3/1/2014	Prior to 1/1/2014	Complete
	Engineering Completion	3/18/2015	4/20/2015	Complete
	Notice to Proceed	3/1/2014	Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2017		
<i>SPP 180 Optimization</i>	Engineering Start	---	Prior to 1/1/2014	Complete
	Engineering Completion	---	4/20/2015	Complete
	Notice to Proceed	---	9/8/2015	Complete
	Substantial Completion	3/18/2017	12/16/2015	Complete
<i>SPP 331 Optimization</i>	Engineering Start	---	Prior to 1/1/2014	Complete
	Engineering Completion	3/18/2015	4/20/2015	Complete
	Notice to Proceed	---	9/8/2015	Complete
	Substantial Completion	3/18/2017	12/16/2015	Complete

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

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
<i>SPP 165A Optimization</i>	Engineering Start	---	Prior to 1/1/2014	Complete
	Engineering Completion	---	4/4/2014	Complete
	Notice to Proceed	---	7/25/2014	Complete
	Substantial Completion	3/18/2017	11/3/2014	Complete
<i>SPP 178 Optimization</i>	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	3/18/2017	Prior to 1/1/2014	Complete
<i>SPP 335B Optimization</i>	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	3/18/2017	Prior to 1/1/2014	Complete
<i>SPP 336A Optimization</i>	Engineering Start	---	Prior to 1/1/2014	Complete
	Engineering Completion	---	4/20/2015	Complete
	Notice to Proceed	---	9/8/2015	Complete
	Substantial Completion	3/18/2017	12/16/2015	Complete
<i>SPP 341A Optimization</i>	Engineering Start	---	1/1/2014	Complete
	Engineering Completion	---		This project is on hold pending the results of post-construction monitoring.
	Notice to Proceed	---		
	Substantial Completion	3/18/2017		
<i>SPP 342B Optimization</i>	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	3/18/2017	Prior to 1/1/2014	Complete
<i>SPP 001 Optimization</i>	Engineering Start:	---	Prior to 1/1/2014	Complete
	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
<i>SPP 183 Optimization</i>	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	3/18/2017	Prior to 1/1/2014	Complete
<i>SPP 283 Optimization</i>	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	3/18/2017	Prior to 1/1/2014	Complete
<i>SPP 211 Optimization</i>	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	3/18/2017	Prior to 1/1/2014	Complete
Foundation 3 - Remaining RTC (14 sites)	Engineering Start	3/18/2016		Projected to be Completed During Next Reporting Period
	Notice to Proceed	3/18/2017		
	Engineering Completion	3/18/2023		
	Substantial Completion	3/18/2024		
<i>Hertel Northwest In-Line Storage</i>	Engineering Start	---		
	Engineering Completion	---		
	Notice to Proceed	---		
	Substantial Completion	3/18/2024		
<i>Hertel South In-Line Storage</i>	Engineering Start	---		
	Engineering Completion	---		
	Notice to Proceed	---		
	Substantial Completion	3/18/2024		
<i>Hertel Northeast In-Line Storage</i>	Engineering Start	---		
	Engineering Completion	---		
	Notice to Proceed	---		
	Substantial Completion	3/18/2024		

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
<i>Bird East In-Line Storage</i>	Engineering Start	---		
	Engineering Completion	---		
	Notice to Proceed	---		
	Substantial Completion	3/18/2024		
<i>East Ferry In-Line Storage</i>	Engineering Start	---		
	Engineering Completion	---		
	Notice to Proceed	---		
	Substantial Completion	3/18/2024		
<i>Colorado In-Line Storage</i>	Engineering Start	---		Projected to be Completed During Next Reporting Period
	Engineering Completion	---		
	Notice to Proceed	---		
	Substantial Completion	3/18/2024		
<i>North Bailey In-Line Storage</i>	Engineering Start	---		
	Engineering Completion	---		
	Notice to Proceed	---		
	Substantial Completion	3/18/2024		
<i>South Bailey In-Line Storage</i>	Engineering Start	---		
	Engineering Completion	---		
	Notice to Proceed	---		
	Substantial Completion	3/18/2024		
<i>Roslyn In-Line Storage</i>	Engineering Start	---		
	Engineering Completion	---		
	Notice to Proceed	---		
	Substantial Completion	3/18/2024		
<i>Kay In-Line Storage</i>	Engineering Start	---		Projected to be Completed During Next Reporting Period
	Engineering Completion	---		
	Notice to Proceed	---		
	Substantial Completion	3/18/2024		

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

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
<u>Green Infrastructure Projects</u>				
Green 1 - Pilot Projects – 267-acres of GI control	Engineering Start	3/1/2014	Prior to 1/1/2014	Complete
	Engineering Completion	3/18/2016		
	Substantial Completion	3/18/2018		
<i>2001-2013 Demolitions</i>	Engineering Start	---	Prior to 1/1/2014	Complete
	Engineering Completion	---	Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2018	See GI Master Plan Appendix 7-1	Complete
<i>2014-2018 Demolitions</i>	Engineering Start	---	Prior to 1/1/2014	Complete
	Engineering Completion	---		
	Substantial Completion	3/18/2018		
<i>PUSH Blue Projects</i>	Engineering Start	---	Prior to 1/1/2014	Complete
	Engineering Completion	---		
	Substantial Completion	3/18/2018		
<i>Carlton Street Porous Asphalt</i>	Engineering Start	---	Prior to 1/1/2014	Complete
	Engineering Completion	---	Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2018	7/25/2014	Complete
<i>Fillmore Avenue Porous Parking Lots and Green Lots</i>	Engineering Start	---	Prior to 1/1/2014	Complete
	Engineering Completion	---	Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2018	4/23/2015	Complete
<i>Ohio Street</i>	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
<i>Kenmore Avenue</i>	Engineering Start	---	4/30/2014	Complete
	Engineering Completion		4/20/2015	Complete
	Substantial Completion	3/18/2018		
<i>Allen Street</i>	Engineering Start	---	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
<i>Niagara Street</i>	Engineering Start	---	Prior to 1/1/2014	Complete
	Engineering Completion	---		
	Substantial Completion	3/18/2018		
Green 2 – 410 acres of GI Control	Engineering Start:	3/18/2019		
	Engineering Completion:	3/18/2023		
	Substantial Completion:	3/18/2024		
Green 3 – 375 acres of GI Control	Engineering Start:	3/18/2023		
	Engineering Completion:	3/18/2028		
	Substantial Completion:	3/18/2029		
Green 4 – 263 acres of GI Control	Engineering Start:	3/18/2028		
	Engineering Completion:	3/18/2033		
	Substantial Completion:	3/18/2034		

Project Name	Project Milestone	AO Project Deadline	Actual Completion Dates	Project Status
<u>Gray Projects</u>				
CSOs 014/15 – Erie Basin In-line storage and optimization projects SEE DETAILS FOLLOWING FOR SPECIFIC PROJECTS	Engineering Start	---	Prior to 1/1/2014	Complete
	Engineering Completion	---	Prior to 1/1/2014	Complete
	Notice to Proceed	3/18/2014	Prior to 1/1/2014	Complete
	Substantial Completion	3/18/2015	12/29/2014	Complete
<i>SPPs 206A&B</i>	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
<i>SPP 035</i>	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
<i>SPP 036</i>	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, conveyance, FM & PS	Engineering Start	3/18/2019		
	Engineering Completion	3/18/2020		
	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 – Interceptor	Engineering Start	3/18/2019	5/15/2015	Complete
	Engineering Completion	3/18/2022		
	Notice to Proceed	3/18/2022		
	Substantial Completion	3/18/2026		
CSOs 010, 008/010, 061, 004 – Underflow capacity upsizing	Engineering Start	3/18/2021		
	Engineering Completion	3/18/2023		
	Notice to Proceed	3/18/2023		
	Substantial Completion	3/18/2024		
SPP 337 (CSO 053) – Satellite storage, conveyance, FM & PS	Engineering Start	3/18/2023		
	Engineering Completion	3/18/2025		
	Notice to Proceed	3/18/2025		
	Substantial Completion	3/18/2027		
SPP 336A&B (CSO 053) – Satellite storage, conveyance, FM & PS	Engineering Start	3/18/2024		
	Engineering Completion	3/18/2026		
	Notice to Proceed	3/18/2026		
	Substantial Completion	3/18/2029		
Jefferson Avenue & Florida Street (CSO 053) – Satellite storage, conveyance and FM	Engineering Start	3/18/2025		
	Engineering Completion	3/18/2027		
	Notice to Proceed	3/18/2027		
	Substantial Completion	3/18/2030		
CSO 055 – Satellite storage, conveyance, FM & PS	Engineering Start:	3/18/2027		
	Engineering Completion:	3/18/2030		
	Notice to Proceed:	3/18/2030		
	Substantial Completion:	3/18/2034		

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

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

Certificates of Acceptance and Occupancy

ITEM NO. 26

CONTRACTNO. 81400007

CERTIFICATE OF ACCEPTANCE AND OCCUPANCY

WORK:

Swan Trunk Improvements
SPP 206 A&B Modifications Project

BID:

\$931,380.00

CONTRACTOR:

Visone Construction, Inc.
79 Sheldon Avenue
Depew, NY 14043

WHEREAS:

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

WHEREAS:

In Item No. 28, on May 6, 2015, the contract value was increased by \$249,458.73; and

WHEREAS:

In Item No. 25, on July 29, 2015 the contract value was decreased by \$135.40.

NOW THEREFORE

BE IT RESOLVED: That the Board of the Buffalo Sewer Authority hereby finds and determines

that:

- a. The work to be performed under the terms of the Contract has been complete and is accepted;
- b. The date of entrance and occupancy be fixed as of July 1, 2015;
- c. The maintenance period commence on July 1, 2015;
- d. Final payment be made to the Contractor in the amount of \$59,035.17, increased by \$249,323.33, making the final cost of the Contract \$1,180,838.73.

MOTION TO

APPROVE

MADE BY

MS. PETRUCCI

2ND BY

MR. KENNEDY

AYES

3

NOES

0

Board Meeting of July 29, 2015

ITEM NO. 18

CONTRACT NO. 81500015

CERTIFICATE OF ACCEPTANCE AND OCCUPANCY

WORK: SPP 163 Fillmore Northland Sewer Optimization Project

BID: \$353,757.12

CONTRACTOR: Milherst Construction, Inc.
10025 County Road
Clarence Center, NY 14032

WHEREAS: 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.

**NOW THEREFORE
BE IT RESOLVED:**

That the Board of the Buffalo Sewer Authority hereby finds and determines that:

- a. The work to be performed under the terms of the Contract has been complete and is accepted;
- b. The date of entrance and occupancy be fixed as of August 6, 2015;
- c. The maintenance period commence on August 6, 2015;
- d. Final payment be made to the Contractor in the amount of \$19,332.96, making the final cost of the contract \$386,659.14.

MOTION TO APPROVEMADE BY MS. PETRUCCI2ND BY MR. ROOSEVELTAYES 4 NOES 0

Board Meeting of September 23, 2015

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

Detailed Project Descriptions

Project Name	Project Description	Project Purpose*
<u>Phase I Projects</u>		
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.	
<i>Bird RTC Project</i>	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.
<i>Lang RTC Project</i>	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*
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Foundation Projects

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.	
<i>CSO No. 026 Sewer Separation</i>	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.
<i>CSO No. 026 RTC Structure</i>	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*
Foundation 2 - SPP Optimization (20 projects)	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.
<i>SPP 180 Optimization</i>	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.
<i>SPP 331 Optimization</i>	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.	The SPP 331 Optimization project is designed to increase the underflow capacity at SPP 331 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.
<i>SPP 036 Optimization</i>	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*
<i>SPP 217 Optimization</i>	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.
<i>SPP 318 Optimization</i>	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.
<i>SPP 097A Optimization</i>	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.
<i>SPP 122 Optimization</i>	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.
<i>SPP 163 Optimization</i>	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*
<i>SPP 165 Optimization</i>	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.
<i>SPP 165A Optimization</i>	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.
<i>SPP 178 Optimization</i>	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.
<i>SPP 335B Optimization</i>	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.
<i>SPP 336A Optimization</i>	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*
<i>SPP 341A Optimization</i>	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.
<i>SPP 342B Optimization</i>	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.
<i>SPP 001 Optimization</i>	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.
<i>SPP 183 Optimization</i>	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.
<i>SPP 283 Optimization</i>	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*
<i>SPP 211 Optimization</i>	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.
<i>Hertel Northwest In-Line Storage</i>	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.
<i>Hertel South In-Line Storage</i>	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.
<i>Hertel Northeast In-Line Storage</i>	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*
<i>Bird East In-Line Storage</i>	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.
<i>East Ferry In-Line Storage</i>	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.
<i>Colorado In-Line Storage</i>	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.
<i>North Bailey In-Line Storage</i>	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*
<i>South Bailey In-Line Storage</i>	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.
<i>Roslyn In-Line Storage</i>	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.
<i>Kay In-Line Storage</i>	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.
<i>Amherst Quarry Off-Line Storage</i>	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*
<i>Fillmore North In-Line Storage</i>	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.
<i>Gibson CSO Line Storage</i>	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*
<i>Montgomery CSO Line Storage</i>	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 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.
Foundation 4 - Hamburg Drain Optimizations	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 064. These optimizations would be located within the Hamburg Basin.	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. 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*
<u>Green Infrastructure Projects</u>		
Green 1 - Pilot Projects – 267-acres of GI control SEE DETAILS FOLLOWING FOR SPECIFIC PROJECTS	Projects consist of multiple green infrastructure projects that will overlap in engineering and construction.	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.
<i>2001-2013 Demolitions</i>	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.
<i>2014-2018 Demolitions</i>	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.
<i>PUSH Blue Projects</i>	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.
<i>Carlton Street Porous Asphalt</i>	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*
<i>Fillmore Avenue Porous Parking Lots and Green Lots</i>	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.
<i>Ohio Street</i>	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.
<i>Kenmore Avenue</i>	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.
<i>Genesee Gateway Project</i>	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.
<i>Allen Street</i>	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.
<i>Niagara Street</i>	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.
WWTP		
WWTP Improvement Project Alternative C2	The proposed project is expected to rehabilitate the existing primary clarifiers by adding high rate disinfection 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*
<u>Gray Projects</u>		
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*
CSO 013 – Satellite storage, conveyance, FM & PS	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.	This storage project would provide off-line storage thereby decreasing CSO 013 discharges. Preliminary design is for a 0.3 MG offline storage facility. Together with other LTCP projects, this project is projected based on the TY to reduce discharges to the Black Rock Canal through CSO 013 to 4 activations.
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.
CSOs 010, 008/010, 061, 004 – Underflow capacity upsizing	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*
Jefferson Avenue & Florida Street (CSO 053) – Satellite storage, conveyance and FM	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.
CSO 055 – Satellite storage, conveyance, FM & PS	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.	The purpose of this project is to reduce discharges through CSO 55 to the Niagara River. Preliminary design is for a 7.5 MG off-line storage facility. Together with other LTCP projects, this project is projected reduce CSO discharges to the Niagara River through CSO 55 based on the TY to 9 activations.
CSOs 028/044/047 - Satellite storage, conveyance, FM & PS	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.
CSO 052 – Satellite storage, conveyance, FM & PS	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*
CSO 064 – Satellite storage, conveyance, FM & PS	The proposed location for this facility is in the vicinity of the 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)



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

September 21, 2015



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

**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.

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


Michael A. Letina
Treatment Plant Superintendent

MAL:pp
encs.

CERTIFIED MAIL: #9590 9403 0481 5173 7853 70
ARTICLE #7015 0640 0006 3993 6810

cc: Environmental Engineer III – Cert. Mail #9590 9403 0481 5173 7954 61
O. McFoy, Process Department
Article #7015 0640 0006 3993 6827

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

Page 1

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

NY0028410		001-M	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2015	TO	08/31/2015

DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	117		0	01/DS	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. 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	*****	*****		*****	*****	Req. Mon DAILY MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	18.1		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	*****	2467		*****	*****	6.13		0	01/DS	CP
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	*****	*****		*****	*****	12.9		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.8		0	01/DS	CP
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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Michael Letina			716-851-4664	09/21/2015
TREATMENT PLANT SUPERINTENDENT			AREA Code	Number
TYPED OR PRINTED				MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

Page 1

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

NY0028410		001-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 08/01/2015		TO 08/31/2015	

DMR MAILING ZIP CODE: 14213

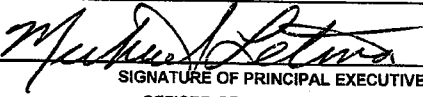
MAJOR
(SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, wastewater by-passing trtmnt plant 50049 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	179		*****	*****	*****	*****	0	99/99	RC
	PERMIT REQUIREMENT	*****	Req. Mon MO TOTAL	Mgal/mo	*****	*****	*****	*****		Continuous	RECORD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.5		0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	38207	1300000		0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon 30DA GEO	Req. Mon 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			716-851-4664	09/21/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code Number	MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

Page 2

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

NY0028410

PERMIT NUMBER

002-M

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

FROM

08/01/2015

TO

MM/DD/YYYY

08/31/2015

DMR MAILING ZIP CODE: 14213

MAJOR

(SUBR09)

STP OUTFALL

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	*****	*****		*****	*****	72		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		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
pH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.6		0	06/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	6 MAXIMUM	SU		Six Per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.4	*****	7.5		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		Reg Mon MINIMUM	*****	Reg Mon MAXIMUM	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 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 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 fine and imprisonment for knowing violations.	TELEPHONE	DATE
Michael Letina		716-851-4664	09/21/2015
TREATMENT PLANT SUPERINTENDENT			AREA Code
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM/DD/YYYY	

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2015	TO 08/31/2015

Form Approved

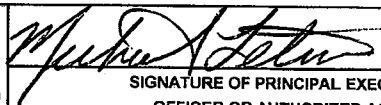
OMB No. 2040-0004

Page 3

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****		*****	121	*****		0	01/01	24
	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	*****	mg/L		DAILY	COMP 24
Solids, settleable 00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.6		1	12/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable 00545 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.8		0	06/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N) 00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.99		0	01/30	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		Monthly	COMP 24
Nitrogen, Kjeldahl, total (as N) 00625 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****		*****	*****	17.6		0	01/30	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		Monthly	COMP 24
Phosphorus, total (as P) 00865 1 0 Effluent gross	SAMPLE MEASUREMENT	*****	*****		*****	0.87	*****		0	01/01	24
	PERMIT REQUIREMENT	*****	*****		*****	1 MO AVG	*****	mg/L		DAILY	COMP 24
Nitrogen, ammonia, total (as NH3) 34726 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.88		0	01/01	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		Monthly	COMP 24

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT			716-851-4664	09/21/2015
TYPED OR PRINTED			AREA Code	Number

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410
PERMIT NUMBER002-M
DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 08/01/2015		TO 08/31/2015	

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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			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia, total (as NH3) 34726 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****		*****	*****	10.8		0	01/30	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon DAILY MX	mg/L		Monthly	COMP 24
Phenols 46000 1 0 Effluent Gross	SAMPLE MEASUREMENT	<3.99	*****		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	35.5 MO AVG	*****	lb/d	*****	*****	*****			Monthly	COMP 24
Flow, in conduit or thru treatment plant 50050 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	121	*****		*****	*****	*****		0	99/99	RC
	PERMIT REQUIREMENT	180 AGGREGATE	*****	Mgal/d	*****	*****	*****			CONTINUOUS	RCORDR
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.1		0	24/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/l		SIX PER DAY	GRAB
Mercury, total (as Hg) 71900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.2		0	01/30	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	62	88		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	200 30DA GEO	400 7 DA GEO	#/100mL		Daily	GRAB
BOD, 5-day percent removal 81010 K 0 Percent removal	SAMPLE MEASUREMENT	*****	*****		88	*****	*****		0	01/30	CA
	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 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 fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Michael Letina			716-851-4664		09/21/2015		
TREATMENT PLANT SUPERINTENDENT			716-851-4664		MM/DD/YYYY		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code		Number	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

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

NY0028410		002-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 08/01/2015		TO 08/31/2015	

DMR MAILING ZIP CODE: 14213

MAJOR

(SUBR09)

STP OUTFALL

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****		92	*****	*****		0	01/30	CA
81011 K 0	PERMIT REQUIREMENT	*****	*****		85 MG/LV/MN	*****	*****	%		Monthly	CALC'D
Percent removal											

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 false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT		716-851-4664	09/21/2015
TYPED OR PRINTED		AREA Code	Number

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

Page 5

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

NY0028410
PERMIT NUMBER

01A-M
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
08/01/2015		08/31/2015

DMR MAILING ZIP CODE: 14213

MAJOR

(SUBR09)

HEADWORKS BYPASS

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, settleable 00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mL/L		Once Per Discharge	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/l		Once Per Discharge	GRAB
Flow, wastewater bypassing treatment plant 50049 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****			*****	*****	*****		0	01/DS	ES
	PERMIT REQUIREMENT	*****	Req 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 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 violations.	TELEPHONE	DATE
Michael Letina			
TREATMENT PLANT SUPERINTENDENT		716-351-4664	09/21/2015
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	Number
			MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410
PERMIT NUMBER002-V
DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

Form Approved

OMB No. 2040-0004

Page 6

DMR MAILING ZIP CODE: 14213

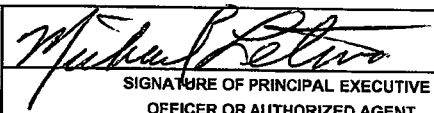
MAJOR
(SUBR09)

OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN) 00720 V 0 See Comments	SAMPLE MEASUREMENT	*****	<16.0		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	90 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Cadmium, total (as Cd) 01027 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.97		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	30 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Chromium, total (as Cr) 01034 V 0 See comments	SAMPLE MEASUREMENT	*****	<7.97		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	12.5 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper, dissolved (as Cu) 01040 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.97		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper, total (as Cu) 01042 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.97		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	31.9 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Lead, total (as Pb) 01051 V 0 See Comments	SAMPLE MEASUREMENT	*****	<16.0		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	66.2 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Nickel, total (as Ni) 01067 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.97		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	43.5 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			716-851-4664	09/21/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code Number	MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

Page 7

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

NY0028410	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2015	TO 08/31/2015

DMR MAILING ZIP CODE: 14213

MAJOR

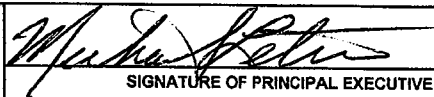
(SUBR09)

OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn) 01090 V 0 See Comments	SAMPLE MEASUREMENT	*****	61.2		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Zinc, total (as Zn) 01092 V 0 See Comments	SAMPLE MEASUREMENT	*****	64.5		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	174 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Bis(2ethylhexyl) phthalate 39100 V 0 See comments	SAMPLE MEASUREMENT	*****	<2.39		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	16.7 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT			716-851-4664	09/21/2015
TYPED OR PRINTED			AREA Code	Number

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

SECTION 1

New York State Department of Environmental Conservation
Division of Water



Report of Noncompliance Event

To: **DEC Water Contact** JEFFREY KONSELLA **DEC Region:** 9

Report Type: 1 5 Day 1 Permit Violation Order Violation Anticipated Noncompliance Bypass/Overflow Other

SECTION 2

SPDES #: NY-0029410 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. A-side aeration gallery has experienced abundant filamentous growth. This has compromised settling. High flows associated with thunderstorms led to a brief solids loss. All other 11 settleable solids samples were within permit limits for the day.

Has event ceased? (Yes) (No) If so, when? 08 / 11 / 15 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 08 / 11 / 15 02 : 00 (AM) (PM) End date, time of event: 08 / 11 / 15 02 : 00 (AM) (PM)

Date, time oral notification made to DEC? 08 / 12 / 15 13 : 56 (AM) (PM) DEC Official contacted: ROBERT SMYTHE(EMAIL)

Immediate corrective actions: Solids loss was stopped as operators adjusted final clarifier flows.

Preventive (long term) corrective actions: A-side RAS well was being chlorinated to eliminate filament growth and return SVIs to normal range. Chlorine feed rate was increased to achieve this.

SECTION 3

Complete this section if event was a bypass.

Bypass amount: Was prior DBC authorization received for this event? (Yes) (No)

DBC Official contacted: Date of DBC approval: / /

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: Michael Levine Title: TREATMENT PLANT SUPERINTENDENT Date: 08 / 12 / 15

Phone #: (716) 881 - 4684 X6201 Fax #: (716) 883 - 3789

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 fine and imprisonment for knowing violations.

Signature of Principal Executive
Officer or Authorized Agent

Michael Levine

CERTIFIED MAIL #9590 9403 0481 5173 7463 RC
ACTUALS # 705 0640 0004 9430 7315

SENDER: COMPLETE THIS SECTION		RECIPIENT: COMPLETE THIS SECTION	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X RECEIVED <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) NYSDEC MAILROOM <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery SEP 24 2015</p>	
<p>1. Article Addressed to:</p> <p>SPDES Compliance Information NYSDEC - Division of Water Bureau of Watershed Compliance 625 Broadway 4th Floor Albany, New York 12233-3506</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0006 3993 6810</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9063</p>		<p>Domestic Return Receipt</p>	

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☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

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Send To: SPDES Compliance Information
NYSDEC - Division of Water
Bureau of Watershed Compliance
625 Broadway 4th Floor
Albany, New York 12233-3506

Street and Apt. No.:
City, State, ZIP+4®

PS Form 3811, April 2015 PSN 7530-02-000-9063

SENDER, COMPLETE THIS SECTION		ADDRESSEE, COMPLETE THIS SECTION	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>K. Fraser</u></p> <p>C. Date of Delivery <u>9/22/16</u></p>	
<p>1. Article Addressed to:</p> <p>Environmental Engineer III NYSDEC 270 Michigan Ave. Buffalo, New York 14203-2999</p>		<p>D. Is delivery address different from item B? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Marked from service label)</p> <p>7015 0640 0006 3993 6827</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, April 2016 PSN 7530-02-000-9008</p>		<p>Domestic Return Receipt</p>	

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BUFFALO, NY

Postage and Fees

Environmental Engineer III
NYSDEC
270 Michigan Ave.
Buffalo, New York 14203-2999

7015 0640 0006 3993 6827



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



January 22, 2016

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

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

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

Michael A. Letina
Treatment Plant Superintendent

MAL:pp
Encs.

CERTIFIED MAIL: #9590 9403 0362 5163 7067 25
ARTICLE #7015 1660 0000 6773 6731

cc: Environmental Engineer III – Cert. Mail #9590 9403 0362 5163 7067 18
Article #7015 1660 0000 6773 6724
O. McFoy, Process Department

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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		001-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
12/01/2015		12/31/2015	

Form Approved

OMB No. 2040-0004

Page 1

DMR MAILING ZIP CODE: 14213

MAJOR
(SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	152		0	01/DS	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	166		0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.0		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mL/L		ONCE/ DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	63.3		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	*****	2834		*****	*****	9.09		0	01/DS	CP
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	*****	*****		*****	*****	14.9		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.7		0	01/DS	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	COMPOS

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Michael Letina		716-851-4664	01/22/2016
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			AREA Code

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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OMB No. 2040-0004

Page 1

DISCHARGE MONITORING REPORT (DMR)

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

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NY0028410		001-M	
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MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 12/01/2015		TO 12/31/2015	

DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, wastewater by-passing trtmnt plant 50049 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	327		*****	*****	*****	*****	0	99/99	RC
	PERMIT REQUIREMENT	*****	Reg. Mon. MO TOTAL	Mgal/mo	*****	*****	*****	*****		Continuous	RECORDR
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.1		0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	55142	920000		0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	Reg. Mon. 30DA GEO	Reg. Mon. 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

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Michael Letina			716-851-4664	01/22/2016
TREATMENT PLANT SUPERINTENDENT			AREA Code	Number
TYPED OR PRINTED				MM/DD/YYYY

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Page 2

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

NAME: BUFFALO SEWER AUTHORITY

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BUFFALO, NY 142023310

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BUFFALO, NY 14213

ATTN: Michael Letina, PLT SUPT

NY0028410
PERMIT NUMBER002-M
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
12/01/2015		12/31/2015

DMR MAILING ZIP CODE: 14213

MAJOR
(SUBR09)

STP OUTFALL

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****	*****	59		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	*****	*****		*****	*****	57		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	8620	10730		*****	9.7	13		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	*****	*****		*****	126	*****		0	01/01	24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		*****	Reg. Mon MO AVG	*****	mg/L		Daily	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.5		0	06/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		8 MINIMUM	*****	8 MAXIMUM	SU		Six Per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.5		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		Reg Mon MINIMUM	*****	Reg Mon MAXIMUM	SU		Six Per Day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	9700	11040		*****	11	13		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 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 fine and imprisonment for knowing violations.	TELEPHONE	DATE
Michael Letina		716-851-4664	01/22/2016
TREATMENT PLANT SUPERINTENDENT		AREA Code	Number

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

Page 3

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

NY0028410
PERMIT NUMBER002-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 14213

MAJOR

(SUBR09)

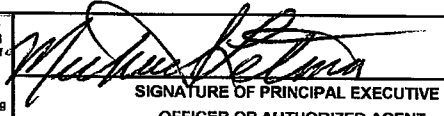
STP OUTFALL

External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 12/01/2015		TO 12/31/2015	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	110	*****		0	01/01	24
00530 G 0	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon MO AVG	*****	mg/L		DAILY	COMP 24
Raw Sewage Influent											
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1		0	12/01	GR
00545 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	3 DAILY MX	mL/L		SIX PER DAY	GRAB
Effluent Gross											
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.2		0	06/01	GR
00545 G 0	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mL/L		SIX PER DAY	GRAB
Raw Sewage Influent											
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	9.95		0	01/30	24
00625 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
Effluent Gross											
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	14.9		0	01/30	24
00625 G 0	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
Raw Sewage Influent											
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	0.85	*****		0	01/01	24
00665 1 0	PERMIT REQUIREMENT	*****	*****		*****	1 MO AVG	*****	mg/L		DAILY	COMP 24
Effluent gross											
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.04		0	01/01	24
34726 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
Effluent Gross											

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 false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Michael Letina			716-851-4664	01/22/2016
TREATMENT PLANT SUPERINTENDENT			AREA Code Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

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

NY0028410

PERMIT NUMBER

002-M

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 14213

MAJOR

(SUBR09)

STP OUTFALL

External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	12/01/2015	TO	12/31/2015

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	10.4		0	01/30	24
34726 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
Phenols	SAMPLE MEASUREMENT	<3.53	*****		*****	*****	*****		0	01/30	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	35.8 MO AVG	*****	lb/d	*****	*****	*****			Monthly	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	117	*****		*****	*****	*****		0	99/99	RC
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	180 AGGROLAV	*****	Mgal/d	*****	*****	*****			CONTINUOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.0		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	*****	*****		*****	*****	1.8		0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		*****	31	36		0	01/01	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 500A 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	*****	*****		85 MO AV MIN	*****	*****	%		Monthly	CALCTD

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Michael Letina

TREATMENT PLANT SUPERINTENDENT

TYPED OR PRINTED

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 fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

716-851-4664

01/22/2016

AREA Code

Number

MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

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

NY0028410
PERMIT NUMBER002-M
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
12/01/2015		12/31/2015

DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

STP OUTFALL

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****		90	*****	*****		0	01/30	CA
81011 K O	PERMIT REQUIREMENT	*****	*****		85 MG AV/MIN	*****	*****	%		Monthly	CALC'D
Percent removal											

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 false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT			716-851-4664	01/22/2016
TYPED OR PRINTED			AREA Code	Number

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004
Page 5

DISCHARGE MONITORING REPORT (DMR)

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

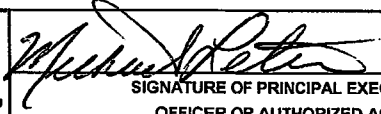
NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
BUFFALO, NY 142023310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
BUFFALO, NY 14213
ATTN: Michael Letina, PLT SUPT

NY0028410		01A-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY	TO	MM/DD/YYYY	
12/01/2015		12/31/2015	

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	43		0	01/DS	GR
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	142		0	01/DS	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		Once Per Discharge	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.8		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mL/L		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	8.2		0	01/DS	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/l		Once Per Discharge	GRAB
Flow, wastewater bypassing treatment plant	SAMPLE MEASUREMENT	*****	0.2		*****	*****	*****		0	01/DS	ES
50049 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	Req Mon MO TOTAL	Mgal/mo	*****	*****	*****			Once Per Discharge	ESTIMA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER Michael Letina	<small>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 fine and imprisonment for knowing violations.</small>	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT			716-851-4664	01/22/2016
TYPED OR PRINTED			AREA Code	Number

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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 NUMBER002-V
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
12/01/2015		12/31/2015

Form Approved

OMB No. 2040-0004

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DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN) 00720 V 0 See Comments	SAMPLE MEASUREMENT	*****	<14.1		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	90 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Cadmium, total (as Cd) 01027 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.06		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	30 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Chromium, total (as Cr) 01034 V 0 See comments	SAMPLE MEASUREMENT	*****	<7.06		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	12.5 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper, dissolved (as Cu) 01040 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.06		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper, total (as Cu) 01042 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.06		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	31.9 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Lead, total (as Pb) 01051 V 0 See Comments	SAMPLE MEASUREMENT	*****	<14.1		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	66.2 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Nickel, total (as Ni) 01067 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.06		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	43.8 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			716-851-4664	01/22/2016
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	Number

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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 NUMBER002-V
DISCHARGE NUMBER

MONITORING PERIOD

FROM MM/DD/YYYY TO MM/DD/YYYY
12/01/2015 12/31/2015

Form Approved

OMB No. 2040-0004

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DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	*****	50.2		*****	*****	*****		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	*****	71.4		*****	*****	*****		0	01/30	24
01092 V 0 See Comments	PERMIT REQUIREMENT	*****	174 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Bis(2ethylhexyl) phthalate	SAMPLE MEASUREMENT	*****	<2.12		*****	*****	*****		0	01/30	24
39100 V 0 See comments	PERMIT REQUIREMENT	*****	16.7 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			716-851-4664	01/22/2016
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code Number	MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

Page 1

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

NY0028410
PERMIT NUMBERSLD1
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 14213

MAJOR
(SUBR09)

BIOSOLIDS DISPOSAL

Other

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	01/01/2015	TO	12/31/2015

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
ANN. AMT SLUDGE DISPOSED BY OTHER METHOD	SAMPLE MEASUREMENT	0	*****		*****	*****	*****		0	Annual	MEASRD
49017 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt. Mon. ANNU. TOT	*****	1/yr	*****	*****	*****				
ANNUAL AMT OF SLUDGE INCINERATED	SAMPLE MEASUREMENT	10738	*****		*****	*****	*****		0	Annual	MEASRD
49018 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt. Mon. ANNU. TOT	*****	1/yr	*****	*****	*****				
ANNUAL SLUDGE PRODUCTION, TOTAL	SAMPLE MEASUREMENT	9358	*****		*****	*****	*****		0	Annual	MEASRD
49019 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt. Mon. ANNU. TOT	*****	1/yr	*****	*****	*****				
ANNUAL AMOUNT OF SLUDGE LAND APPLIED	SAMPLE MEASUREMENT	0	*****		*****	*****	*****		0	Annual	MEASRD
49020 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt. Mon. ANNU. TOT	*****	1/yr	*****	*****	*****				
ANNUAL AMT. SLUDGE DISPOSED SURFACE UNIT	SAMPLE MEASUREMENT	0	*****		*****	*****	*****		0	Annual	MEASRD
49021 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt. Mon. ANNU. TOT	*****	1/yr	*****	*****	*****				
ANNUAL AMT. SLUDGE DISPOSED IN LANDFILL	SAMPLE MEASUREMENT	0	*****		*****	*****	*****		0	Annual	MEASRD
49022 SL 0 SLUDGE	PERMIT REQUIREMENT	Opt. Mon. ANNU. TOT	*****	1/yr	*****	*****	*****				

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Michael Letina

TREATMENT PLANT SUPERINTENDENT

TYPED OR PRINTED

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Michael Letina
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

716-851-4664

AREA Code

Number

DATE

01/22/2016

MM/DD/YYYY

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



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



November 23, 2015

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

**RE: Discharge Monitoring Report
October 1-31, 2015**

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

Michael A. Letina
Treatment Plant Superintendent

MAL:pp
Encs.

CERTIFIED MAIL: #9590 9403 0481 5173 7952 63
ARTICLE #7015 0640 0006 3993 7107

cc: Environmental Engineer III – Cert. Mail #9590 9403 0481 5173 7952 70
Article #7015 0640 0006 3993 7114
O. McFoy, Process Department

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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		001-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 10/01/2015		TO 10/31/2015	

Form Approved

OMB No. 2040-0004

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DMR MAILING ZIP CODE: 14213

MAJOR
(SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	169		0	01/DS	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	170		0	01/DS	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. 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	*****	*****		*****	*****	Req. 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	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	4941		*****	*****	8.55		0	01/DS	CP
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	*****	*****		*****	*****	15.2		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. 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

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 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 fine and imprisonment for knowing violations.	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED		716-851-4664	11/23/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	Number

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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ATTN: Michael Letina, PLT SUPT

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NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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DMR MAILING ZIP CODE: 14213

MAJOR


(SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, wastewater by-passing trtmnt plant 50049 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	386		*****	*****	*****	*****	0	99/99	RC
	PERMIT REQUIREMENT	*****	Req. Mon MO TOTAL	Mgal/mo	*****	*****	*****	*****		Continuous	RECORDR
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.9		0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	32767	2800000		0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon 30DA GEO	Req. Mon 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

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

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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 NUMBER002-M
DISCHARGE NUMBER

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DMR MAILING ZIP CODE: 14213

MAJOR
(SUBR09)


STP OUTFALL

External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 10/01/2015		TO 10/31/2015	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****	*****	70		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	*****	*****		*****	*****	68		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		0	01/01	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	45086 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	*****	*****		*****	118	*****		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	*****	*****		5 MINIMUM	*****	9 MAXIMUM	SU		Six Per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.5		0	06/01	GR
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		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	45086 MO AVG	67554 7DA AVG	lb/d	*****	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24

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TREATMENT PLANT SUPERINTENDENT			AREA Code	Number
TYPED OR PRINTED			MM/DD/YYYY	

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410
PERMIT NUMBER002-M
DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 10/01/2015		TO 10/31/2015	

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DMR MAILING ZIP CODE: 14213

MAJOR
(SUBR09)

STP OUTFALL

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****		*****	105	*****		0	01/01	24
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon MO AVG	*****	mg/L		DAILY	COMP 24
Solids, settleable 00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1		0	12/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable 00545 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.6		0	06/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N) 00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	6.1		0	01/30	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
Nitrogen, Kjeldahl, total (as N) 00625 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****		*****	*****	16.2		0	01/30	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		Monthly	COMP 24
Phosphorus, total (as P) 00665 1 0 Effluent gross	SAMPLE MEASUREMENT	*****	*****		*****	0.75	*****		0	01/01	24
	PERMIT REQUIREMENT	*****	*****		*****	MO AVG	*****	mg/L		DAILY	COMP 24
Nitrogen, ammonia, total (as NH3) 34726 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.4		0	01/01	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		Monthly	COMP 24

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TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED:			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code		Number		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 10/01/2015	TO	10/31/2015	

Form Approved

OMB No. 2040-0004

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DMR MAILING ZIP CODE: 14213

MAJOR

(SUBR09)

STP OUTFALL

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	12.6		0	01/30	24
34726 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon DAILY MX	mg/L		Monthly	COMP 24
Phenols	SAMPLE MEASUREMENT	3.69	*****		*****	*****	*****		0	01/30	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	36.5 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	*****	*****	*****			CONTINUOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.2		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	*****	*****		*****	*****	1.3		0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		*****	36	50		0	01/01	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 300A GED	400 7 DA GED	#/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 MIN	*****	*****	%		Monthly	CALC'D


NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Michael Letina

TREATMENT PLANT SUPERINTENDENT

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

716-851-4664

AREA Code Number

DATE

11/23/2015

MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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 LOCATION: 90 WEST FERRY STREET
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 ATTN: Michael Letina, PLT SUPT

DISCHARGE MONITORING REPORT (DMR)

NY0028410	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2015	TO 10/31/2015

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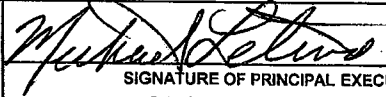
OMB No. 2040-0004

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****		91	*****	*****		0	01/30	CA
81011 K 0	PERMIT REQUIREMENT	*****	*****		85	*****	*****				
Percent removal					MO AV MN			%		Monthly	CALC'D

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Michael Letina			716-851-4664	11/23/2015
TREATMENT PLANT SUPERINTENDENT			AREA Code	Number
TYPED OR PRINTED				MM/DD/YYYY

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

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BUFFALO, NY 142023310

FACILITY: BIRD ISLAND WWTF

LOCATION: 90 WEST FERRY STREET
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ATTN: Michael Letina, PLT SUPT

NY0028410
PERMIT NUMBER

01A-M
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
10/01/2015		10/31/2015

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OMB No. 2040-0004

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DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

HEADWORKS BYPASS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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		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	*****	*****		*****	*****	8		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	*****	*****		*****	*****	25		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	*****	0.2		*****	*****	*****		0	01/DS	ES
50049 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	Reg Mon MO TOTAL	Mgal/mo	*****	*****	*****			Once Per Discharge	ESTIMA

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Michael Letina	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-851-4664	11/23/2015
TREATMENT PLANT SUPERINTENDENT		AREA Code	Number
TYPED OR PRINTED			

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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ATTN: Michael Letina, PLT SUPT

NY0028410
PERMIT NUMBER002-V
DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		TO	MM/DD/YYYY
FROM	10/01/2015		10/31/2015

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DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN)	SAMPLE MEASUREMENT	*****	<13.1		*****	*****	*****		0	01/30	24
00720 V 0 See Comments	PERMIT REQUIREMENT	*****	90 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	*****	<6.56		*****	*****	*****		0	01/30	24
01027 V 0 See Comments	PERMIT REQUIREMENT	*****	30 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	<6.56		*****	*****	*****		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	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	<6.56		*****	*****	*****		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	*****	<13.1		*****	*****	*****		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	COMP24

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			716-851-4664	11/23/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	Number

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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 NUMBER002-V
DISCHARGE NUMBER

MONITORING PERIOD

FROM MM/DD/YYYY TO MM/DD/YYYY
10/01/2015 10/31/2015

Form Approved

OMB No. 2040-0004

Page 7

DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn) 01090 V 0 See Comments	SAMPLE MEASUREMENT	*****	51.2		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Zinc, total (as Zn) 01092 V 0 See Comments	SAMPLE MEASUREMENT	*****	36.5		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	174 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Bis(2ethylhexyl) phthalate 39100 V 0 See comments	SAMPLE MEASUREMENT	*****	<1.97		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	16.7 DAILY MX	lb/d	*****	*****	*****			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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Michael Letina			716-851-4664	11/23/2015
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			AREA Code Number	MM/DD/YYYY

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



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



December 18, 2015

SPDES Compliance Information Section
New York State Department of Environmental Conservation
Division of Water
Bureau of Watershed Compliance Programs
625 Broadway 4th 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.

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



Michael A. Letina
Treatment Plant Superintendent

MAL:pp
Encs.

CERTIFIED MAIL: #9590 9403 0481 5173 7955 84
ARTICLE #7015 0640 0006 3993 7022

cc: 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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

Page 1

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

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2015	TO 11/30/2015

DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	85		0	01/DS	CP
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	*****	*****		*****	*****	Req. 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	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	2534		*****	*****	6.64		0	01/DS	CP
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	*****	*****		*****	*****	Req. 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	*****	*****		*****	*****	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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Michael Letina			716-851-4664	12/18/2015
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			AREA Code	Number

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

Page 1

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410
PERMIT NUMBER001-M
DISCHARGE NUMBER

MONITORING PERIOD

FROM MM/DD/YYYY TO MM/DD/YYYY
11/01/2015 11/30/2015

DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, wastewater by-passing trtmt plant 50049 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	83		*****	*****	*****	*****	0	99/99	RC
	PERMIT REQUIREMENT	*****	Reg. Mon. MO TOTAL	Mgal/mo	*****	*****	*****	*****		Continuous	RECORD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.0		0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	38081	154952		0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	Reg. Mon. 30DA GEO	Reg. Mon. 7DA GEO	#/100mL		ONCE/ DISCHG	GRAB

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			716-851-4664	12/18/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	Number

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

Page 2

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

NY0028410
PERMIT NUMBER002-M
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
11/01/2015		11/30/2015

DMR MAILING ZIP CODE: 14213

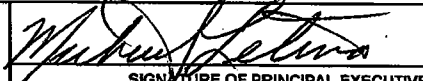
MAJOR
(SUBR09)

STP OUTFALL

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****	*****	64		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	*****	*****		*****	*****	63		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	4170	6230		*****	5.1	6.8		0	01/01	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 ZDA AVG	lb/d	*****	30 MO AVG	45 ZDA AVG	mg/L		Daily	COMP 24
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	*****	*****		*****	132	*****		0	01/01	24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon MO AVG	*****	mg/L		Daily	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.6		0	06/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8 MAXIMUM	SU		Six Per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	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	6400	8520		*****	7.9	9.5		0	01/01	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45036 MO AVG	67554 ZDA AVG	lb/d	*****	30 MO AVG	45 ZDA AVG	mg/L		Daily	COMP 24

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 716-851-4664	DATE 12/18/2015	
TREATMENT PLANT SUPERINTENDENT			AREA Code	Number	MM/DD/YYYY
TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NAME: BUFFALO SEWER AUTHORITY
ADDRESS: 1038 CITY HALL
 BUFFALO, NY 14203310
FACILITY: BIRD ISLAND WWTF
LOCATION: 90 WEST FERRY STREET
 BUFFALO, NY 14213
ATTN: Michael Letina, PLT SUPT

NY0028410		002-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 11/01/2015		TO 11/30/2015	

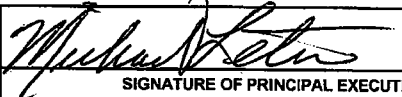
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 OMB No. 2040-0004

Page 3

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****		*****	104	*****		0	01/01	24
	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	*****	mg/L		DAILY	COMP 24
Solids, settleable 00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1		0	12/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	3 DAILY MX	mL/L		SIX PER DAY	GRAB
Solids, settleable 00545 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****		*****	*****	6.7		0	06/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mL/L		SIX PER DAY	GRAB
Nitrogen, Kjeldahl, total (as N) 00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.13		0	01/30	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		Monthly	COMP 24
Nitrogen, Kjeldahl, total (as N) 00625 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****		*****	*****	17.2		0	01/30	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		Monthly	COMP 24
Phosphorus, total (as P) 00665 1 0 Effluent gross	SAMPLE MEASUREMENT	*****	*****		*****	0.75	*****		0	01/01	24
	PERMIT REQUIREMENT	*****	*****		*****	1 MO AVG	*****	mg/L		DAILY	COMP 24
Nitrogen, ammonia, total (as NH3) 34726 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.68		0	01/01	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req Mon DAILY MX	mg/L		Monthly	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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Michael Letina			716-851-4664	12/18/2015
TREATMENT PLANT SUPERINTENDENT			AREA Code Number	MM/DD/YYYY
TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

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

NY0028410
PERMIT NUMBER002-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 14213

MAJOR

(SUBR09)


STP OUTFALL

External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	11/01/2015	TO	11/30/2015

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia, total (as NH3) 34726 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****		*****	*****	11.3		0	01/30	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg Mon DAILY MX	mg/L		Monthly	COMP 24
Phenols 46000 1 0 Effluent Gross	SAMPLE MEASUREMENT	4.56	*****		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	368 MO AVG	*****	lb/d	*****	*****	*****			Monthly	COMP 24
Flow, in conduit or thru treatment plant 50050 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	118	*****		*****	*****	*****		0	99/99	RC
	PERMIT REQUIREMENT	180 AGGRO LAV	*****	Mgal/d	*****	*****	*****			CONTINUOUS	ACORDR
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3		0	24/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/l		SIX PER DAY	GRAB
Mercury, total (as Hg) 71900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3		0	01/30	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	50 DAILY MX	ng/L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	34	43		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	200 30DA GEO	400 7 DA GEO	#/100mL		Daily	GRAB
BOD, 5-day percent removal 81010 K 0 Percent removal	SAMPLE MEASUREMENT	*****	*****		96	*****	*****		0	01/30	CA
	PERMIT REQUIREMENT	*****	*****		85 MO AV MN	*****	*****	%		Monthly	CALCTD

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 716-851-4664	DATE 12/18/2015	
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			AREA Code	Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

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

NY0028410
PERMIT NUMBER002-M
DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2015	TO 11/30/2015

DMR MAILING ZIP CODE: 14213

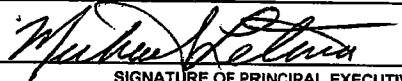
MAJOR
(SUBR09)

STP OUTFALL

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****		92	*****	*****		0	01/30	CA
81011 K 0	PERMIT REQUIREMENT	*****	*****		85 MO.AV.MN	*****	*****	%		Monthly	CALC'D
Percent removal											

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER Michael Letina	<small>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 fine and imprisonment for knowing violations.</small>	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT			716-851-4664	12/18/2015
TYPED OR PRINTED			AREA Code Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NAME: BUFFALO SEWER AUTHORITY

ADDRESS: 1038 CITY HALL

FACILITY: BUFFALO, NY 142023310

LOCATION: BIRD ISLAND WWTF

ATTN: Michael Letina, PLT SUPT

BUFFALO, NY 14213

NY0028410
PERMIT NUMBER01A-M
DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

FROM

TO

Form Approved

OMB No. 2040-0004

Page 5

DMR MAILING ZIP CODE: 14213

MAJOR


(SUBR09)

HEADWORKS BYPASS

External Outfall

No Discharge ☐

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

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 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 fine and imprisonment for knowing violations.	TELEPHONE 716-851-4664	DATE 12/18/2015	
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410

PERMIT NUMBER

002-V

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2015

TO

MM/DD/YYYY

11/30/2015

Form Approved

OMB No. 2040-0004

Page 6

DMR MAILING ZIP CODE: 14213

MAJOR
(SUBR09)

OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN) 00720 V 0 See Comments	SAMPLE MEASUREMENT	*****	<15.0		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	90 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP 24
Cadmium, total (as Cd) 01027 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.51		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	30 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP 24
Chromium, total (as Cr) 01034 V 0 See comments	SAMPLE MEASUREMENT	*****	<7.51		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	12.5 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP 24
Copper, dissolved (as Cu) 01040 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.51		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	Reg Min DAILY MX	lb/d	*****	*****	*****			Monthly	COMP 24
Copper, total (as Cu) 01042 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.51		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	31.9 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP 24
Lead, total (as Pb) 01051 V 0 See Comments	SAMPLE MEASUREMENT	*****	<15.0		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	66.2 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP 24
Nickel, total (as Ni) 01067 V 0 See Comments	SAMPLE MEASUREMENT	*****	<7.51		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	43.5 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP 24

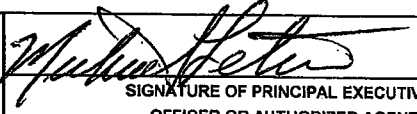
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Michael Letina

TREATMENT PLANT SUPERINTENDENT

TYPED OR PRINTED

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 fine and imprisonment for knowing violations.


 SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

716-851-4664

12/18/2015

AREA Code

Number

MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

Page 7

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	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2015	TO 11/30/2015

DMR MAILING ZIP CODE: 14213

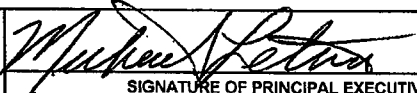
MAJOR
(SUBR09)

OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn) 01090 V 0 See Comments	SAMPLE MEASUREMENT	*****	42.3		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Zinc, total (as Zn) 01092 V 0 See Comments	SAMPLE MEASUREMENT	*****	32.7		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	174 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Bis(2ethylhexyl) phthalate 39100 V 0 See comments	SAMPLE MEASUREMENT	*****	2.25		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	16.7 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT			716-851-4664	12/18/2015
TYPED OR PRINTED			AREA Code	Number

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



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

October 21, 2015



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

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

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for September 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

Michael A. Letina
Treatment Plant Superintendent

MAL:pp
Encs.

CERTIFIED MAIL: #9590 9403 0481 5173 7853 01
ARTICLE #7015 0640 0006 3993 7176

cc: Environmental Engineer III – Cert. Mail #9590 9403 0481 5173 7853 18
Article #7015 0640 0006 3993 7183
O. McFoy, Process Department

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

Page 1

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
09/01/2015	FROM	09/30/2015	TO

DMR MAILING ZIP CODE: 14213

MAJOR
(SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	302		0	01/DS	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		Once per Discharge	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	144		0	01/DS	CP
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	*****	*****		*****	*****	Req. 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	CP
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	*****	*****		*****	*****	Req. 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

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 false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Michael Letina		716-851-4664	10/23/2015
TREATMENT PLANT SUPERINTENDENT		AREA Code Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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		001-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 09/01/2015		TO 09/30/2015	

Form Approved

OMB No. 2040-0004

Page 1

DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, wastewater by-passing trtmnt plant 50049 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	648		*****	*****	*****	*****	0	99/99	RC
	PERMIT REQUIREMENT	*****	Reg. Mon. MO TOTAL	Mgal/mo	*****	*****	*****	*****		Continuous	RECORD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3		0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	56602	9200000		0	01/DS	GR
	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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Michael Letina			716-851-4664	10/23/2015
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			AREA Code	Number

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

Page 2

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410

PERMIT NUMBER

002-M

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 14213

MAJOR

(SUBR09)

STP OUTFALL

External Outfall

MONITORING PERIOD

MM/DD/YYYY

09/01/2015

TO

MM/DD/YYYY

09/30/2015

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****	*****	75		0	06/01	GR
00011 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon DAILY MX	deg F		Six Per Day	GRAB
Effluent Gross											
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****	*****	73		0	06/01	GR
00011 G 0	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon DAILY MX	deg F		Six Per Day	GRAB
Raw Sewage Influent											
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	7070	10510		*****	10	16		0	01/01	24
00310 1 0	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	*****	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24
Effluent Gross											
BOD, 5-day, 20 deg C	SAMPLE MEASUREMENT	*****	*****		*****	121	*****		0	01/01	24
00310 G 0	PERMIT REQUIREMENT	*****	*****		*****	Reg. Mon MO AVG	*****	mg/L		Daily	COMP 24
Raw Sewage Influent											
pH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	8.0		0	06/01	GR
00400 1 0	PERMIT REQUIREMENT	*****	*****		8 MINIMUM	*****	8 MAXIMUM	SU		Six Per Day	GRAB
Effluent Gross											
pH	SAMPLE MEASUREMENT	*****	*****		6.4	*****	7.3		0	06/01	GR
00400 G 0	PERMIT REQUIREMENT	*****	*****		Reg. Mon MINIMUM	*****	Reg. Mon MAXIMUM	SU		Six Per Day	GRAB
Raw Sewage Influent											
Solids, total suspended	SAMPLE MEASUREMENT	6600	7900		*****	9.3	11		0	01/01	24
00530 1 0	PERMIT REQUIREMENT	45036 MO AVG	67554 7DA AVG	lb/d	*****	30 MO AVG	45 7DA AVG	mg/L		Daily	COMP 24
Effluent Gross											

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Michael Letina

TREATMENT PLANT SUPERINTENDENT

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

716-851-4664

DATE

10/23/2015

AREA Code

Number

MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

Page 3

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410
PERMIT NUMBER002-M
DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 09/01/2015		TO 09/30/2015	

DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

STP OUTFALL

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	128	*****		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	*****	*****		*****	*****	<0.1		0	12/01	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	2 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	*****	*****		*****	*****	Req: 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	*****	*****		*****	*****	Req: Mon DAILY MX	mg/L		Monthly	COMP 24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	17.1		0	01/30	24
00625 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		*****	*****	Req: Mon DAILY MX	mg/L		Monthly	COMP 24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	0.82	*****		0	01/01	24
00665 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****		*****	MO AVG	*****	mg/L		DAILY	COMP 24
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	COMP 24

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 ensure 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 716-851-4664	DATE 10/23/2015	
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			AREA Code	Number	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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 NUMBER002-M
DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
09/01/2015	TO	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		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia, total (as NH ₃)	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
Phenols	SAMPLE MEASUREMENT	<4.10	*****		*****	*****	*****		0	01/30	24
46000 1 0 Effluent Gross	PERMIT REQUIREMENT	36.8 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	*****	*****	*****			CONTINUOUS	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.2		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	*****	*****		*****	*****	1.3		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	*****	*****		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 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 fine and imprisonment for knowing violations.	TELEPHONE	DATE
Michael Letina		716-851-4664	10/23/2015
TREATMENT PLANT SUPERINTENDENT			AREA Code
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM/DD/YYYY	

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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 NUMBER002-M
DISCHARGE NUMBER

MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
09/01/2015		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		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****		93	*****	*****		0	01/30	CA
81011 K0 Percent removal	PERMIT REQUIREMENT	*****	*****		85 MG AY MN	*****	*****	%		Monthly	CALCTD

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT			716-851-4664	10/23/2015
TYPED OR PRINTED			AREA Code	Number

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

Page 5

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410
PERMIT NUMBER01A-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 14213

MAJOR
(SUBR09)


HEADWORKS BYPASS

External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 09/01/2015		TO 09/30/2015	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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 REQUIREMENT	*****	*****		*****	*****	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	*****	*****		*****	*****	Reg Mon DAILY MX	mg/l		Once Per Discharge	GRAB
Flow, wastewater bypassing trmnt plant	SAMPLE MEASUREMENT	*****	0.2		*****	*****	*****		0	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 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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT			716-851-4664	10/23/2015
TYPED OR PRINTED			AREA Code Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

Form Approved

OMB No. 2040-0004

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DISCHARGE MONITORING REPORT (DMR)

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

NY0028410
PERMIT NUMBER002-V
DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 09/01/2015		TO 09/30/2015	

DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN) 00720 V 0 See Comments	SAMPLE MEASUREMENT	*****	<16.4		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	90 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Cadmium, total (as Cd) 01027 V 0 See Comments	SAMPLE MEASUREMENT	*****	<8.21		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	30 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Chromium, total (as Cr) 01034 V 0 See comments	SAMPLE MEASUREMENT	*****	<8.21		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	12.5 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper, dissolved (as Cu) 01040 V 0 See Comments	SAMPLE MEASUREMENT	*****	<8.21		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper, total (as Cu) 01042 V 0 See Comments	SAMPLE MEASUREMENT	*****	9.60		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	31.9 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Lead, total (as Pb) 01051 V 0 See Comments	SAMPLE MEASUREMENT	*****	<16.4		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	66.2 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Nickel, total (as Ni) 01067 V 0 See Comments	SAMPLE MEASUREMENT	*****	<8.21		*****	*****	*****		0	01/30	24
	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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE	
Michael Letina			716-851-4664		10/23/2015	
TREATMENT PLANT SUPERINTENDENT			AREA Code		Number	
TYPED OR PRINTED					MM/DD/YYYY	

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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	002-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 09/01/2015	TO	09/30/2015	

Form Approved

OMB No. 2040-0004

Page 7

DMR MAILING ZIP CODE: 14213

MAJOR

(SUBR09)

OUTFALL 002 ACTION LEVELS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn) 01090 V 0 See Comments	SAMPLE MEASUREMENT	*****	33		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Zinc, total (as Zn) 01092 V 0 See Comments	SAMPLE MEASUREMENT	*****	37.7		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	174 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Bis(2ethylhexyl) phthalate 39100 V 0 See comments	SAMPLE MEASUREMENT	*****	<2.46		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	16.7 DAILY MX	lb/d	*****	*****	*****			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 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 fine and imprisonment for knowing violations.	TELEPHONE	DATE
Michael Letina		716-851-4664	10/23/2015
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM/DD/YYYY

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

SENDER: COMPLETE THIS SECTION		POST OFFICE OFFICIAL: COMPLETE THIS SECTION	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>SPDES Compliance Information NYSDEC - Division of Water Bureau of Watershed Compliance 625 Broadway 4th Floor Albany, New York 12233-3506</p> <p>9590 9403 0481 5173 7853 01</p> <p>2. Article Number (Transfer from service label)</p> <p>7015 0640 0006 3993 7176</p>		<p>A. Signature X <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>RECEIVED NYSDEC MAILROOM OCT 27 2015</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered MailSM</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified MailSM <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature ConfirmationSM</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Enter ZIP+4[®] _____</p>		<p>4. Service Type</p> <p><input type="checkbox"/> Priority Mail ExpressSM <input type="checkbox"/> Registered MailSM</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified MailSM <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature ConfirmationSM</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Enter ZIP+4[®] _____</p>	
PS Form 3811, April 2015 PSN 7530-02-000-9003		Domestic Return Receipt	

U.S. Postal Service [®]	
CERTIFIED MAIL [®] RECEIPT	
Domestic First-Class	
For delivery information, visit us at usps.com	
ALBANY, NY 12233-3506	
OFFICIAL USE	
Certified Mail Fee \$3.45	
<p>1. Return Receipt (hardcopy) \$2.00</p> <p>2. Return Receipt (electronic) \$0.00</p> <p>3. Restricted Mail (hardcopy) \$0.00</p> <p>4. Certified Mail Restricted Delivery \$0.00</p> <p>5. Adult Signature Restricted \$0.00</p> <p>6. Adult Signature Restricted Delivery \$0.00</p>	
Postage \$1.42	
Total Postage and Fees \$4.87	
Date 10/27/2015	
<p>7015 0640 0006 3993 7176</p> <p>SPDES Compliance Information NYSDEC - Division of Water Bureau of Watershed Compliance 625 Broadway 4th Floor Albany, New York 12233-3506</p>	
PS Form 3811, April 2015 PSN 7530-02-000-9003	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION, IF RETURNED	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Environmental Engineer III NYSDEC 270 Michigan Ave. Buffalo, New York 14203-2999</p>		<p>A. Signature x <u>D. Hall</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>D. Hall</u> C. Date of Delivery <u>10/22/15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9403 0481 5173 7883 18</p> <p>7015 0640 0006 3993 7183</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>	

PS Form 3811, April 2015 PSN 7580-02-000-8068 Domestic Return Receipt

7015 0640 0006 3993 7183

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For Return Information, visit us at usps.com

OFFICIAL USE

Postage \$3.45

Services & Fees (check box, add fee if necessary)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery (over \$500)	\$0.00

Postage \$1.42

Total Postage and Fees \$7.42

Sent to: Environmental Engineer III
NYSDEC
270 Michigan Ave.
Buffalo, New York 14203-2999

Sent on: 10/22/2015

City: Buffalo, NY

ZIP: 14203



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

August 21, 2015



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

**RE: Discharge Monitoring Report
July 1-31, 2015**

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

Michael A. Letina
Treatment Plant Superintendent

MAL:pp
encs.

CERTIFIED MAIL: #9590 9403 0481 5173 7953 48
ARTICLE #7015 0640 0006 3993 6872

cc: Environmental Engineer III – Cert. Mail #9590 9403 0481 5173 7955 15
Article #7015 0640 0006 3993 6889
O. McFoy, Process Department

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410
 PERMIT NUMBER

001-M
 DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 07/01/2015		TO 07/31/2015	

Form Approved

OMB No. 2040-0004

Page 1

DMR MAILING ZIP CODE: 14213

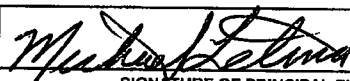
MAJOR
 (SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	*****	77		0	01/DS	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. 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	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		ONCE/DISCHG	COMPOS
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.0		0	01/DS	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mL/L		ONCE/DISCHG	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	11		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	*****	1268		*****	*****	4.0		0	01/DS	CP
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	*****	*****		*****	*****	7.9		0	01/DS	CP
00625 1 0 Effluent gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon DAILY MX	mg/L		ONCE/DISCHG	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.5		0	01/DS	CP
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 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 fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Michael Letina			 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		08/21/2015		
TREATMENT PLANT SUPERINTENDENT					716-851-4664		
TYPED OR PRINTED			AREA Code		Number		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						MM/DD/YYYY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2015	TO 07/31/2015

Form Approved

OMB No. 2040-0004

Page 1

DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

PRIMARY TREATMENT ONLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, wastewater by-passing trtmnt plant 50049 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	83		*****	*****	*****	*****	0	99/99	RC
	PERMIT REQUIREMENT	*****	Reg. Mon. MO TOTAL	Mgal/mo	*****	*****	*****	*****		Continuous	RECORD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.9		0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY-MX	mg/L		ONCE/ DISCHG	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	43291	144676		0	01/DS	GR
	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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Michael Letina			716-851-4664	08/21/2015
TREATMENT PLANT SUPERINTENDENT			AREA Code	Number
TYPED OR PRINTED				MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

Page 2

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410

PERMIT NUMBER

002-M

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 14213

MAJOR

(SUBR09)

STP OUTFALL

External Outfall

MONITORING PERIOD

MM/DD/YYYY

07/01/2015

TO

MM/DD/YYYY

07/31/2015

No Discharge ☐

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

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Michael Letina

TREATMENT PLANT SUPERINTENDENT

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

716-851-4664

AREA Code Number

DATE

08/21/2015

MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410
PERMIT NUMBER002-M
DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		TO	MM/DD/YYYY
07/01/2015			07/31/2015

Form Approved

OMB No. 2040-0004

Page 3

DMR MAILING ZIP CODE: 14213

MAJOR

(SUBR09)

STP OUTFALL

External Outfall

No Discharge ☐

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

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Michael Letina

TREATMENT PLANT SUPERINTENDENT

TYPED OR PRINTED

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Michael Letina
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

716-851-4664

AREA Code

Number

DATE

08/21/2015

MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410		002-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 07/01/2015		TO 07/31/2015	

Form Approved
 OMB No. 2040-0004

Page 4

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

No Discharge ☐

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

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT		716-851-4664	08/21/2015
TYPED OR PRINTED		AREA Code	Number

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410
PERMIT NUMBER002-M
DISCHARGE NUMBER

MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
07/01/2015		07/31/2015

FROM

TO

Form Approved

OMB No. 2040-0004

Page 4

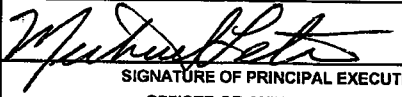
DMR MAILING ZIP CODE: 14213

MAJOR
(SUBR09)
STP OUTFALL

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal 81011 K O Percent removal	SAMPLE MEASUREMENT	*****	*****		93	*****	*****		0	01/30	CA
	PERMIT REQUIREMENT	*****	*****		85 MG/LV/MIN	*****	*****	%		Monthly	CALC'D

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			716-851-4664	08/21/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code Number	MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410
PERMIT NUMBER01A-M
DISCHARGE NUMBER

MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
07/01/2015		07/31/2015

Form Approved

OMB No. 2040-0004

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DMR MAILING ZIP CODE: 14213


MAJOR
(SUBR09)

HEADWORKS BYPASS

External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	*****	*****		*****	*****			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 tmnt plant	SAMPLE MEASUREMENT	*****			*****	*****	*****		0	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 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 violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT			716-851-4664	08/21/2015
TYPED OR PRINTED			AREA Code	Number

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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 DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 07/01/2015	TO MM/DD/YYYY 07/31/2015

Form Approved
 OMB No. 2040-0004

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN) 00720 V 0 See Comments	SAMPLE MEASUREMENT	*****	<13.2		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	90 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Cadmium, total (as Cd) 01027 V 0 See Comments	SAMPLE MEASUREMENT	*****	<6.58		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	30 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Chromium, total (as Cr) 01034 V 0 See comments	SAMPLE MEASUREMENT	*****	<6.58		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	12.5 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper, dissolved (as Cu) 01040 V 0 See Comments	SAMPLE MEASUREMENT	*****	<6.58		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Copper, total (as Cu) 01042 V 0 See Comments	SAMPLE MEASUREMENT	*****	<6.58		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	31.9 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Lead, total (as Pb) 01051 V 0 See Comments	SAMPLE MEASUREMENT	*****	<13.2		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	66.2 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Nickel, total (as Ni) 01067 V 0 See Comments	SAMPLE MEASUREMENT	*****	<6.58		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	43.8 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24

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 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 fine and imprisonment for knowing violations.	TELEPHONE 716-851-4664	DATE 08/21/2015
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code Number	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NY0028410		002-V	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 07/01/2015		TO 07/31/2015	

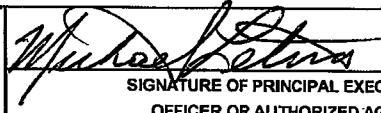
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DMR MAILING ZIP CODE: 14213
 MAJOR
 (SUBR09)
 OUTFALL 002 ACTION LEVELS
 External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn) 01090 V 0 See Comments	SAMPLE MEASUREMENT	*****	28.4		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	Reg Mon DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Zinc, total (as Zn) 01092 V 0 See Comments	SAMPLE MEASUREMENT	*****	31.0		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	174 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24
Bis(2ethylhexyl) phthalate 39100 V 0 See comments	SAMPLE MEASUREMENT	*****	6.58		*****	*****	*****		0	01/30	24
	PERMIT REQUIREMENT	*****	16.7 DAILY MX	lb/d	*****	*****	*****			Monthly	COMP24

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 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 fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TREATMENT PLANT SUPERINTENDENT TYPED OR PRINTED			716-851-4664	08/21/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	Number

SENDER COMPLETE THIS SECTION		RECEIVER TO BE COMPLETED	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return this card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>SPDES Compliance Information NYSDEC - Division of Water Bureau of Watershed Compliance 625 Broadway 4th Floor Albany, New York 12233-3506</p> <p>2. Article Number (Transfer from service label): 7015 0640 0006 3443 6672</p>		<p>A. Signature X RECEIVED B. Received by (Print Name) C. Date of Delivery AUG 24 2015</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, April 2015 PSN 7530-02-000-9053

2015 0640 0006 3443 6672

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☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.42

Total Postage and Fees \$4.87

SPDES Compliance Information
NYSDEC - Division of Water
Bureau of Watershed Compliance
625 Broadway 4th Floor
Albany, New York 12233-3506

Postmark: 08/24/2015

RECEIVED

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Environmental Engineer III
 NYSDEC
 270 Michigan Ave.
 Buffalo, New York 14203-2999.

2. Article Number (Recover from service label)

7015 0640 0006 3993 6889

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery®
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail®
☐ Insured Mail Restricted Delivery
☐ Registered Mail®
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation®
☐ Signature Confirmation Restricted Delivery

4. Is delivery address different from above?
☐ Yes
☒ No

5. Date of Delivery

AUG 24 2015

6. Service Fee

7. Postage

8. Total Postage and Fees

9. Return Receipt

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U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Return to Mail Owner

1. Article Number (Recover from service label)

7015 0640 0006 3993 6889

2. Certified Mail Fee \$3.45

3. Postage \$1.42

4. Total Postage and Fees \$4.87

5. Return Receipt

6. Return Receipt

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