



Combined Sewer Overflow (CSO) Long-Term Control Plan Consent Decree

Case 1:10-CV-02895-DCN

Semi-Annual Progress Report No. 8

January 27, 2016

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

January 27, 2016

Chief, Environmental Enforcement Section
Environmental and Natural Resources Division
U.S. Department of Justice
Box 7611 Ben Franklin Station
Washington, D.C. 20044-7611

Nicole Cantello
Associate Regional Counsel
U.S. Environmental Protection Agency
Region 5
77 West Jackson Blvd., Mail Code C14J
Chicago, IL 60604—3590

Chief, Water Enforcement and Compliance
Assurance Branch
U.S. Environmental Protection Agency
Region 5
77 West Jackson, Blvd.
Mail Code C-15WC
Chicago, IL 60604-3590

Chief, Environmental Enforcement Section
Office of the Ohio Attorney General
30 East Broad Street, 25th Floor
Columbus, Ohio 43215-3400

Chief, Division of Surface Water
Ohio Environmental Protection Agency
50 West Town Street, Suite 700
Columbus, Ohio 43215

**Re: Consent Decree Case 1:10-CV-02895-DCN
Semi-Annual Progress Report No. 8**

To Whom It May Concern:

The NEORSD is pleased to submit the enclosed Semi-Annual Progress Report (Progress Report) pursuant to Section IX of the above referenced Consent Decree. This Progress Report covers the period from July 1, 2015 through December 31, 2015.

Sincerely,



Julius Ciaccia
Chief Executive Officer

Cc: M. Sundheimer
K. Rotunno
D. Marshall/Project Clean Lake File

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

TABLE OF CONTENTS

1. Current Reporting Period Consent Decree Requirements (IX. Paragraph 46.a.)
2. Current Work and Next Reporting Period Projected Work (IX. Paragraph 46.b.)
3. Current Reporting Period Consent Decree Submissions (IX. Paragraph 46.c.)
4. Certification Statement (IX. Paragraph 48)

APPENDIX: Current CSO and Bypass Reports Submitted to OEPA (IX. Paragraph 46.d.).

NEORSD Semi-Annual Progress Report No. 8
 Period from July 1, 2015 to December 31, 2015

1. Current Reporting Period Consent Decree Requirements (IX. Paragraph 46.a.)

“A statement setting forth the deadlines and other terms that NEORSD is required by this Consent Decree to meet since the date of the last Semi-Annual Progress report, whether and to what extent NEORSD has met these requirements, and the reasons for any noncompliance”.

Table 1: Current Reporting Period CD Requirements

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Compliance Status
Appendix 1 Control Measure 18	Mary Street Pump Station Upgrade	Bid Year: 2015	December 31, 2015	In compliance: Construction Notice to Proceed issued December 7, 2015.
Consent Decree Paragraph 26/ Appendix 5	Federal Supplemental Environmental Project – Collection and Disposal of Household Hazardous Waste at Special Waste Convenience Center or Alternative Location	Conduct and fund at least one collection day per month for four years or until NEORSD spends at least \$1,000,000 in creditable operating expenses, whichever is longer	Monthly starting no later than April 30, 2011	In compliance: On March 24, 2011, the NEORSD and Cuyahoga County Solid Waste District (CCSWD) entered into an intergovernmental agreement for the collection and disposal of Household Hazardous Waste. First collection was held on April 28, 2011. 12 collections occurred during the reporting period (2 per month) at a NEORSD expenditure of \$98,856.38. To date, 110 collections have occurred at a NEORSD expenditure of \$640,630.93.

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

Table 1: Current Reporting Period CD Requirements

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Compliance Status
Consent Decree Paragraph 36/ Appendix 6	State Supplemental Environmental Project – Canal Pump Station Operation and Maintenance	Commence operation and maintenance of pump station following completion of Canal Pump Station construction Or Payment of \$800,000 to USEPA within sixty (60) days after NEORSD receives notice from OEPA that the Canal Diversion Dam Removal will not be implemented, or by January 31, 2012 whichever occurs later	TBD	In compliance: Operation and maintenance activities cannot begin until design and construction of the pump station are completed by others which are dependent upon the outcome of an assessment of the environmental impacts for the Canal Diversion Dam Removal. The draft Environmental Impact Statement (EIS) was reviewed by the National Park System (NPS) in 2015. The NPS determined that the format for the assessment should be an Environmental Assessment (EA) rather than an EIS. The draft EA has been prepared and is currently undergoing internal review by Ohio EPA. It is expected that the EA will be sent out for public notice in Spring 2016 and finalized in the Fall of 2016. Design-build of the project is scheduled to commence in 2017.

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

Table 1: Current Reporting Period CD Requirements

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Compliance Status
Consent Decree Appendix 2 Section 2.6.2	Progress Reports to the Public	Public outreach activities will continue with periodic updates using various media	N/A	<p>In compliance:</p> <p>5 blog posts regarding Project Clean Lake-related projects or initiatives http://neorsd.org/blog.</p> <p>Launched "Sewer University (SewerU)" presentation series, offering attendees an overview of the history of NE Ohio sewers, water quality, and future challenges and opportunities. CSO control and Project Clean Lake was important content. http://neorsd.blogspot.com/2015/10/event-sewer-university-now-enrolling.html</p> <p>4 public meetings discussing Project Clean Lake construction updates.</p> <p>September 19, 2015 Open House drew more than 1700 guests and featured several exhibits about combined sewers and Project Clean Lake.</p> <p>4 videos created http://youtube.com/neorsdCCR include references to Project Clean Lake construction or initiatives.</p> <p>Project Clean Lake was featured in a fall print edition of "Water Innovations Magazine" http://www.wateronline.com/doc/project-clean-lake-breaks-new-ground-in-pollution-control-0001</p>

2. Current Work and Next Reporting Period Projected Work (IX. Paragraph 46.b.)

“A general description of the work completed within the Six-month Period, and a projection of work to be performed pursuant to this Consent Decree during the next or succeeding Six-month Period. Notifications to the U.S. EPA and Ohio EPA of any anticipated delay shall not, by itself, excuse the delay”.

Table 2a: Description of this Reporting Period’s Current Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Current Period Work Summary
Appendix 3	GI Post-Construction Monitoring (PCM) Program	Submit sewershed-specific and Phase 1 site specific GI PCM proposals within two years following entry of the Consent Decree, and Submit Phase 2 site-specific GI PCM proposal by December 31, 2014	July 7, 2013 December 31, 2014	Submitted sewershed-specific and Phase 1 and Phase 2 site-specific GI PCM proposals to US and Ohio EPA on July 1, 2013. Revised GI PCMP submitted July 31, 2015.

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

Table 2a: Description of this Reporting Period's Current Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Current Period Work Summary
Appendix 3	Implementation of GI Plan	Implementation of GI Plan within eight (8) years of Entry of Decree	July 7, 2019	<p>Submitted site-monitoring data for the University Circle GI Demonstration project in July 2015 as part of the Semi Annual Report. The estimated pre- and post-gray CSO reductions for this project are 0.4 and 0.1 MG.</p> <p>Continued site-specific post-construction monitoring on the Green Ambassador Slavic Village Demonstration project. The 12-month monitoring period is anticipated to be completed May 2016. The estimated pre- and post-gray CSO reductions for this project are 0.1 and 0.1 MG.</p> <p>Continued construction of the Fleet Avenue GI Project. Construction completion is scheduled for July 2016. The estimated pre- and post-gray CSO reductions for this project are 3.6 and 0.5 MG, respectively.</p> <p>Continued construction of the Green Ambassador Fairhill/MILK project. The estimated pre- and post-gray CSO reductions for this project are 9.6 and 2.4 MG, respectively.</p> <p>Continued construction of the Green Ambassador Urban Agriculture project. The estimated pre- and post-gray CSO reductions for this project are 6.6 and 1.6 MG, respectively.</p> <p>Continued design of the E. 140th Street Consolidation Sewer. The estimated pre- and post-gray CSO reductions for this project are 25.3 and 5.8 MG, respectively.</p> <p>Continued design of the Union/Buckeye GI Project.</p> <p>Continued the design of the Woodland Central GI project.</p>

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

Table 2a: Description of this Reporting Period's Current Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Current Period Work Summary
Appendix 3	GI Anticipated Co-Benefits Report	Submit within three years following EPA approval of the GI Plan	March 30, 2015	Revised report submitted on October 7, 2015.
Appendix 1 Control Measure 1	Easterly WWTP - Increase Secondary Treatment Capacity	Bid Year: 2014 Achievement of Full Operation: 2016	December 31, 2014 December 31, 2016	Commenced construction in January 2014.
Appendix 1 Control Measure 2	Treatment and Disinfection of CSO 001 Using CEHRT	Pilot Testing Report within 42 months of Work Plan Approval	March 20, 2015	Commenced preliminary design evaluation. Received Pilot Testing Report Disapproval December 22, 2015.
Appendix 1 Control Measure 3	Treatment and Disinfection of CSO 002 using CEHRT in all 6 Quadrants (quads)	Pilot Testing Report within 54 months of Work Plan Approval	March 20, 2016	Continued Pilot operation.
Appendix 1 Control Measure 4	Southerly WWTP - Treatment of Primary Effluent Bypass Demonstration/Pilot Project	Pilot Testing Report within 42 months of Work Plan Approval	March 20, 2015	Received Conditional Approval of Pilot Testing Report December 22, 2015.

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

Table 2a: Description of this Reporting Period's Current Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Current Period Work Summary
Appendix 1 Control Measure 6	Euclid Creek Tunnel/Dugway Storage System	Bid Year 2010 Achievement of Full Operation 2020	December 31, 2010 December 31, 2020	Euclid Creek Tunnel: Substantial completion July 31, 2015. Easterly Tunnel Dewatering Pump Station (ETDPS): Commenced construction in January 2012. Dugway West Interceptor Relief Sewer: Commenced construction in December 2013. Euclid Creek Pump Station/Lakeshore Boulevard Relief Sewer (ECPS/LBRS): Commenced construction in January 2013. Dugway Storage Tunnel (DST): Commenced Construction in February 2015. East 140 th Consolidation and Relief Sewer: 90% design drawings submitted in October 2015. Dugway South Relief and Consolidation Sewer: 100% design drawings submitted in November 2015.
Appendix 1 Control Measure 8	Doan Valley Tunnel System	Bid Year 2017 Achievement of Full Operation 2021	December 31, 2017 December 31, 2021	Doan Valley Tunnel: Continued design.

NEORS D Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

Table 2a: Description of this Reporting Period's Current Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Current Period Work Summary
Appendix 1 Control Measure 9	Superior Avenue Pump Station Upgrade	Bid Year 2016 Achievement of Full Operation 2018	December 31, 2016 December 31, 2018	90% Design Submittal for CM 9, 10, and 11 received October 2015. An Appendix 1 modification request for CM 9, 10, and 11 was submitted in April 2015. Responses to EPA's comments submitted on July 16, November 2 and November 18, 2015.
Appendix 1 Control Measure 10	Stones Levee Pump Station Upgrade	Bid Year 2016 Achievement of Full Operation 2017	December 31, 2016 December 31, 2017	90% Design Submittal for CM 9, 10, and 11 received October 2015. An Appendix 1 modification request for CM 9, 10, and 11 was submitted in April 2015. Responses to EPA's comments submitted on July 16, November 2 and November 18, 2015.
Appendix 1 Control Measure 11	Canal Road In-Line Storage	Bid Year 2017 Achievement of Full Operation 2018	December 31, 2017 December 31, 2018	90% Design Submittal for CM 9, 10, and 11 received October 2015. An Appendix 1 modification request for CM 9, 10, and 11 was submitted in April 2015. Responses to EPA's comments submitted on July 16, November 2 and November 18, 2015.
Appendix 1 Control Measure 14	Westerly Tunnel System	Bid Year 2020 Achievement of Full Operation 2024	December 31, 2020 December 31, 2024	Westerly Tunnel & Pump Station: Design Notice to Proceed (NTP) issued October 19, 2015. Westerly Low Level Relief Sewer: Design NTP issued July 20, 2015.

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

Table 2a: Description of this Reporting Period's Current Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Current Period Work Summary
Appendix 1 Control Measure 15	Columbus Road Storage Tank	Bid Year 2018 Achievement of Full Operation 2019	December 31, 2018 December 31, 2019	Westerly Low Level Relief Sewer: Design Notice to Proceed issued July 20, 2015.
Appendix 1 Control Measure 16	Center Street Storage Tank	Bid Year 2023 Achievement of Full Operation 2024	December 31, 2023 December 31, 2024	Westerly Low Level Relief Sewer: Design Notice to Proceed issued July 20, 2015.
Appendix 1 Control Measure 18	Mary Street Pump Station Upgrade	Bid Year 2015 Achievement of Full Operation 2017	December 31, 2015 December 31, 2017	Construction Notice to Proceed issued December 7, 2015. An Appendix 1 modification request to the description and design criteria was submitted in April 2015. Responses to EPA's comments submitted on July 16, November 2 and November 18, 2015.
Appendix 1 Control Measure 24	CSO 063 Relief/Consolidation Sewer	Bid Year 2013 Achievement of Full Operation 2014	December 31, 2013 December 31, 2014	Completed post construction monitoring on December 31, 2015. An Appendix 1 modification request to the description and design criteria was submitted in April 2015. Responses to EPA's comments submitted on July 16, November 2 and November 18, 2015.

NEORS D Semi-Annual Progress Report No. 8
 Period from July 1, 2015 to December 31, 2015

Table 2b: Description of Next Reporting Period's Projected Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Next Period Projected Work
Appendix 3	Implementation of GI Plan	Implementation of GI Plan within eight (8) years of Entry of Decree	July 7, 2019	Continue site-specific post-construction monitoring of the Green Ambassador Slavic Village Demonstration Project. The 12-month monitoring period is anticipated to be completed May 2016. Continue construction of the Fleet Avenue GI Project. Construction completion is scheduled for July 2016. Continue construction of the Urban Agriculture GI Project. Construction completion is scheduled for December 2016. Continue construction of the Fairhill-MLK GI Project. Construction completion scheduled for December 2016. Complete design of the E. 140 th GI Project. Continue design of the Union/Buckeye GI Project. Continue design of the Woodland Central GI project.
Appendix 1 Control Measure 1	Increase Secondary Treatment Capacity	Bid Year: 2014 Achievement of Full Operation: 2016	December 31, 2014 December 31, 2016	Continue with project construction.
Appendix 1 Control Measure 2	Treatment and Disinfection of CSO 001 Using CEHRT	Pilot Testing Report within 42 months of Work Plan Approval	March 20, 2015	Continue preliminary design evaluation of final facilities. Respond to Pilot Testing Report disapproval.

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

Table 2b: Description of Next Reporting Period's Projected Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Next Period Projected Work
Appendix 1 Control Measure 3	Treatment and Disinfection of CSO 002 using CEHRT in all 6 Quadrants (quads)	Pilot Testing Report within 54 months of Work Plan Approval	March 20, 2016	Submit Pilot Testing Report.
Appendix 1 Control Measure 4	Treatment of Primary Effluent Bypass Demonstration/Pilot Project	Pilot Testing Report within 42 months of Work Plan Approval	March 20, 2015	Respond to demonstration testing Conditional Approval.
Appendix 1 Control Measure 5	Increase Secondary Treatment Capacity and Treat Primary Effluent Bypass with CEHRT	Commencement of design of plant improvements and PEB CEHRT system within 6 months of approval of pilot report.	June 22, 2016	Issue design Notice to Proceed and commence design.

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

Table 2b: Description of Next Reporting Period's Projected Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Next Period Projected Work
Appendix 1 Control Measure 6	Euclid Creek Tunnel/Dugway Storage System	Achievement of Full Operation 2020	December 31, 2020	<p>Euclid Creek Tunnel (ECT): Commence operation upon completion of Easterly Tunnel Dewatering Pump Station (TDPS).</p> <p>Easterly TDPS: Construction is scheduled to be complete in 2016.</p> <p>Dugway West Interceptor Relief Sewer: Construction is scheduled to be complete in 2017.</p> <p>Euclid Creek Pump Station/Lakeshore Boulevard Relief Sewer (ECPS/LBRS): Construction is expected to be substantially complete in January 2016.</p> <p>Commence operation in January. CSO benefits upon completion of ECT and Easterly TDPS.</p> <p>Dugway Storage Tunnel (DST): Construction scheduled to be complete in 2019.</p> <p>East 140th Consolidation and Relief Sewer: Complete design and advertise for construction.</p> <p>Dugway South Relief and Consolidation Sewer: Advertise for construction.</p>
Appendix 1 Control Measure 8	Doan Valley Tunnel System	Bid Year 2017 Achievement of Full Operation 2021	December 31, 2017 December 31, 2021	Doan Valley Tunnel: Receipt of 30% design submittal.

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

Table 2b: Description of Next Reporting Period's Projected Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Next Period Projected Work
Appendix 1 Control Measure 9	Superior Avenue Pump Station Upgrade	Bid Year 2016 Achievement of Full Operation 2018	December 31, 2016 December 31, 2018	Receipt of 100% design submittal for CM 9, 10, and 11. Advertise for construction.
Appendix 1 Control Measure 10	Stones Levee Pump Station Upgrade	Bid Year 2016 Achievement of Full Operation 2017	December 31, 2016 December 31, 2017	Receipt of 100% design submittal for CM 9, 10, and 11. Advertise for construction.
Appendix 1 Control Measure 11	Canal Road In-Line Storage	Bid Year 2017 Achievement of Full Operation 2018	December 31, 2017 December 31, 2018	Receipt of 100% design submittal for CM 9, 10, and 11. Advertise for construction.
Appendix 1 Control Measure 14	Westerly Tunnel System	Bid Year 2020 Achievement of Full Operation 2024	December 31, 2020 December 31, 2024	Westerly Tunnel & Pump Station: Continue design. Westerly Low Level Relief Sewer: Continue design.
Appendix 1 Control Measure 15	Columbus Road Storage Tank	Bid Year 2018 Achievement of Full Operation 2019	December 31, 2018 December 31, 2019	Westerly Low Level Relief Sewer: Continue design.
Appendix 1 Control Measure 16	Center Street Storage Tank	Bid Year 2023 Achievement of Full Operation 2024	December 31, 2023 December 31, 2024	Westerly Low Level Relief Sewer: Continue design.

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

Table 2b: Description of Next Reporting Period's Projected Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Next Period Projected Work
Appendix 1 Control Measure 18	Mary Street Pump Station Upgrade	Bid Year 2015 Achievement of Full Operation 2017	December 31, 2015 December 31, 2017	Continue construction.
Appendix 1 Control Measure 21	Southerly Tunnel System	Bid Year 2024 Achievement of Full Operation 2030	December 31, 2024 December 31, 2030	Morgana Run Relief Sewer: Issue Design NTP.
Appendix 1 Control Measure 24	CSO 063 Relief/Consolidation Sewer	Bid Year 2013 Achievement of Full Operation 2014	December 31, 2013 December 31, 2014	Continue performance compliance modeling evaluation and commence Control Measure Report development.

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

3. Current Reporting Period Consent Decree Submissions (IX. Paragraph 46.c.)

“A summary of the submissions under this Decree that were sent to U.S. EPA and/or Ohio EPA, including the dates submitted”.

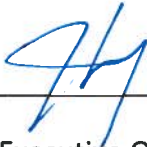
Table 3: Current Reporting Period Consent Decree Submissions

Reference	Deliverable Description	Milestone in CD	Calendar Milestone	Actual Submittal Date
Consent Decree IX Reporting Requirements Paragraph 46	Semi-Annual Report No. 7	On a semi-annual basis on January 31 and July 31, each 6-month period commencing with the first full 6 month period after entry of the Consent Decree	July 31, 2015	July 27, 2015
Appendix 3	GI Post-Construction Monitoring (PCM) Program	Submit sewershed-specific and Phase 1 site specific GI PCM proposals within two years following entry of the Consent Decree, and Submit Phase 2 site-specific GI PCM proposal by December 31, 2014	July 7, 2013 December 31, 2014	Revised GI PCMP submitted July 31, 2015.
Appendix 3	GI Anticipated Co-Benefits Report	Submit within three years following EPA approval of the GI Plan	March 30, 2015	Revised report submitted on October 7, 2015.

NEORSD Semi-Annual Progress Report No. 8
Period from July 1, 2015 to December 31, 2015

4. Certification Statement (IX. Paragraph 48)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.



Julius Ciaccia, Chief Executive Officer



Date

Appendix:

Current CSO and Bypass Reports Submitted to OEPA

(IX. Paragraph 46.d.)

“NEORSD shall also submit, with each Semi-Annual Status report, copies (to EPA only) of all monthly monitoring reports, noncompliance reports, and other reports pertaining to CSO discharges and bypasses that NEORSD submitted to or is required to submit to Ohio EPA in the preceding six months.”

CSO Permit eDMR Reports

Second half of 2015

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 515600
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 025
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 515600
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 035
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORSD
ANALYST: NEORSD
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	038
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-07-01 To: 2015-07-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	040
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSD
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-07-01							1
2015-07-02							
2015-07-03							
2015-07-04							
2015-07-05							
2015-07-06							
2015-07-07							1
2015-07-08							1
2015-07-09							1
2015-07-10							
2015-07-11							
2015-07-12							1
2015-07-13							1
2015-07-14							1
2015-07-15							
2015-07-16							
2015-07-17							
2015-07-18							
2015-07-19							
2015-07-20							
2015-07-21							
2015-07-22							
2015-07-23							
2015-07-24							
2015-07-25							
2015-07-26							
2015-07-27							
2015-07-28							
2015-07-29							
2015-07-30							
2015-07-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							7

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	040
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSD
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-07-01	0.878					
2015-07-02						
2015-07-03						
2015-07-04						
2015-07-05						
2015-07-06						
2015-07-07	4.9338					
2015-07-08	0.0017					
2015-07-09	3.3388	6.3				
2015-07-10						
2015-07-11						
2015-07-12	1.2215					
2015-07-13	0.966					
2015-07-14	0.1461					
2015-07-15						
2015-07-16						
2015-07-17						
2015-07-18						
2015-07-19						
2015-07-20						
2015-07-21						
2015-07-22						
2015-07-23						
2015-07-24						
2015-07-25						
2015-07-26						
2015-07-27						
2015-07-28						
2015-07-29						
2015-07-30						
2015-07-31						
Minimum	0.0017	6.3				
Maximum	4.9338	6.3				
Average	1.64084	6.3				
Count	7	1				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej					2015-08-19 08:08	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	044
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSR
		ANALYST:	NEORSR
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 515600
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 045
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 515600
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 056
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 515600
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 058
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	059
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	069
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01						
2015-07-02						
2015-07-03						
2015-07-04						
2015-07-05						
2015-07-06						
2015-07-07						
2015-07-08						
2015-07-09						
2015-07-10						
2015-07-11						
2015-07-12						
2015-07-13						
2015-07-14						
2015-07-15						
2015-07-16						
2015-07-17						
2015-07-18						
2015-07-19						
2015-07-20						
2015-07-21						
2015-07-22						
2015-07-23						
2015-07-24						
2015-07-25						
2015-07-26						
2015-07-27						
2015-07-28						
2015-07-29						
2015-07-30						
2015-07-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 515600
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 072
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	075
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-07-01 To: 2015-07-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	080
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-07-01							1
2015-07-02							
2015-07-03							
2015-07-04							
2015-07-05							
2015-07-06							
2015-07-07							1
2015-07-08							
2015-07-09							1
2015-07-10							
2015-07-11							
2015-07-12							
2015-07-13							1
2015-07-14							
2015-07-15							
2015-07-16							
2015-07-17							
2015-07-18							
2015-07-19							
2015-07-20							
2015-07-21							
2015-07-22							
2015-07-23							
2015-07-24							
2015-07-25							
2015-07-26							
2015-07-27							
2015-07-28							
2015-07-29							
2015-07-30							
2015-07-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							4

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	080
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-07-01	0.0146					
2015-07-02						
2015-07-03						
2015-07-04						
2015-07-05						
2015-07-06						
2015-07-07	1.3931					
2015-07-08						
2015-07-09	2.9232	11.5				
2015-07-10						
2015-07-11						
2015-07-12						
2015-07-13	3.3402					
2015-07-14						
2015-07-15						
2015-07-16						
2015-07-17						
2015-07-18						
2015-07-19						
2015-07-20						
2015-07-21						
2015-07-22						
2015-07-23						
2015-07-24						
2015-07-25						
2015-07-26						
2015-07-27						
2015-07-28						
2015-07-29						
2015-07-30						
2015-07-31						
Minimum	0.0146	11.5				
Maximum	3.3402	11.5				
Average	1.91778	11.5				
Count	4	1				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	200
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-07-01							
2015-07-02							
2015-07-03							
2015-07-04							
2015-07-05							
2015-07-06							
2015-07-07							
2015-07-08							
2015-07-09							
2015-07-10							
2015-07-11							
2015-07-12							
2015-07-13							
2015-07-14							
2015-07-15							
2015-07-16							
2015-07-17							
2015-07-18							
2015-07-19							
2015-07-20							
2015-07-21							
2015-07-22							
2015-07-23							
2015-07-24							
2015-07-25							
2015-07-26							
2015-07-27							
2015-07-28							
2015-07-29							
2015-07-30							
2015-07-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 515600
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 200
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-07-01						
2015-07-02						
2015-07-03						
2015-07-04						
2015-07-05						
2015-07-06						
2015-07-07						
2015-07-08						
2015-07-09						
2015-07-10						
2015-07-11						
2015-07-12						
2015-07-13						
2015-07-14						
2015-07-15						
2015-07-16						
2015-07-17						
2015-07-18						
2015-07-19						
2015-07-20						
2015-07-21						
2015-07-22						
2015-07-23						
2015-07-24						
2015-07-25						
2015-07-26						
2015-07-27						
2015-07-28						
2015-07-29						
2015-07-30						
2015-07-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	202
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSD
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-07-01							
2015-07-02							
2015-07-03							
2015-07-04							
2015-07-05							
2015-07-06							
2015-07-07							
2015-07-08							
2015-07-09	104	0.176	1.434	0.115	0.361	98500	1
2015-07-10							
2015-07-11							
2015-07-12							
2015-07-13							1
2015-07-14							
2015-07-15							
2015-07-16							
2015-07-17							
2015-07-18							
2015-07-19							
2015-07-20							
2015-07-21							
2015-07-22							
2015-07-23							
2015-07-24							
2015-07-25							
2015-07-26							
2015-07-27							
2015-07-28							
2015-07-29							
2015-07-30							
2015-07-31							
Minimum	104.0	0.176	1.434	0.115	0.361	98500.0	1.0
Maximum	104.0	0.176	1.434	0.115	0.361	98500.0	1.0
Average	104	0.176	1.434	0.115	0.361	98500	1
Count	1	1	1	1	1	1	2
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative			Submission Date/Time
Thomas Madej							2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	202
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSD
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-07-01						
2015-07-02						
2015-07-03						
2015-07-04						
2015-07-05						
2015-07-06						
2015-07-07						
2015-07-08						
2015-07-09	0.1562	AE				
2015-07-10						
2015-07-11						
2015-07-12						
2015-07-13	0.008					
2015-07-14						
2015-07-15						
2015-07-16						
2015-07-17						
2015-07-18						
2015-07-19						
2015-07-20						
2015-07-21						
2015-07-22						
2015-07-23						
2015-07-24						
2015-07-25						
2015-07-26						
2015-07-27						
2015-07-28						
2015-07-29						
2015-07-30						
2015-07-31						
Minimum	0.008					
Maximum	0.1562					
Average	0.0821					
Count	2					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej					2015-08-19 08:08	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 515600
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 206
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORS
ANALYST: Mark Citriglia
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-07-01							
2015-07-02							
2015-07-03							
2015-07-04							
2015-07-05							
2015-07-06							
2015-07-07							
2015-07-08							
2015-07-09	133.3	0.316	1.766	0.338	0.344	156500	1
2015-07-10							
2015-07-11							
2015-07-12							
2015-07-13							
2015-07-14							
2015-07-15							
2015-07-16							
2015-07-17							
2015-07-18							
2015-07-19							
2015-07-20							
2015-07-21							
2015-07-22							
2015-07-23							
2015-07-24							
2015-07-25							
2015-07-26							
2015-07-27							
2015-07-28							
2015-07-29							
2015-07-30							
2015-07-31							
Minimum	133.3	0.316	1.766	0.338	0.344	156500.0	1.0
Maximum	133.3	0.316	1.766	0.338	0.344	156500.0	1.0
Average	133.3	0.316	1.766	0.338	0.344	156500	1
Count	1	1	1	1	1	1	1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	206
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSD
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-07-01						
2015-07-02						
2015-07-03						
2015-07-04						
2015-07-05						
2015-07-06						
2015-07-07						
2015-07-08						
2015-07-09	3.9841	13.1				
2015-07-10						
2015-07-11						
2015-07-12						
2015-07-13						
2015-07-14						
2015-07-15						
2015-07-16						
2015-07-17						
2015-07-18						
2015-07-19						
2015-07-20						
2015-07-21						
2015-07-22						
2015-07-23						
2015-07-24						
2015-07-25						
2015-07-26						
2015-07-27						
2015-07-28						
2015-07-29						
2015-07-30						
2015-07-31						
Minimum	3.9841	13.1				
Maximum	3.9841	13.1				
Average	3.9841	13.1				
Count	1	1				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	218
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-07-01							
2015-07-02							
2015-07-03							
2015-07-04							
2015-07-05							
2015-07-06							
2015-07-07							1
2015-07-08							
2015-07-09							1
2015-07-10							
2015-07-11							
2015-07-12							1
2015-07-13							1
2015-07-14							
2015-07-15							
2015-07-16							
2015-07-17							
2015-07-18							
2015-07-19							
2015-07-20							
2015-07-21							
2015-07-22							
2015-07-23							
2015-07-24							
2015-07-25							
2015-07-26							
2015-07-27							
2015-07-28							
2015-07-29							
2015-07-30							
2015-07-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							4

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	218
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-07-01						
2015-07-02						
2015-07-03						
2015-07-04						
2015-07-05						
2015-07-06						
2015-07-07	0.1581					
2015-07-08						
2015-07-09	0.7186					
2015-07-10						
2015-07-11						
2015-07-12	0.0518					
2015-07-13	0.0163					
2015-07-14						
2015-07-15						
2015-07-16						
2015-07-17						
2015-07-18						
2015-07-19						
2015-07-20						
2015-07-21						
2015-07-22						
2015-07-23						
2015-07-24						
2015-07-25						
2015-07-26						
2015-07-27						
2015-07-28						
2015-07-29						
2015-07-30						
2015-07-31						
Minimum	0.0163					
Maximum	0.7186					
Average	0.2362					
Count	4					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej					2015-08-19 08:08	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 515600
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 232
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORSD
ANALYST: NEORSD
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence per Year	Overflow Volume				
PARAMETER CODE	51709	74063				
UNITS	No./Year	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total Estimate	Total Estimate				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	239
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-07-01 To: 2015-07-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-07-01							
2015-07-02							
2015-07-03							
2015-07-04							
2015-07-05							
2015-07-06							
2015-07-07							1
2015-07-08							
2015-07-09	133	0.651	3.132	1.134	0.544	165640	1
2015-07-10							
2015-07-11							
2015-07-12							1
2015-07-13							
2015-07-14							
2015-07-15							
2015-07-16							
2015-07-17							
2015-07-18							
2015-07-19							
2015-07-20							
2015-07-21							
2015-07-22							
2015-07-23							
2015-07-24							
2015-07-25							
2015-07-26							
2015-07-27							
2015-07-28							
2015-07-29							
2015-07-30							
2015-07-31							
Minimum	133.0	0.651	3.132	1.134	0.544	165640.0	1.0
Maximum	133.0	0.651	3.132	1.134	0.544	165640.0	1.0
Average	133	0.651	3.132	1.134	0.544	165640	1
Count	1	1	1	1	1	1	3
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 515600
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 239
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-07-01						
2015-07-02						
2015-07-03						
2015-07-04						
2015-07-05						
2015-07-06						
2015-07-07	0.3443					
2015-07-08						
2015-07-09	7.8027	AE				
2015-07-10						
2015-07-11						
2015-07-12	0.3101					
2015-07-13	0.0141					
2015-07-14						
2015-07-15						
2015-07-16						
2015-07-17						
2015-07-18						
2015-07-19						
2015-07-20						
2015-07-21						
2015-07-22						
2015-07-23						
2015-07-24						
2015-07-25						
2015-07-26						
2015-07-27						
2015-07-28						
2015-07-29						
2015-07-30						
2015-07-31						
Minimum	0.0141					
Maximum	7.8027					
Average	2.1178					
Count	4					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	515600	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	242
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSD
		ANALYST:	NEORSD
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 515600
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 258
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORSD
ANALYST: NEORSD
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-07-01	AH	AH				
2015-07-02	AH	AH				
2015-07-03	AH	AH				
2015-07-04	AH	AH				
2015-07-05	AH	AH				
2015-07-06	AH	AH				
2015-07-07	AH	AH				
2015-07-08	AH	AH				
2015-07-09	AH	AH				
2015-07-10	AH	AH				
2015-07-11	AH	AH				
2015-07-12	AH	AH				
2015-07-13	AH	AH				
2015-07-14	AH	AH				
2015-07-15	AH	AH				
2015-07-16	AH	AH				
2015-07-17	AH	AH				
2015-07-18	AH	AH				
2015-07-19	AH	AH				
2015-07-20	AH	AH				
2015-07-21	AH	AH				
2015-07-22	AH	AH				
2015-07-23	AH	AH				
2015-07-24	AH	AH				
2015-07-25	AH	AH				
2015-07-26	AH	AH				
2015-07-27	AH	AH				
2015-07-28	AH	AH				
2015-07-29	AH	AH				
2015-07-30	AH	AH				
2015-07-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-08-19 08:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115

PERMIT NUMBER: *3PA00002*GD*
MONITORING PERIOD : 2015-07-01 To: 2015-07-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
025	Overflow Occurrence	74062	2015-07-01	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-02	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-03	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-04	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-05	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-06	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-07	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-08	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-09	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-10	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-11	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-12	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-13	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-14	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-15	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-16	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-17	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-18	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-19	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-20	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-21	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-22	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-23	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-24	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-25	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-26	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-07-27	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015

258	Overflow Volume	74063	2015-07-19	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-20	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-21	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-22	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-23	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-24	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-25	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-26	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-27	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-28	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-29	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-30	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-07-31	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	025
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 035
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 038
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	040
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-08-01							
2015-08-02							
2015-08-03							1
2015-08-04							
2015-08-05							
2015-08-06							
2015-08-07							
2015-08-08							
2015-08-09							
2015-08-10							1
2015-08-11							
2015-08-12							
2015-08-13							
2015-08-14							
2015-08-15							
2015-08-16							
2015-08-17							
2015-08-18							1
2015-08-19							
2015-08-20							
2015-08-21							
2015-08-22							
2015-08-23							
2015-08-24							
2015-08-25							
2015-08-26							1
2015-08-27							
2015-08-28							
2015-08-29							1
2015-08-30							1
2015-08-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							6

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	040
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-08-01						
2015-08-02						
2015-08-03	0.0193					
2015-08-04						
2015-08-05						
2015-08-06						
2015-08-07						
2015-08-08						
2015-08-09						
2015-08-10	0.4672					
2015-08-11						
2015-08-12						
2015-08-13						
2015-08-14						
2015-08-15						
2015-08-16						
2015-08-17						
2015-08-18	0.1122					
2015-08-19						
2015-08-20						
2015-08-21						
2015-08-22						
2015-08-23						
2015-08-24						
2015-08-25						
2015-08-26	0.0001					
2015-08-27						
2015-08-28						
2015-08-29	0.1006					
2015-08-30	0.8043					
2015-08-31						
Minimum	1.0E-4					
Maximum	0.8043					
Average	0.25062					
Count	6					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 044
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 045
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 056
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 058
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORSD
ANALYST: NEORSD
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 059
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	069
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01						
2015-08-02						
2015-08-03						
2015-08-04						
2015-08-05						
2015-08-06						
2015-08-07						
2015-08-08						
2015-08-09						
2015-08-10						
2015-08-11						
2015-08-12						
2015-08-13						
2015-08-14						
2015-08-15						
2015-08-16						
2015-08-17						
2015-08-18						
2015-08-19						
2015-08-20						
2015-08-21						
2015-08-22						
2015-08-23						
2015-08-24						
2015-08-25						
2015-08-26						
2015-08-27						
2015-08-28						
2015-08-29						
2015-08-30						
2015-08-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
		Thomas Madej	2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 072
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 075
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	080
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-08-01							
2015-08-02							
2015-08-03							1
2015-08-04							
2015-08-05							
2015-08-06							
2015-08-07							
2015-08-08							
2015-08-09							
2015-08-10							1
2015-08-11							
2015-08-12							
2015-08-13							
2015-08-14							
2015-08-15							
2015-08-16							
2015-08-17							
2015-08-18							1
2015-08-19							
2015-08-20							
2015-08-21							
2015-08-22							
2015-08-23							
2015-08-24							
2015-08-25							
2015-08-26							
2015-08-27							
2015-08-28							
2015-08-29							
2015-08-30							1
2015-08-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							4

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 080
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-08-01						
2015-08-02						
2015-08-03	0.0055					
2015-08-04						
2015-08-05						
2015-08-06						
2015-08-07						
2015-08-08						
2015-08-09						
2015-08-10	0.8537					
2015-08-11						
2015-08-12						
2015-08-13						
2015-08-14						
2015-08-15						
2015-08-16						
2015-08-17						
2015-08-18	0.7155					
2015-08-19						
2015-08-20						
2015-08-21						
2015-08-22						
2015-08-23						
2015-08-24						
2015-08-25						
2015-08-26						
2015-08-27						
2015-08-28						
2015-08-29						
2015-08-30	0.0976					
2015-08-31						
Minimum	0.0055					
Maximum	0.8537					
Average	0.41808					
Count	4					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	200
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-08-01							
2015-08-02							
2015-08-03							
2015-08-04							
2015-08-05							
2015-08-06							
2015-08-07							
2015-08-08							
2015-08-09							
2015-08-10							
2015-08-11							
2015-08-12							
2015-08-13							
2015-08-14							
2015-08-15							
2015-08-16							
2015-08-17							
2015-08-18							
2015-08-19							
2015-08-20							1
2015-08-21							
2015-08-22							
2015-08-23							
2015-08-24							
2015-08-25							1
2015-08-26							
2015-08-27							
2015-08-28							
2015-08-29							1
2015-08-30							1
2015-08-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							4

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 200
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-08-01						
2015-08-02						
2015-08-03						
2015-08-04						
2015-08-05						
2015-08-06						
2015-08-07						
2015-08-08						
2015-08-09						
2015-08-10						
2015-08-11						
2015-08-12						
2015-08-13						
2015-08-14						
2015-08-15						
2015-08-16						
2015-08-17						
2015-08-18						
2015-08-19						
2015-08-20	0.0176					
2015-08-21						
2015-08-22						
2015-08-23						
2015-08-24						
2015-08-25	0.0013					
2015-08-26						
2015-08-27						
2015-08-28						
2015-08-29	0.0539					
2015-08-30	0.4583					
2015-08-31						
Minimum	0.0013					
Maximum	0.4583					
Average	0.13278					
Count	4					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	202
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-08-01							
2015-08-02							
2015-08-03							1
2015-08-04							
2015-08-05							
2015-08-06							
2015-08-07							
2015-08-08							
2015-08-09							
2015-08-10							1
2015-08-11							
2015-08-12							
2015-08-13							
2015-08-14							
2015-08-15							
2015-08-16							
2015-08-17							
2015-08-18	236	1.4	10.36	0.986	1.706	638200	1
2015-08-19							
2015-08-20							
2015-08-21							
2015-08-22							
2015-08-23							
2015-08-24							
2015-08-25							
2015-08-26							
2015-08-27							
2015-08-28							
2015-08-29							
2015-08-30							
2015-08-31							
Minimum	236.0	1.4	10.36	0.986	1.706	638200.0	1.0
Maximum	236.0	1.4	10.36	0.986	1.706	638200.0	1.0
Average	236	1.4	10.36	0.986	1.706	638200	1
Count	1	1	1	1	1	1	3
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative			Submission Date/Time
Thomas Madej							2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	202
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSD
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-08-01						
2015-08-02						
2015-08-03	0.04					
2015-08-04						
2015-08-05						
2015-08-06						
2015-08-07						
2015-08-08						
2015-08-09						
2015-08-10	0.0946					
2015-08-11						
2015-08-12						
2015-08-13						
2015-08-14						
2015-08-15						
2015-08-16						
2015-08-17						
2015-08-18	0.0547	125				
2015-08-19						
2015-08-20						
2015-08-21						
2015-08-22						
2015-08-23						
2015-08-24						
2015-08-25						
2015-08-26						
2015-08-27						
2015-08-28						
2015-08-29						
2015-08-30						
2015-08-31						
Minimum	0.04	125.0				
Maximum	0.0946	125.0				
Average	0.0631	125				
Count	3	1				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	206
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-08-01							
2015-08-02							
2015-08-03							
2015-08-04							
2015-08-05							
2015-08-06							
2015-08-07							
2015-08-08							
2015-08-09							
2015-08-10							
2015-08-11							
2015-08-12							
2015-08-13							
2015-08-14							
2015-08-15							
2015-08-16							
2015-08-17							
2015-08-18							
2015-08-19							
2015-08-20							
2015-08-21							
2015-08-22							
2015-08-23							
2015-08-24							
2015-08-25							
2015-08-26							
2015-08-27							
2015-08-28							
2015-08-29							1
2015-08-30							
2015-08-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 206
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-08-01						
2015-08-02						
2015-08-03						
2015-08-04						
2015-08-05						
2015-08-06						
2015-08-07						
2015-08-08						
2015-08-09						
2015-08-10						
2015-08-11						
2015-08-12						
2015-08-13						
2015-08-14						
2015-08-15						
2015-08-16						
2015-08-17						
2015-08-18						
2015-08-19						
2015-08-20						
2015-08-21						
2015-08-22						
2015-08-23						
2015-08-24						
2015-08-25						
2015-08-26						
2015-08-27						
2015-08-28						
2015-08-29	0.3365					
2015-08-30						
2015-08-31						
Minimum	0.3365					
Maximum	0.3365					
Average	0.3365					
Count	1					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	218
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-08-01							
2015-08-02							
2015-08-03							1
2015-08-04							
2015-08-05							
2015-08-06							
2015-08-07							
2015-08-08							
2015-08-09							
2015-08-10							1
2015-08-11							
2015-08-12							
2015-08-13							
2015-08-14							
2015-08-15							
2015-08-16							
2015-08-17							
2015-08-18							
2015-08-19							
2015-08-20							
2015-08-21							
2015-08-22							
2015-08-23							
2015-08-24							
2015-08-25							
2015-08-26							
2015-08-27							
2015-08-28							
2015-08-29							1
2015-08-30							1
2015-08-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							4

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	218
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-08-01						
2015-08-02						
2015-08-03	0.0248					
2015-08-04						
2015-08-05						
2015-08-06						
2015-08-07						
2015-08-08						
2015-08-09						
2015-08-10	0.0448					
2015-08-11						
2015-08-12						
2015-08-13						
2015-08-14						
2015-08-15						
2015-08-16						
2015-08-17						
2015-08-18						
2015-08-19						
2015-08-20						
2015-08-21						
2015-08-22						
2015-08-23						
2015-08-24						
2015-08-25						
2015-08-26						
2015-08-27						
2015-08-28						
2015-08-29	0.036					
2015-08-30	0.006					
2015-08-31						
Minimum	0.006					
Maximum	0.0448					
Average	0.0279					
Count	4					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522582
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 232
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence per Year	Overflow Volume				
PARAMETER CODE	51709	74063				
UNITS	No./Year	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total Estimate	Total Estimate				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	239
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-08-01							
2015-08-02							
2015-08-03							1
2015-08-04							
2015-08-05							
2015-08-06							
2015-08-07							
2015-08-08							
2015-08-09							
2015-08-10							1
2015-08-11							1
2015-08-12							
2015-08-13							
2015-08-14							1
2015-08-15							
2015-08-16							
2015-08-17							
2015-08-18							
2015-08-19							
2015-08-20							1
2015-08-21							
2015-08-22							
2015-08-23							
2015-08-24							
2015-08-25							1
2015-08-26							
2015-08-27							
2015-08-28							
2015-08-29							1
2015-08-30							
2015-08-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							7

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	239
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-08-01						
2015-08-02						
2015-08-03	1.0285					
2015-08-04	0.5449					
2015-08-05						
2015-08-06						
2015-08-07						
2015-08-08						
2015-08-09						
2015-08-10	0.0331					
2015-08-11	0.0929					
2015-08-12						
2015-08-13						
2015-08-14	0.104					
2015-08-15	0.3349					
2015-08-16						
2015-08-17						
2015-08-18						
2015-08-19						
2015-08-20	0.0296					
2015-08-21						
2015-08-22						
2015-08-23						
2015-08-24						
2015-08-25	0.5079					
2015-08-26	1.2063					
2015-08-27						
2015-08-28						
2015-08-29	1.1229					
2015-08-30	0.006					
2015-08-31						
Minimum	0.006					
Maximum	1.2063					
Average	0.45555					
Count	11					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	242
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSD
		ANALYST:	NEORSD
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522582	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	258
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-08-01</u> To: <u>2015-08-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-08-01	AH	AH				
2015-08-02	AH	AH				
2015-08-03	AH	AH				
2015-08-04	AH	AH				
2015-08-05	AH	AH				
2015-08-06	AH	AH				
2015-08-07	AH	AH				
2015-08-08	AH	AH				
2015-08-09	AH	AH				
2015-08-10	AH	AH				
2015-08-11	AH	AH				
2015-08-12	AH	AH				
2015-08-13	AH	AH				
2015-08-14	AH	AH				
2015-08-15	AH	AH				
2015-08-16	AH	AH				
2015-08-17	AH	AH				
2015-08-18	AH	AH				
2015-08-19	AH	AH				
2015-08-20	AH	AH				
2015-08-21	AH	AH				
2015-08-22	AH	AH				
2015-08-23	AH	AH				
2015-08-24	AH	AH				
2015-08-25	AH	AH				
2015-08-26	AH	AH				
2015-08-27	AH	AH				
2015-08-28	AH	AH				
2015-08-29	AH	AH				
2015-08-30	AH	AH				
2015-08-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-09-17 15:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115

PERMIT NUMBER: *3PA00002*GD*
MONITORING PERIOD : 2015-08-01 To: 2015-08-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
025	Overflow Occurrence	74062	2015-08-01	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-02	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-03	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-04	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-05	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-06	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-07	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-08	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-09	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-10	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-11	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-12	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-13	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-14	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-15	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-16	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-17	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-18	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-19	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-20	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-21	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-22	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-23	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-24	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-25	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-26	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-08-27	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015

258	Overflow Volume	74063	2015-08-21	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-08-22	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-08-23	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-08-24	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-08-25	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-08-26	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-08-27	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-08-28	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-08-29	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-08-30	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
258	Overflow Volume	74063	2015-08-31	Million Gallons	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	025
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529751
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 035
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	038
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	040
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-09-01							
2015-09-02							
2015-09-03							
2015-09-04							1
2015-09-05							
2015-09-06							
2015-09-07							
2015-09-08							
2015-09-09							
2015-09-10							
2015-09-11							1
2015-09-12							
2015-09-13							
2015-09-14							
2015-09-15							
2015-09-16							
2015-09-17							
2015-09-18							
2015-09-19							1
2015-09-20							
2015-09-21							
2015-09-22							
2015-09-23							
2015-09-24							
2015-09-25							
2015-09-26							
2015-09-27							
2015-09-28							
2015-09-29							1
2015-09-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							4
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529751
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 040
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-09-01						
2015-09-02						
2015-09-03						
2015-09-04	0.0228					
2015-09-05						
2015-09-06						
2015-09-07						
2015-09-08						
2015-09-09						
2015-09-10						
2015-09-11	0.6620					
2015-09-12	9.8021					
2015-09-13	0.0303					
2015-09-14						
2015-09-15						
2015-09-16						
2015-09-17						
2015-09-18						
2015-09-19	0.5406					
2015-09-20						
2015-09-21						
2015-09-22						
2015-09-23						
2015-09-24						
2015-09-25						
2015-09-26						
2015-09-27						
2015-09-28						
2015-09-29	0.4905					
2015-09-30						
Minimum	0.0228					
Maximum	9.8021					
Average	1.92472					
Count	6					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	044
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	045
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	056
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSN
		ANALYST:	NEORSN
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529751
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 058
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529751
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 059
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	069
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01						
2015-09-02						
2015-09-03						
2015-09-04						
2015-09-05						
2015-09-06						
2015-09-07						
2015-09-08						
2015-09-09						
2015-09-10						
2015-09-11						
2015-09-12						
2015-09-13						
2015-09-14						
2015-09-15						
2015-09-16						
2015-09-17						
2015-09-18						
2015-09-19						
2015-09-20						
2015-09-21						
2015-09-22						
2015-09-23						
2015-09-24						
2015-09-25						
2015-09-26						
2015-09-27						
2015-09-28						
2015-09-29						
2015-09-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	072
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529751
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 075
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	080
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-09-01 To: 2015-09-30
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-09-01							
2015-09-02							
2015-09-03							
2015-09-04							1
2015-09-05							
2015-09-06							
2015-09-07							
2015-09-08							
2015-09-09							
2015-09-10							
2015-09-11							1
2015-09-12							
2015-09-13							
2015-09-14							
2015-09-15							
2015-09-16							
2015-09-17							
2015-09-18							
2015-09-19							1
2015-09-20							
2015-09-21							
2015-09-22							
2015-09-23							
2015-09-24							
2015-09-25							
2015-09-26							
2015-09-27							
2015-09-28							
2015-09-29							
2015-09-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							3
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529751
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 080
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-09-01						
2015-09-02						
2015-09-03						
2015-09-04	1.2821					
2015-09-05						
2015-09-06						
2015-09-07						
2015-09-08						
2015-09-09						
2015-09-10						
2015-09-11	1.1903					
2015-09-12	5.7103					
2015-09-13						
2015-09-14						
2015-09-15						
2015-09-16						
2015-09-17						
2015-09-18						
2015-09-19	0.3331					
2015-09-20						
2015-09-21						
2015-09-22						
2015-09-23						
2015-09-24						
2015-09-25						
2015-09-26						
2015-09-27						
2015-09-28						
2015-09-29						
2015-09-30						
Minimum	0.3331					
Maximum	5.7103					
Average	2.12895					
Count	4					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	200
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-09-01							
2015-09-02							
2015-09-03							
2015-09-04							1
2015-09-05							
2015-09-06							
2015-09-07							
2015-09-08							
2015-09-09							
2015-09-10							
2015-09-11							1
2015-09-12							
2015-09-13							
2015-09-14							
2015-09-15							
2015-09-16							
2015-09-17							
2015-09-18							
2015-09-19							1
2015-09-20							
2015-09-21							
2015-09-22							
2015-09-23							
2015-09-24							
2015-09-25							
2015-09-26							
2015-09-27							
2015-09-28							
2015-09-29							1
2015-09-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							4
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej						2015-10-16 15:10	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529751
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 200
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-09-01						
2015-09-02						
2015-09-03						
2015-09-04	0.2810					
2015-09-05						
2015-09-06						
2015-09-07						
2015-09-08						
2015-09-09						
2015-09-10						
2015-09-11	0.4900					
2015-09-12	2.7175					
2015-09-13						
2015-09-14						
2015-09-15						
2015-09-16						
2015-09-17						
2015-09-18						
2015-09-19	1.8488					
2015-09-20						
2015-09-21						
2015-09-22						
2015-09-23						
2015-09-24						
2015-09-25						
2015-09-26						
2015-09-27						
2015-09-28						
2015-09-29	0.3622					
2015-09-30						
Minimum	0.281					
Maximum	2.7175					
Average	1.1399					
Count	5					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	202
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-09-01							
2015-09-02							
2015-09-03							
2015-09-04							
2015-09-05							
2015-09-06							
2015-09-07							
2015-09-08							
2015-09-09							
2015-09-10							
2015-09-11							1
2015-09-12							1
2015-09-13							
2015-09-14							
2015-09-15							
2015-09-16							
2015-09-17							
2015-09-18							
2015-09-19							1
2015-09-20							
2015-09-21							
2015-09-22							
2015-09-23							
2015-09-24							
2015-09-25							
2015-09-26							
2015-09-27							
2015-09-28							
2015-09-29							1
2015-09-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							4
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529751
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 202
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-09-01						
2015-09-02						
2015-09-03						
2015-09-04						
2015-09-05						
2015-09-06						
2015-09-07						
2015-09-08						
2015-09-09						
2015-09-10						
2015-09-11	0.0857					
2015-09-12	1.9243					
2015-09-13						
2015-09-14						
2015-09-15						
2015-09-16						
2015-09-17						
2015-09-18						
2015-09-19	0.0021					
2015-09-20						
2015-09-21						
2015-09-22						
2015-09-23						
2015-09-24						
2015-09-25						
2015-09-26						
2015-09-27						
2015-09-28						
2015-09-29	0.0146					
2015-09-30						
Minimum	0.0021					
Maximum	1.9243					
Average	0.50667					
Count	4					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529751
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 206
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-09-01							
2015-09-02							
2015-09-03							
2015-09-04							
2015-09-05							
2015-09-06							
2015-09-07							
2015-09-08							
2015-09-09							
2015-09-10							
2015-09-11							1
2015-09-12							
2015-09-13							
2015-09-14							
2015-09-15							
2015-09-16							
2015-09-17							
2015-09-18							
2015-09-19							1
2015-09-20							
2015-09-21							
2015-09-22							
2015-09-23							
2015-09-24							
2015-09-25							
2015-09-26							
2015-09-27							
2015-09-28							
2015-09-29							
2015-09-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							2
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative			Submission Date/Time
Thomas Madej							2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	206
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-09-01						
2015-09-02						
2015-09-03						
2015-09-04						
2015-09-05						
2015-09-06						
2015-09-07						
2015-09-08						
2015-09-09						
2015-09-10						
2015-09-11	0.9211					
2015-09-12	1.2261					
2015-09-13						
2015-09-14						
2015-09-15						
2015-09-16						
2015-09-17						
2015-09-18						
2015-09-19	0.4513					
2015-09-20						
2015-09-21						
2015-09-22						
2015-09-23						
2015-09-24						
2015-09-25						
2015-09-26						
2015-09-27						
2015-09-28						
2015-09-29						
2015-09-30						
Minimum	0.4513					
Maximum	1.2261					
Average	0.86617					
Count	3					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	218
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-09-01 To: 2015-09-30
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-09-01							
2015-09-02							
2015-09-03							
2015-09-04							
2015-09-05							
2015-09-06							
2015-09-07							
2015-09-08							
2015-09-09							
2015-09-10							
2015-09-11							1
2015-09-12							1
2015-09-13							
2015-09-14							
2015-09-15							
2015-09-16							
2015-09-17							
2015-09-18							
2015-09-19							1
2015-09-20							
2015-09-21							
2015-09-22							
2015-09-23							
2015-09-24							
2015-09-25							
2015-09-26							
2015-09-27							
2015-09-28							
2015-09-29							1
2015-09-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							4
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529751
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 218
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-09-01						
2015-09-02						
2015-09-03						
2015-09-04						
2015-09-05						
2015-09-06						
2015-09-07						
2015-09-08						
2015-09-09						
2015-09-10						
2015-09-11	0.1147					
2015-09-12	1.5466					
2015-09-13						
2015-09-14						
2015-09-15						
2015-09-16						
2015-09-17						
2015-09-18						
2015-09-19	0.0190					
2015-09-20						
2015-09-21						
2015-09-22						
2015-09-23						
2015-09-24						
2015-09-25						
2015-09-26						
2015-09-27						
2015-09-28						
2015-09-29	0.0834					
2015-09-30						
Minimum	0.019					
Maximum	1.5466					
Average	0.44093					
Count	4					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	232
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence per Year	Overflow Volume				
PARAMETER CODE	51709	74063				
UNITS	No./Year	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total Estimate	Total Estimate				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	239
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-09-01							
2015-09-02							
2015-09-03							
2015-09-04							
2015-09-05							
2015-09-06							
2015-09-07							
2015-09-08							
2015-09-09							
2015-09-10							
2015-09-11							AD
2015-09-12							AD
2015-09-13							AD
2015-09-14							AD
2015-09-15							
2015-09-16							
2015-09-17							
2015-09-18							
2015-09-19							1
2015-09-20							
2015-09-21							
2015-09-22							
2015-09-23							
2015-09-24							
2015-09-25							
2015-09-26							
2015-09-27							
2015-09-28							
2015-09-29							1
2015-09-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							2
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529751
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 239
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-09-01						
2015-09-02						
2015-09-03						
2015-09-04						
2015-09-05						
2015-09-06						
2015-09-07						
2015-09-08						
2015-09-09						
2015-09-10						
2015-09-11	AD					
2015-09-12	AD					
2015-09-13	AD					
2015-09-14	AD					
2015-09-15						
2015-09-16						
2015-09-17						
2015-09-18						
2015-09-19	0.3679					
2015-09-20						
2015-09-21						
2015-09-22						
2015-09-23						
2015-09-24						
2015-09-25						
2015-09-26						
2015-09-27						
2015-09-28						
2015-09-29	0.0766					
2015-09-30						
Minimum	0.0766					
Maximum	0.3679					
Average	0.22225					
Count	2					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	242
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529751	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	258
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-09-01</u> To: <u>2015-09-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-09-01	AH	AH				
2015-09-02	AH	AH				
2015-09-03	AH	AH				
2015-09-04	AH	AH				
2015-09-05	AH	AH				
2015-09-06	AH	AH				
2015-09-07	AH	AH				
2015-09-08	AH	AH				
2015-09-09	AH	AH				
2015-09-10	AH	AH				
2015-09-11	AH	AH				
2015-09-12	AH	AH				
2015-09-13	AH	AH				
2015-09-14	AH	AH				
2015-09-15	AH	AH				
2015-09-16	AH	AH				
2015-09-17	AH	AH				
2015-09-18	AH	AH				
2015-09-19	AH	AH				
2015-09-20	AH	AH				
2015-09-21	AH	AH				
2015-09-22	AH	AH				
2015-09-23	AH	AH				
2015-09-24	AH	AH				
2015-09-25	AH	AH				
2015-09-26	AH	AH				
2015-09-27	AH	AH				
2015-09-28	AH	AH				
2015-09-29	AH	AH				
2015-09-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-10-16 15:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115

PERMIT NUMBER: *3PA00002*GD*
MONITORING PERIOD : 2015-09-01 To: 2015-09-30

GENERAL REPORT COMMENT:
 Sampling required two times per year.

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
025	Overflow Occurrence	74062	2015-09-01	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-02	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-03	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-04	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-05	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-06	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-07	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-08	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-09	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-10	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-11	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-12	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-13	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-14	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-15	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-16	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-17	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-18	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-19	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-20	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-21	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-22	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-23	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-24	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-25	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015
025	Overflow Occurrence	74062	2015-09-26	No./Month	According to the Monitoring & Sampling plan submitted, the anticipated reporting date is 10/15/2015

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 025
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28						
2015-10-29						
2015-10-30						
2015-10-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 035
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28	1	0.006				
2015-10-29						
2015-10-30						
2015-10-31						
Minimum	1.0	0.006				
Maximum	1.0	0.006				
Average	1	0.006				
Count	1	1				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	546082	STATUS:	Revision
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	038
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-10-01</u> To: <u>2015-10-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28						
2015-10-29						
2015-10-30						
2015-10-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 040
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-10-01							
2015-10-02							
2015-10-03							1
2015-10-04							
2015-10-05							
2015-10-06							
2015-10-07							
2015-10-08							
2015-10-09							1
2015-10-10							
2015-10-11							
2015-10-12							
2015-10-13							
2015-10-14							1
2015-10-15							1
2015-10-16							
2015-10-17							
2015-10-18							
2015-10-19							
2015-10-20							
2015-10-21							
2015-10-22							
2015-10-23							
2015-10-24							1
2015-10-25							
2015-10-26							
2015-10-27							
2015-10-28							1
2015-10-29							
2015-10-30							
2015-10-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							6

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 040
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-10-01						
2015-10-02						
2015-10-03	0.585					
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09	0.106					
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14	0.179					
2015-10-15	1.089					
2015-10-16	0.004					
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24	0.262					
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28	5.371					
2015-10-29						
2015-10-30						
2015-10-31						
Minimum	0.004					
Maximum	5.371					
Average	1.08514					
Count	7					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 044
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28						
2015-10-29						
2015-10-30						
2015-10-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	546082	STATUS:	Revision
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	045
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-10-01 To: 2015-10-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28	1	AE				
2015-10-29						
2015-10-30						
2015-10-31						
Minimum	1.0					
Maximum	1.0					
Average	1					
Count	1					

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	546082	STATUS:	Revision
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	056
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-10-01</u> To: <u>2015-10-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28						
2015-10-29						
2015-10-30						
2015-10-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 058
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28	1	0.0393				
2015-10-29						
2015-10-30						
2015-10-31						
Minimum	1.0	0.0393				
Maximum	1.0	0.0393				
Average	1	0.0393				
Count	1	1				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	546082	STATUS:	Revision
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	059
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-10-01</u> To: <u>2015-10-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28						
2015-10-29						
2015-10-30						
2015-10-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	546082	STATUS:	Revision
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	069
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-10-01</u> To: <u>2015-10-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28						
2015-10-29						
2015-10-30						
2015-10-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 072
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28						
2015-10-29						
2015-10-30						
2015-10-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 075
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01	AH	AH				
2015-10-02	AH	AH				
2015-10-03	AH	AH				
2015-10-04	AH	AH				
2015-10-05	AH	AH				
2015-10-06	AH	AH				
2015-10-07	AH	AH				
2015-10-08	AH	AH				
2015-10-09	AH	AH				
2015-10-10	AH	AH				
2015-10-11	AH	AH				
2015-10-12	AH	AH				
2015-10-13	AH	AH				
2015-10-14	AH	AH				
2015-10-15	AH	AH				
2015-10-16	AH	AH				
2015-10-17	AH	AH				
2015-10-18	AH	AH				
2015-10-19	AH	AH				
2015-10-20	AH	AH				
2015-10-21	AH	AH				
2015-10-22	AH	AH				
2015-10-23	AH	AH				
2015-10-24	AH	AH				
2015-10-25	AH	AH				
2015-10-26	AH	AH				
2015-10-27	AH	AH				
2015-10-28	AH	AH				
2015-10-29	AH	AH				
2015-10-30	AH	AH				
2015-10-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 080
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-10-01							
2015-10-02							
2015-10-03							
2015-10-04							
2015-10-05							
2015-10-06							
2015-10-07							
2015-10-08							
2015-10-09							
2015-10-10							
2015-10-11							
2015-10-12							
2015-10-13							
2015-10-14							
2015-10-15							1
2015-10-16							1
2015-10-17							
2015-10-18							
2015-10-19							
2015-10-20							
2015-10-21							
2015-10-22							
2015-10-23							
2015-10-24							
2015-10-25							
2015-10-26							
2015-10-27							
2015-10-28							1
2015-10-29							
2015-10-30							
2015-10-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							3
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 080
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15	0.0005					
2015-10-16	0.0016					
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28	1.6201					
2015-10-29						
2015-10-30						
2015-10-31						
Minimum	5.0E-4					
Maximum	1.6201					
Average	0.54073					
Count	3					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	546082	STATUS:	Revision
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	200
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-10-01</u> To: <u>2015-10-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-10-01							
2015-10-02							
2015-10-03							
2015-10-04							
2015-10-05							
2015-10-06							
2015-10-07							
2015-10-08							
2015-10-09							
2015-10-10							
2015-10-11							
2015-10-12							
2015-10-13							
2015-10-14							
2015-10-15							
2015-10-16							
2015-10-17							
2015-10-18							
2015-10-19							
2015-10-20							
2015-10-21							
2015-10-22							
2015-10-23							
2015-10-24							
2015-10-25							
2015-10-26							
2015-10-27							
2015-10-28							1
2015-10-29							
2015-10-30							
2015-10-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							1

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 200
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28	0.1518					
2015-10-29						
2015-10-30						
2015-10-31						
Minimum	0.1518					
Maximum	0.1518					
Average	0.1518					
Count	1					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 202
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-10-01							
2015-10-02							
2015-10-03							
2015-10-04							
2015-10-05							
2015-10-06							
2015-10-07							
2015-10-08							
2015-10-09							
2015-10-10							
2015-10-11							
2015-10-12							
2015-10-13							
2015-10-14							
2015-10-15							
2015-10-16							
2015-10-17							
2015-10-18							
2015-10-19							
2015-10-20							
2015-10-21							
2015-10-22							
2015-10-23							
2015-10-24							
2015-10-25							
2015-10-26							
2015-10-27							
2015-10-28							1
2015-10-29							
2015-10-30							
2015-10-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 202
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28	0.005					
2015-10-29						
2015-10-30						
2015-10-31						
Minimum	0.005					
Maximum	0.005					
Average	0.005					
Count	1					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 206
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: Mark Citriglia
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-10-01							
2015-10-02							
2015-10-03							
2015-10-04							
2015-10-05							
2015-10-06							
2015-10-07							
2015-10-08							
2015-10-09							
2015-10-10							
2015-10-11							
2015-10-12							
2015-10-13							
2015-10-14							
2015-10-15							
2015-10-16							
2015-10-17							
2015-10-18							
2015-10-19							
2015-10-20							
2015-10-21							
2015-10-22							
2015-10-23							
2015-10-24							
2015-10-25							
2015-10-26							
2015-10-27							
2015-10-28							1
2015-10-29							
2015-10-30							
2015-10-31							
Minimum							1.0
Maximum							1.0
Average							1
Count							1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 206
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORSD
ANALYST: Mark Citriglia
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28	0.3174	21.1				
2015-10-29						
2015-10-30						
2015-10-31						
Minimum	0.3174	21.1				
Maximum	0.3174	21.1				
Average	0.3174	21.1				
Count	1	1				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 218
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: Mark Citriglia
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-10-01							
2015-10-02							
2015-10-03							
2015-10-04							
2015-10-05							
2015-10-06							
2015-10-07							
2015-10-08							
2015-10-09							
2015-10-10							
2015-10-11							
2015-10-12							
2015-10-13							
2015-10-14							
2015-10-15							
2015-10-16							
2015-10-17							
2015-10-18							
2015-10-19							
2015-10-20							
2015-10-21							
2015-10-22							
2015-10-23							
2015-10-24							
2015-10-25							
2015-10-26							
2015-10-27							
2015-10-28	66.8	0.911	3.753	0.241	0.632	113333	1
2015-10-29							
2015-10-30							
2015-10-31							
Minimum	66.8	0.911	3.753	0.241	0.632	113333.0	1.0
Maximum	66.8	0.911	3.753	0.241	0.632	113333.0	1.0
Average	66.8	0.911	3.753	0.241	0.632	113333	1
Count	1	1	1	1	1	1	1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 218
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORSD
ANALYST: Mark Citriglia
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28	0.3402	21				
2015-10-29						
2015-10-30						
2015-10-31						
Minimum	0.3402	21.0				
Maximum	0.3402	21.0				
Average	0.3402	21				
Count	1	1				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 232
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence per Year	Overflow Volume				
PARAMETER CODE	51709	74063				
UNITS	No./Year	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total Estimate	Total Estimate				
2015-10-01	AH	AH				
2015-10-02	AH	AH				
2015-10-03	AH	AH				
2015-10-04	AH	AH				
2015-10-05	AH	AH				
2015-10-06	AH	AH				
2015-10-07	AH	AH				
2015-10-08	AH	AH				
2015-10-09	AH	AH				
2015-10-10	AH	AH				
2015-10-11	AH	AH				
2015-10-12	AH	AH				
2015-10-13	AH	AH				
2015-10-14	AH	AH				
2015-10-15	AH	AH				
2015-10-16	AH	AH				
2015-10-17	AH	AH				
2015-10-18	AH	AH				
2015-10-19	AH	AH				
2015-10-20	AH	AH				
2015-10-21	AH	AH				
2015-10-22	AH	AH				
2015-10-23	AH	AH				
2015-10-24	AH	AH				
2015-10-25	AH	AH				
2015-10-26	AH	AH				
2015-10-27	AH	AH				
2015-10-28	AH	AH				
2015-10-29	AH	AH				
2015-10-30	AH	AH				
2015-10-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 239
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: Mark Citriglia
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-10-01							
2015-10-02							
2015-10-03							
2015-10-04							
2015-10-05							
2015-10-06							
2015-10-07							
2015-10-08							
2015-10-09							
2015-10-10							
2015-10-11							
2015-10-12							
2015-10-13							
2015-10-14							
2015-10-15							1
2015-10-16							
2015-10-17							
2015-10-18							
2015-10-19							
2015-10-20							
2015-10-21							
2015-10-22							
2015-10-23							
2015-10-24							1
2015-10-25							
2015-10-26							
2015-10-27							
2015-10-28							1
2015-10-29							1
2015-10-30							
2015-10-31							1
Minimum							1.0
Maximum							1.0
Average							1
Count							5
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 546082
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Revision
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 239
MONITORING PERIOD : 2015-10-01 To: 2015-10-31
REPORTING LAB: NEORS
ANALYST: Mark Citriglia
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15	0.0531					
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24	0.0155					
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28	2.8219	21.6				
2015-10-29	0.0885					
2015-10-30						
2015-10-31	0.0132					
Minimum	0.0132	21.6				
Maximum	2.8219	21.6				
Average	0.59844	21.6				
Count	5	1				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	546082	STATUS:	Revision
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	242
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-10-01</u> To: <u>2015-10-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28						
2015-10-29						
2015-10-30						
2015-10-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	546082	STATUS:	Revision
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	258
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-10-01</u> To: <u>2015-10-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-10-01						
2015-10-02						
2015-10-03						
2015-10-04						
2015-10-05						
2015-10-06						
2015-10-07						
2015-10-08						
2015-10-09						
2015-10-10						
2015-10-11						
2015-10-12						
2015-10-13						
2015-10-14						
2015-10-15						
2015-10-16						
2015-10-17						
2015-10-18						
2015-10-19						
2015-10-20						
2015-10-21						
2015-10-22						
2015-10-23						
2015-10-24						
2015-10-25						
2015-10-26						
2015-10-27						
2015-10-28						
2015-10-29						
2015-10-30						
2015-10-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-31 12:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115

PERMIT NUMBER: *3PA00002*GD*
MONITORING PERIOD : 2015-10-01 To: 2015-10-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
045	Overflow Volume	74063	2015-10-28	Million Gallons	Overflow volume needs to be verified.
075	Overflow Occurrence	74062	2015-10-01	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-02	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-03	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-04	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-05	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-06	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-07	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-08	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-09	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-10	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-11	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-12	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-13	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-14	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-15	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-16	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-17	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-18	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-19	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-20	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-21	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-22	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-23	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-24	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-25	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076
075	Overflow Occurrence	74062	2015-10-26	No./Month	According to the CSO Permit Comment Letter dated 11/13/2015 the District requested CSO 075 be replaced with CSO 076

232	Overflow Volume	74063	2015-10-30	Million Gallons	According to the Monitoring & Sampling Plan and permit modification submitted, the District requests CSO 232 be replaced with CSO 211.
232	Overflow Volume	74063	2015-10-31	Million Gallons	According to the Monitoring & Sampling Plan and permit modification submitted, the District requests CSO 232 be replaced with CSO 211.

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	025
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-11-01</u> To: <u>2015-11-30</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	035
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-11-01</u> To: <u>2015-11-30</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	038
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-11-01</u> To: <u>2015-11-30</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	040
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-11-01 To: 2015-11-30
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-11-01							
2015-11-02							
2015-11-03							
2015-11-04							
2015-11-05							
2015-11-06							1
2015-11-07							
2015-11-08							
2015-11-09							
2015-11-10							1
2015-11-11							
2015-11-12							
2015-11-13							
2015-11-14							
2015-11-15							
2015-11-16							
2015-11-17							
2015-11-18							1
2015-11-19							
2015-11-20							
2015-11-21							1
2015-11-22							
2015-11-23							
2015-11-24							
2015-11-25							
2015-11-26							
2015-11-27							1
2015-11-28							1
2015-11-29							
2015-11-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							6
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 040
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06	0.5940					
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10	2.8459					
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18	0.0119					
2015-11-19						
2015-11-20						
2015-11-21	0.1867					
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27	0.8822					
2015-11-28	0.1640					
2015-11-29						
2015-11-30						
Minimum	0.0119					
Maximum	2.8459					
Average	0.78078					
Count	6					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 044
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	045
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-11-01</u> To: <u>2015-11-30</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	056
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-11-01</u> To: <u>2015-11-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10	1	0.3057				
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27	1	0.1603				
2015-11-28						
2015-11-29						
2015-11-30						
Minimum	1.0	0.1603				
Maximum	1.0	0.3057				
Average	1	0.233				
Count	2	2				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej					2015-12-16 18:12	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 058
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27	1	0.0290				
2015-11-28						
2015-11-29						
2015-11-30						
Minimum	1.0	0.029				
Maximum	1.0	0.029				
Average	1	0.029				
Count	1	1				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	059
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-11-01</u> To: <u>2015-11-30</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	069
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-11-01</u> To: <u>2015-11-30</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 072
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 075
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01	AH	AH				
2015-11-02	AH	AH				
2015-11-03	AH	AH				
2015-11-04	AH	AH				
2015-11-05	AH	AH				
2015-11-06	AH	AH				
2015-11-07	AH	AH				
2015-11-08	AH	AH				
2015-11-09	AH	AH				
2015-11-10	AH	AH				
2015-11-11	AH	AH				
2015-11-12	AH	AH				
2015-11-13	AH	AH				
2015-11-14	AH	AH				
2015-11-15	AH	AH				
2015-11-16	AH	AH				
2015-11-17	AH	AH				
2015-11-18	AH	AH				
2015-11-19	AH	AH				
2015-11-20	AH	AH				
2015-11-21	AH	AH				
2015-11-22	AH	AH				
2015-11-23	AH	AH				
2015-11-24	AH	AH				
2015-11-25	AH	AH				
2015-11-26	AH	AH				
2015-11-27	AH	AH				
2015-11-28	AH	AH				
2015-11-29	AH	AH				
2015-11-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 080
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-11-01							
2015-11-02							
2015-11-03							
2015-11-04							
2015-11-05							
2015-11-06							
2015-11-07							
2015-11-08							
2015-11-09							
2015-11-10							
2015-11-11							
2015-11-12							
2015-11-13							
2015-11-14							
2015-11-15							
2015-11-16							
2015-11-17							
2015-11-18							
2015-11-19							
2015-11-20							
2015-11-21							
2015-11-22							
2015-11-23							
2015-11-24							
2015-11-25							
2015-11-26							
2015-11-27							1
2015-11-28							
2015-11-29							
2015-11-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 080
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB: NEORS
 NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27	0.0002					
2015-11-28						
2015-11-29						
2015-11-30						
Minimum	2.0E-4					
Maximum	2.0E-4					
Average	0.0002					
Count	1					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	200
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-11-01</u> To: <u>2015-11-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-11-01							
2015-11-02							
2015-11-03							
2015-11-04							
2015-11-05							
2015-11-06							1
2015-11-07							
2015-11-08							
2015-11-09							
2015-11-10							
2015-11-11							
2015-11-12							
2015-11-13							
2015-11-14							
2015-11-15							
2015-11-16							
2015-11-17							
2015-11-18							
2015-11-19							
2015-11-20							
2015-11-21							
2015-11-22							
2015-11-23							
2015-11-24							
2015-11-25							
2015-11-26							
2015-11-27							1
2015-11-28							
2015-11-29							
2015-11-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							2
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej						2015-12-16 18:12	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 200
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB: NEORS
 NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06	0.0257					
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27	0.0219					
2015-11-28						
2015-11-29						
2015-11-30						
Minimum	0.0219					
Maximum	0.0257					
Average	0.0238					
Count	2					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 202
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-11-01							
2015-11-02							
2015-11-03							
2015-11-04							
2015-11-05							
2015-11-06							
2015-11-07							
2015-11-08							
2015-11-09							
2015-11-10							
2015-11-11							
2015-11-12							
2015-11-13							
2015-11-14							
2015-11-15							
2015-11-16							
2015-11-17							
2015-11-18							
2015-11-19							
2015-11-20							
2015-11-21							
2015-11-22							
2015-11-23							
2015-11-24							
2015-11-25							
2015-11-26							
2015-11-27							
2015-11-28							
2015-11-29							
2015-11-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Thomas Madej						2015-12-16 18:12	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 202
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 206
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-11-01							
2015-11-02							
2015-11-03							
2015-11-04							
2015-11-05							
2015-11-06							
2015-11-07							
2015-11-08							
2015-11-09							
2015-11-10							
2015-11-11							
2015-11-12							
2015-11-13							
2015-11-14							
2015-11-15							
2015-11-16							
2015-11-17							
2015-11-18							
2015-11-19							
2015-11-20							
2015-11-21							
2015-11-22							
2015-11-23							
2015-11-24							
2015-11-25							
2015-11-26							
2015-11-27							
2015-11-28							
2015-11-29							
2015-11-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative			Submission Date/Time
Thomas Madej							2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	206
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-11-01</u> To: <u>2015-11-30</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	218
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-11-01 To: 2015-11-30
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-11-01							
2015-11-02							
2015-11-03							
2015-11-04							
2015-11-05							
2015-11-06							
2015-11-07							
2015-11-08							
2015-11-09							
2015-11-10							1
2015-11-11							
2015-11-12							
2015-11-13							
2015-11-14							
2015-11-15							
2015-11-16							
2015-11-17							
2015-11-18							
2015-11-19							
2015-11-20							
2015-11-21							
2015-11-22							
2015-11-23							
2015-11-24							
2015-11-25							
2015-11-26							
2015-11-27							
2015-11-28							
2015-11-29							
2015-11-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 218
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB: NEORSRSD
ANALYST: NEORSRSD
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10	0.0058					
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum	0.0058					
Maximum	0.0058					
Average	0.0058					
Count	1					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 232
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB: NEORS
 NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence per Year	Overflow Volume				
PARAMETER CODE	51709	74063				
UNITS	No./Year	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total Estimate	Total Estimate				
2015-11-01	AH	AH				
2015-11-02	AH	AH				
2015-11-03	AH	AH				
2015-11-04	AH	AH				
2015-11-05	AH	AH				
2015-11-06	AH	AH				
2015-11-07	AH	AH				
2015-11-08	AH	AH				
2015-11-09	AH	AH				
2015-11-10	AH	AH				
2015-11-11	AH	AH				
2015-11-12	AH	AH				
2015-11-13	AH	AH				
2015-11-14	AH	AH				
2015-11-15	AH	AH				
2015-11-16	AH	AH				
2015-11-17	AH	AH				
2015-11-18	AH	AH				
2015-11-19	AH	AH				
2015-11-20	AH	AH				
2015-11-21	AH	AH				
2015-11-22	AH	AH				
2015-11-23	AH	AH				
2015-11-24	AH	AH				
2015-11-25	AH	AH				
2015-11-26	AH	AH				
2015-11-27	AH	AH				
2015-11-28	AH	AH				
2015-11-29	AH	AH				
2015-11-30	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	239
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-11-01 To: 2015-11-30
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	Mark Citriglia
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	00630	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2015-11-01							
2015-11-02							
2015-11-03							
2015-11-04							
2015-11-05							
2015-11-06							1
2015-11-07							
2015-11-08							
2015-11-09							
2015-11-10							1
2015-11-11							
2015-11-12							
2015-11-13							
2015-11-14							
2015-11-15							
2015-11-16							
2015-11-17							
2015-11-18							
2015-11-19							
2015-11-20							
2015-11-21							
2015-11-22							
2015-11-23							
2015-11-24							
2015-11-25							
2015-11-26							
2015-11-27							1
2015-11-28							
2015-11-29							
2015-11-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							3
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej							2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 239
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB: NEORS
ANALYST: Mark Citriglia
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day				
PARAMETER CODE	74063	80082				
UNITS	Million Gallons	mg/l				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	24hr Total	Grab				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06	0.0198					
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10	0.9813	53.2				
2015-11-11	0.0087					
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27	0.3163					
2015-11-28	0.3390					
2015-11-29						
2015-11-30						
Minimum	0.0087	53.2				
Maximum	0.9813	53.2				
Average	0.33302	53.2				
Count	5	1				
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 544137
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 242
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	544137	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	258
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-11-01</u> To: <u>2015-11-30</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSR
		ANALYST:	NEORSR
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2015-12-16 18:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	025
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	035
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27	1	0.1526				
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum	1.0	0.1526				
Maximum	1.0	0.1526				
Average	1	0.1526				
Count	1	1				

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	038
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	040
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	Overflow Occurrence	Overflow Volume
PARAMETER CODE	00530	00610	00625	00630	00665	74062	74063
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	No./Month	Million Gallons
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Total	24hr Total
2015-12-01							
2015-12-02						1	0.2656
2015-12-03							
2015-12-04							
2015-12-05							
2015-12-06							
2015-12-07							
2015-12-08							
2015-12-09							
2015-12-10							
2015-12-11							
2015-12-12							
2015-12-13							
2015-12-14							
2015-12-15							
2015-12-16							
2015-12-17							
2015-12-18							
2015-12-19							
2015-12-20							
2015-12-21							
2015-12-22						1	1.3078
2015-12-23						1	0.4441
2015-12-24							0.1000
2015-12-25							
2015-12-26						1	1.0946
2015-12-27							14.3396
2015-12-28						1	0.8231
2015-12-29						1	0.1698
2015-12-30							
2015-12-31							
Minimum						1.0	0.1
Maximum						1.0	14.3396
Average						1	2.31808
Count						6	8

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	040
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	CBOD 5 day					
PARAMETER CODE	80082					
UNITS	mg/l					
FREQUENCY	When Disch.					
SAMPLING TYPE	Grab					
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej					2016-01-19 17:01	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	044
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	045
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22	1	AE				
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26	1	AE				
2015-12-27	1	AE				
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum	1.0					
Maximum	1.0					
Average	1					
Count	3					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	056
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22	1	0.4811				
2015-12-23	1	0.1939				
2015-12-24		0.0509				
2015-12-25						
2015-12-26	1	0.7723				
2015-12-27		5.1690				
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum	1.0	0.0509				
Maximum	1.0	5.169				
Average	1	1.33344				
Count	3	5				

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	058
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-12-01 To: 2015-12-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22	1	0.0338				
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26	1	0.0704				
2015-12-27		0.0960				
2015-12-28	1	0.0226				
2015-12-29						
2015-12-30						
2015-12-31						
Minimum	1.0	0.0226				
Maximum	1.0	0.096				
Average	1	0.0557				
Count	3	4				

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	059
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	069
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	072
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 551750
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 075
MONITORING PERIOD : 2015-12-01 To: 2015-12-31
REPORTING LAB: NEORSD
ANALYST: NEORSD
NO DISCHARGE INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01	AH	AH				
2015-12-02	AH	AH				
2015-12-03	AH	AH				
2015-12-04	AH	AH				
2015-12-05	AH	AH				
2015-12-06	AH	AH				
2015-12-07	AH	AH				
2015-12-08	AH	AH				
2015-12-09	AH	AH				
2015-12-10	AH	AH				
2015-12-11	AH	AH				
2015-12-12	AH	AH				
2015-12-13	AH	AH				
2015-12-14	AH	AH				
2015-12-15	AH	AH				
2015-12-16	AH	AH				
2015-12-17	AH	AH				
2015-12-18	AH	AH				
2015-12-19	AH	AH				
2015-12-20	AH	AH				
2015-12-21	AH	AH				
2015-12-22	AH	AH				
2015-12-23	AH	AH				
2015-12-24	AH	AH				
2015-12-25	AH	AH				
2015-12-26	AH	AH				
2015-12-27	AH	AH				
2015-12-28	AH	AH				
2015-12-29	AH	AH				
2015-12-30	AH	AH				
2015-12-31	AH	AH				
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Thomas Madej						2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 551750
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 080
MONITORING PERIOD : 2015-12-01 To: 2015-12-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	Overflow Occurrence	Overflow Volume
PARAMETER CODE	00530	00610	00625	00630	00665	74062	74063
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	No./Month	Million Gallons
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Total	24hr Total
2015-12-01							
2015-12-02							
2015-12-03							
2015-12-04							
2015-12-05							
2015-12-06							
2015-12-07							
2015-12-08							
2015-12-09							
2015-12-10							
2015-12-11							
2015-12-12							
2015-12-13							
2015-12-14							
2015-12-15							
2015-12-16							
2015-12-17							
2015-12-18							
2015-12-19							
2015-12-20							
2015-12-21							
2015-12-22						1	0.2715
2015-12-23						1	0.0152
2015-12-24							
2015-12-25							
2015-12-26						1	0.2035
2015-12-27						1	3.3474
2015-12-28						1	0.0198
2015-12-29							
2015-12-30							
2015-12-31							
Minimum						1.0	0.0152
Maximum						1.0	3.3474
Average						1	0.77148
Count						5	5

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative		Submission Date/Time
				2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 551750
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 080
MONITORING PERIOD : 2015-12-01 To: 2015-12-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	CBOD 5 day					
PARAMETER CODE	80082					
UNITS	mg/l					
FREQUENCY	When Disch.					
SAMPLING TYPE	Grab					
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej						2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	200
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	Overflow Occurrence	Overflow Volume
PARAMETER CODE	00530	00610	00625	00630	00665	74062	74063
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	No./Month	Million Gallons
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Total	24hr Total
2015-12-01							
2015-12-02							
2015-12-03							
2015-12-04							
2015-12-05							
2015-12-06							
2015-12-07							
2015-12-08							
2015-12-09							
2015-12-10							
2015-12-11							
2015-12-12							
2015-12-13							
2015-12-14							
2015-12-15							
2015-12-16							
2015-12-17							
2015-12-18							
2015-12-19							
2015-12-20							
2015-12-21							
2015-12-22						1	1.3625
2015-12-23						1	0.653
2015-12-24							0.0098
2015-12-25							
2015-12-26						1	2.4357
2015-12-27						1	12.5407
2015-12-28						1	1.4114
2015-12-29						1	0.0602
2015-12-30							
2015-12-31							
Minimum						1.0	0.0098
Maximum						1.0	12.5407
Average						1	2.63904
Count						6	7

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	200
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	CBOD 5 day					
PARAMETER CODE	80082					
UNITS	mg/l					
FREQUENCY	When Disch.					
SAMPLING TYPE	Grab					
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej					2016-01-19 17:01	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	202
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSR
		ANALYST:	NEORSR
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	Overflow Occurrence	Overflow Volume
PARAMETER CODE	00530	00610	00625	00630	00665	74062	74063
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	No./Month	Million Gallons
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Total	24hr Total
2015-12-01							
2015-12-02							
2015-12-03							
2015-12-04							
2015-12-05							
2015-12-06							
2015-12-07							
2015-12-08							
2015-12-09							
2015-12-10							
2015-12-11							
2015-12-12							
2015-12-13							
2015-12-14							
2015-12-15							
2015-12-16							
2015-12-17							
2015-12-18							
2015-12-19							
2015-12-20							
2015-12-21							
2015-12-22							
2015-12-23							
2015-12-24							
2015-12-25							
2015-12-26							
2015-12-27						1	0.0455
2015-12-28							
2015-12-29							
2015-12-30							
2015-12-31							
Minimum						1.0	0.0455
Maximum						1.0	0.0455
Average						1	0.0455
Count						1	1

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	202
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	CBOD 5 day					
PARAMETER CODE	80082					
UNITS	mg/l					
FREQUENCY	When Disch.					
SAMPLING TYPE	Grab					
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej					2016-01-19 17:01	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	206
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-12-01 To: 2015-12-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	Overflow Occurrence	Overflow Volume
PARAMETER CODE	00530	00610	00625	00630	00665	74062	74063
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	No./Month	Million Gallons
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Total	24hr Total
2015-12-01							
2015-12-02							
2015-12-03							
2015-12-04							
2015-12-05							
2015-12-06							
2015-12-07							
2015-12-08							
2015-12-09							
2015-12-10							
2015-12-11							
2015-12-12							
2015-12-13							
2015-12-14							
2015-12-15							
2015-12-16							
2015-12-17							
2015-12-18							
2015-12-19							
2015-12-20							
2015-12-21							
2015-12-22							
2015-12-23							
2015-12-24							
2015-12-25							
2015-12-26							
2015-12-27						1	2.8184
2015-12-28							
2015-12-29							
2015-12-30							
2015-12-31							
Minimum						1.0	2.8184
Maximum						1.0	2.8184
Average						1	2.8184
Count						1	1

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	206
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	CBOD 5 day					
PARAMETER CODE	80082					
UNITS	mg/l					
FREQUENCY	When Disch.					
SAMPLING TYPE	Grab					
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej					2016-01-19 17:01	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 551750
FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PA00002*GD
STATION CODE: 218
MONITORING PERIOD : 2015-12-01 To: 2015-12-31
REPORTING LAB: NEORS
ANALYST: NEORS
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	Overflow Occurrence	Overflow Volume
PARAMETER CODE	00530	00610	00625	00630	00665	74062	74063
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	No./Month	Million Gallons
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Total	24hr Total
2015-12-01							
2015-12-02							
2015-12-03							
2015-12-04							
2015-12-05							
2015-12-06							
2015-12-07							
2015-12-08							
2015-12-09							
2015-12-10							
2015-12-11							
2015-12-12							
2015-12-13							
2015-12-14							
2015-12-15							
2015-12-16							
2015-12-17							
2015-12-18							
2015-12-19							
2015-12-20							
2015-12-21							
2015-12-22						1	0.1069
2015-12-23						1	0.0018
2015-12-24							
2015-12-25							
2015-12-26						1	0.0451
2015-12-27						1	0.8343
2015-12-28							
2015-12-29							
2015-12-30							
2015-12-31							
Minimum						1.0	0.0018
Maximum						1.0	0.8343
Average						1	0.24703
Count						4	4

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative		Submission Date/Time
				2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	218
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	CBOD 5 day					
PARAMETER CODE	80082					
UNITS	mg/l					
FREQUENCY	When Disch.					
SAMPLING TYPE	Grab					
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej					2016-01-19 17:01	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	239
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Total	Phosphorus, Total (P)	Overflow Occurrence	Overflow Volume
PARAMETER CODE	00530	00610	00625	00630	00665	74062	74063
UNITS	mg/l	mg/l	mg/l	mg/l	mg/l	No./Month	Million Gallons
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Total	24hr Total
2015-12-01							
2015-12-02							
2015-12-03							
2015-12-04							
2015-12-05							
2015-12-06							
2015-12-07							
2015-12-08							
2015-12-09							
2015-12-10							
2015-12-11							
2015-12-12							
2015-12-13							
2015-12-14							
2015-12-15							
2015-12-16							
2015-12-17							
2015-12-18							
2015-12-19							
2015-12-20							
2015-12-21							
2015-12-22						1	0.3689
2015-12-23						1	0.1406
2015-12-24							0.044
2015-12-25							
2015-12-26						1	0.2688
2015-12-27							9.2634
2015-12-28							0.3981
2015-12-29							
2015-12-30							
2015-12-31							
Minimum						1.0	0.044
Maximum						1.0	9.2634
Average						1	1.7473
Count						3	6

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	239
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORS
		ANALYST:	NEORS
		NO DISCHARGE INDICATOR:	

PARAMETER	CBOD 5 day					
PARAMETER CODE	80082					
UNITS	mg/l					
FREQUENCY	When Disch.					
SAMPLING TYPE	Grab					
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Thomas Madej					2016-01-19 17:01	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	242
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	551750	STATUS:	Original
FACILITY:	Northeast Ohio Regional SD	PERMIT NUMBER:	3PA00002*GD
LOCATION:	3826 Euclid Ave CLEVELAND, OH 44115	STATION CODE:	258
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Overflow Occurrence	Overflow Volume				
PARAMETER CODE	74062	74063				
UNITS	No./Month	Million Gallons				
FREQUENCY	When Disch.	When Disch.				
SAMPLING TYPE	Total	24hr Total				
2015-12-01						
2015-12-02						
2015-12-03						
2015-12-04						
2015-12-05						
2015-12-06						
2015-12-07						
2015-12-08						
2015-12-09						
2015-12-10						
2015-12-11						
2015-12-12						
2015-12-13						
2015-12-14						
2015-12-15						
2015-12-16						
2015-12-17						
2015-12-18						
2015-12-19						
2015-12-20						
2015-12-21						
2015-12-22						
2015-12-23						
2015-12-24						
2015-12-25						
2015-12-26						
2015-12-27						
2015-12-28						
2015-12-29						
2015-12-30						
2015-12-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Thomas Madej			2016-01-19 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Northeast Ohio Regional SD
LOCATION: 3826 Euclid Ave
 CLEVELAND, OH 44115

PERMIT NUMBER: *3PA00002*GD*
MONITORING PERIOD : 2015-12-01 To: 2015-12-31

GENERAL REPORT COMMENT:

Sampling required twice per year. The annual overflow occurrence and overflow volume for CSOs 007, 013, 014, 017, 019, 020, 021, 022, 027, 028, 030, 031, 032, 033, 036, 037, 039, 043, 050, 051, 052, 053, 054, 055, 057, 060, 062, 063, 064, 065, 066, 067, 068, 071, 073, 074, 076, 078, 079, 081, 082, 083, 084, 085, 086, 087, 088, 089, 090, 091, 092, 093, 094, 095, 095, 097, 098, 099, 201, 203, 204, 205, 207, 208, 209, 210, 211, 212, 214, 215, 216, 217, 219, 220, 221, 222, 223, 224, 225, 226, 230, 231, 233, 234, 235, 236, 238, 240, 241, 243, 245, 246, 247, 249, 250, 252, 253, 254, 255, 256, 257 will be estimated based on modeling simulations to be submitted no later than April 20, 2016.

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
045	Overflow Volume	74063	2015-12-22	Million Gallons	Overflow volume needs to be verified
045	Overflow Volume	74063	2015-12-26	Million Gallons	Overflow volume needs to be verified
045	Overflow Volume	74063	2015-12-27	Million Gallons	Overflow volume needs to be verified
075	Overflow Occurrence	74062	2015-12-01	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-02	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-03	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-04	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-05	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-06	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-07	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-08	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-09	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-10	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-11	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-12	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-13	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-14	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-15	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-16	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-17	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-18	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-19	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-20	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-21	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Occurrence	74062	2015-12-22	No./Month	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088

075	Overflow Volume	74063	2015-12-24	Million Gallons	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Volume	74063	2015-12-25	Million Gallons	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Volume	74063	2015-12-26	Million Gallons	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Volume	74063	2015-12-27	Million Gallons	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Volume	74063	2015-12-28	Million Gallons	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Volume	74063	2015-12-29	Million Gallons	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Volume	74063	2015-12-30	Million Gallons	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088
075	Overflow Volume	74063	2015-12-31	Million Gallons	According to the CSO Permit email request dated 12/08/2015 the District requested CSO 075 be replaced with CSO 088

Dry weather overflow and upset reports

Second half of 2015



4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Lyle Plummer

Date: 7/1/2015

Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)

Initial Advisory

Five-Day Status Report

Structure: BC-66B W 140TH ST WEST OF HAROLD AVE

Date Found: 6/30/2015 TIME FOUND: 10:45 AM CSO: CSO-058

Receiving Water: BIG CREEK

Estimated Discharge (Gallons): 14,500

Cause: Downstream blockage: Grit, Dirt, and Debris

Proposed Remedial Action:

Jurisdiction: NEORSRD

Contact Person: Thomas Madej

Additional Information:

Date Corrected: 6/30/2015 Time Corrected: 12:15 PM

Duration of Discharge (Hrs): 1.50

Corrective Action: Jetted and Rodded; Removed obstruction

Work Order #: 1515819-02



4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Lyle Plummer

Date: 7/7/2015

Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)

Initial Advisory

Five-Day Status Report

Structure: BC-74 PURITAS AVE WEST OF GRAYTON RD

Date Found: 7/7/2015 TIME FOUND: 10:30 AM CSO: CSO-062

Receiving Water: ROCKY RIVER

Estimated Discharge (Gallons): 5,500

Cause: Downstream blockage: A brick and leaves

Proposed Remedial Action:

Jurisdiction: NEORS D

Contact Person: Thomas Madej

Additional Information:

Date Corrected: 7/7/2015 Time Corrected: 11:15 AM

Duration of Discharge (Hrs): 0.75

Corrective Action: Jetted and Rodded; Removed obstruction

Work Order #: 1516410-02



4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Curtis Brown

Date: 7/16/2015

Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)

Initial Advisory

Five-Day Status Report

Structure: D-37 PRIMROSE AVE AND LINN DR

Date Found: 7/15/2015 TIME FOUND: 12:30 PM CSO: CSO-230

Receiving Water: DUGWAY BROOK

Estimated Discharge (Gallons): 5,200

Cause: Downstream blockage: Sand from upstream water main break

Proposed Remedial Action:

Jurisdiction: NEORS D

Contact Person: Thomas Madej

Additional Information:

Date Corrected: 7/15/2015 Time Corrected: 1:30 PM

Duration of Discharge (Hrs): 1.00

Corrective Action: Jet rodded and vacuumed

Work Order #: 1518155-02



4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Lyle Plummer

Date: 7/29/2015

Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)

Initial Advisory

Five-Day Status Report

Structure: D-16 IN DRIVEWAY AT 10662 HELENA AVE

Date Found: 7/29/2015 TIME FOUND: 12:00 PM CSO: CSO-230

Receiving Water: DUGWAY BROOK

Estimated Discharge (Gallons): 15,700

Cause: Downstream blockage: Grit and Debris

Proposed Remedial Action:

Jurisdiction: NEORSD

Contact Person: Thomas Madej

Additional Information:

Date Corrected: 7/29/2015 Time Corrected: 1:15 PM

Duration of Discharge (Hrs): 1.25

Corrective Action: Jet rodded

Work Order #: 1501162-05



4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Lyle Plummer

Date: 7/29/2015

Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)

Initial Advisory

Five-Day Status Report

Structure: D-71A 1085 CARLYON RD

Date Found: 7/29/2015 TIME FOUND: 10:00 AM CSO: CSO-231

Receiving Water: DUGWAY BROOK

Estimated Discharge (Gallons): 250

Cause: Downstream blockage

Proposed Remedial Action:

Jurisdiction: NEORSD

Contact Person: Thomas Madej

Additional Information:

Date Corrected: 7/29/2015 Time Corrected: 1:30 PM

Duration of Discharge (Hrs): 3.50

Corrective Action: Jet rodded

Work Order #: 1516487-04



4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Lyle Plummer

Date: 7/29/2015

Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)

Initial Advisory

Five-Day Status Report

Structure: D-16 IN DRIVEWAY AT 10662 HELENA AVE

Date Found: 7/29/2015 TIME FOUND: 12:00 PM CSO: CSO-230

Receiving Water: DUGWAY BROOK

Estimated Discharge (Gallons): 15,700

Cause: Downstream blockage: Grit and Debris

Proposed Remedial Action:

Jurisdiction: NEORS D

Contact Person: Thomas Madej

Additional Information:

Date Corrected: 7/29/2015 Time Corrected: 1:15 PM

Duration of Discharge (Hrs): 1.25

Corrective Action: Jet rodded

Work Order #: 1501162-05

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Lyle Plummer

Date: 8/5/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure: D-03A 10658 DUPONT AVE

Date Found: 8/4/2015 **TIME FOUND:** 10:00 AM **CSO:** CSO-230

Receiving Water: DUGWAY BROOK

Estimated Discharge (Gallons): 14,760

Cause: Downstream blockage: Grit and Debris

Proposed Remedial Action:

Jurisdiction: NEORS D

Contact Person: Thomas Madej

Additional Information:

Date Corrected: 8/4/2015 **Time Corrected:** 11:30 AM

Duration of Discharge (Hrs): 1.50

Corrective Action: Jet rodded and vacuumed

Work Order #: 1520080-02

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Greg Mitchell

Date: 9/18/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)**



Initial Advisory



Five-Day Status Report

Structure: DV-57 MT OVERLOOK AVE AND BALDWIN RD

Date Found: 9/17/2015 **TIME FOUND:** 2:15 PM **CSO:** CSO-073

Receiving Water: DOAN BROOK

Estimated Discharge (Gallons): 2,900

Cause: Grit/Leaves

Proposed Remedial Action: Jet rodded and vacuum sewer.

Jurisdiction: NEORS D

Contact Person: Thomas Madej

Additional Information: N/A

Date Corrected: 9/17/2015 **Time Corrected:** 2:30 PM

Duration of Discharge (Hrs): 0.15

Corrective Action: Jet rodded and vacuumed twenty feet downstream of regulator to remove blockage.

Work Order #: 1523838-02

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Curtis Brown

Date: 9/21/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)**



Initial Advisory



Five-Day Status Report

Structure: D-83 STANWOODRD OFF TERRACE RD

Date Found: 9/21/2015 **TIME FOUND:** 10:45 AM **CSO:** CSO-211

Receiving Water: NINE MILE CREEK

Estimated Discharge (Gallons): 4,400

Cause: Grit/Leaves/Paper/Sticks

Proposed Remedial Action: Jet rodded and vacuum sewer.

Jurisdiction: NEORS D

Contact Person: Thomas Madej

Additional Information: N/A

Date Corrected: 9/21/2015 **Time Corrected:** 11:30 AM

Duration of Discharge (Hrs): 0.75

Corrective Action: Jet rodded and vacuumed thirty five feet downstream of regulator to remove blockage.

Work Order #: 1521964-02



4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Lyle Plummer

Date: 10/14/2015

Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)

Initial Advisory

Five-Day Status Report

Structure: DV-03 NORTHEAST CORNER OF MURRAY HILL RD AT CEDAR GLEN PKWY

Date Found: 10/13/2015 TIME FOUND: 1:00 PM CSO: CSO-224

Receiving Water: DOAN BROOK

Estimated Discharge (Gallons): 1,600

Cause: Grease

Proposed Remedial Action: Jet rodded and vacuum sewer.

Jurisdiction: NEORSRD

Contact Person: Thomas Madej

Additional Information: N/A

Date Corrected: 10/13/2015 Time Corrected: 1:30 PM

Duration of Discharge (Hrs): 0.50

Corrective Action: Jet rodded and vacuumed two (2) downstream manholes in addition to the regulator.

Work Order #: 1525356-02

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Curtis Brown

Date: 11/16/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure WR- 08 W 3RD ST. 170 FEET SOUTH OF CUYAHOGA RIVER

Date Found: 11/15/2015 **Time Found:** 9:00 AM **CSO:** CSO-082

Receiving Water: CUYAHOGA RIVER

Approximate Discharge (Gallons): 350

Description of Problem: WPC had a malfunctioning pump station which caused this dry weather overflow. Elie Remy was contacted and a crew was sent out to make the proper repairs.

Community with Maintenance Responsibility: City of Cleveland

Contact Person: Elie Remy (216) 664-2750

Additional Information:

Date Corrected: 11/15/2015 **Time Corrected:** 5:00 PM

Duration Of Discharge: 8.00 Hrs.

Work Order Number: 1530210-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).



4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Curtis Brown

Date: 11/24/2015

Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)

Initial Advisory

Five-Day Status Report

Structure: BC-52 3591 W 134 ST SOUTH OF LORAIN

Date Found: 11/24/2015 TIME FOUND: 11:15 AM CSO: CSO-058

Receiving Water: BIG CREEK

Estimated Discharge (Gallons): 7,100

Cause: Leaves and grease

Proposed Remedial Action: Jet rodded and vacuum sewer.

Jurisdiction: NEORS D

Contact Person: Thomas Madej

Additional Information: N/A

Date Corrected: 11/24/2015 Time Corrected: 11:30 AM

Duration of Discharge (Hrs): 0.25

Corrective Action: Jet rodded and vacuumed ten feet downstream of regulator to remove blockage.

Work Order #: 1520500-02

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Lyle Plummer

Date: 12/4/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure DV-57

Date Found: 12/4/2015 **Time Found:** 9:30 AM **CSO:** CSO-073

Receiving Water: DOAN BROOK

Approximate Discharge (Gallons): Pending

Description of Problem: Water main break at East 116th, North of Larchmere. City water is surcharging the sewer and causing an overflow.

Community with Maintenance Responsibility: NEORS D

Contact Person: Ozzie Vason (CWD) 216-664-3130

Additional Information:

Date Corrected: **Time Corrected:**

Duration Of Discharge: Hrs.

Work Order Number:

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 7/8/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure S-77 I 77 SOUTH OF HARVARD AVE OVERPASS

Date Found: 7/6/2015 **Time Found:** 3:15 PM **CSO:** CSO-035

Receiving Water: CUYAHOGA RIVER

Approximate Discharge (Gallons): 1,543,900

Description of Problem: Water main break at E. 49th and Harvard Avenue. City water was surcharging the sewer and causing an overflow.

Community with Maintenance Responsibility: Cleveland

Contact Person: Thomas Madej

Additional Information: Cleveland Water stopped the water leak at 2:30 PM. 7/7/2015

Date Corrected: 7/7/2015 **Time Corrected:** 2:30 PM

Duration Of Discharge: 23.25

Work Order Number: 1517688-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 7/7/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure S-77 I 77 SOUTH OF HARVARD AVE OVERPASS

Date Found: 7/7/2015 **Time Found:** 3:15 PM **CSO:** CSO-035

Receiving Water: CUYAHOGA RIVER

Approximate Discharge (Gallons): N/A

Description of Problem: Water main break at E. 49th and Harvard Avenue. City water is surcharging the sewer and causing an overflow.

Community with Maintenance Responsibility: Cleveland

Contact Person: Thomas Madej

Additional Information: Cleveland Water Department is still working on the repair

Date Corrected: 7/7/2015 **Time Corrected:**

Duration Of Discharge: Repairs are expected to be completed before midnight tonight.

Work Order Number: 1517688-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).



4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 8/07/2015

Dry Weather Discharge Advisory

Initial Advisory

Five-Day Status Report

Discharge Location: Henninger Rd. West of Pearl

CSO: 050

Date Found: 7/28/2015

Time: 12:00 PM

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 Gal./Min.

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: City of Cleveland

Contact Person: Elie Ramey

Additional Information: Small amount of sanitary flow discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected:

Duration of Discharge:

Work Order#: 1519601-01

NOTE: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR Part 122.41(n)

The Northeast Ohio Regional Sewer District's mission is to provide progressive sewage and stormwater management through innovation, fiscal responsibility and community partnerships.

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 8/14/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Notification
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure Henninger Road W. of Pearl

Date Found: 7/28/2015 **Time Found:** 12:00 PM **CSO:** CSO-050

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 GPM

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Ramy (216) 664-2750

Additional Information: Small amount of sanitary flow discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: 1519601-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 8/25/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure Henninger Rd. West of Pearl

Date Found: 7/28/2015 **Time Found:** 12:00 PM **CSO:** CSO-050

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 GPM

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Ramy WPC (216) 664-2750

Additional Information: Small amount of sanitary flow intermittently discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: 1519601-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 8/25/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure Henninger Rd. West of Pearl

Date Found: 7/28/2015 **Time Found:** 12:00 PM **CSO:** CSO-050

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 GPM

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Ramy WPC (216) 664-2750

Additional Information: Small amount of sanitary flow intermittently discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: 1519601-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 9/15/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure Henninger Rd. West of Pearl

Date Found: 7/28/2015 **Time Found:** 12:00 PM **CSO:** CSO-050

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 GPM

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Ramy WPC (216) 664-2750

Additional Information: Small amount of sanitary flow intermittently discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: 1519601-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 10/5/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure Henninger Rd. West of Pearl

Date Found: 7/28/2015 **Time Found:** 12:00 PM **CSO:** CSO-050

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 GPM

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Ramy WPC (216) 664-2750

Additional Information: Small amount of sanitary flow intermittently discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: 1519601-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 11/2/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure Henninger Rd. West of Pearl

Date Found: 7/28/2015 **Time Found:** 12:00 PM **CSO:** CSO-050

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 GPM

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Ramy WPC (216) 664-2750

Additional Information: Small amount of sanitary flow intermittently discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: 1519601-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 11/17/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure Henninger Rd. West of Pearl

Date Found: 7/28/2015 **Time Found:** 12:00 PM **CSO:** CSO-050

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 GPM

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Ramy WPC (216) 664-2750

Additional Information: Small amount of sanitary flow intermittently discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: 1519601-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 11/30/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure Henninger Rd. West of Pearl

Date Found: 7/28/2015 **Time Found:** 12:00 PM **CSO:** CSO-050

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 GPM

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Ramy WPC (216) 664-2750

Additional Information: Small amount of sanitary flow intermittently discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: 1519601-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 12/06/2016

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure Henninger Rd. West of Pearl

Date Found: 7/28/2015 **Time Found:** 12:00 PM **CSO:** CSO-050

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 GPM

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Ramy WPC (216) 664-2750

Additional Information: Small amount of sanitary flow intermittently discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: 1519601-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 12/22/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure Henninger Rd. West of Pearl

Date Found: 7/28/2015 **Time Found:** 12:00 PM **CSO:** CSO-050

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 GPM

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Ramy WPC (216) 664-2750

Additional Information: Small amount of sanitary flow intermittently discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: 1519601-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).



4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 7/29/2015

Dry Weather Discharge Advisory

Initial Advisory

Five-Day Status Report

Discharge Location: Henninger Rd. West of Pearl

CSO: 050

Date Found: 7/28/2015

Time: 12:00 PM

Receiving Water: Big Creek

Approximate Discharge (CFS): Unknown

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: City of Cleveland

Contact Person: Elie Remy

Additional Information: Small amount of sanitary flow discharging into CSO-050 from upstream storm sewer. Further investigation will be completed and a follow up report will be sent.

Date Corrected:

Duration of Discharge:

Work Order#: 1519601-01

NOTE: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR Part 122.41(n)

The Northeast Ohio Regional Sewer District's mission is to provide progressive sewage and stormwater management through innovation, fiscal responsibility and community partnerships.



4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 8/3/2015

Dry Weather Discharge Advisory

Initial Advisory

Five-Day Status Report

Discharge Location: Henninger Rd. West of Pearl

CSO: 050

Date Found: 7/28/2015

Time: 12:00 PM

Receiving Water: Big Creek

Approximate Discharge (CFS): Unknown

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: City of Cleveland

Contact Person: Elie Remy

Additional Information: Small amount of sanitary flow discharging into CSO-050 from upstream storm sewer. Further investigation will be completed and a follow up report will be sent.

Date Corrected:

Duration of Discharge:

Work Order#: 1519601-01

NOTE: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR Part 122.41(n)

The Northeast Ohio Regional Sewer District's mission is to provide progressive sewage and stormwater management through innovation, fiscal responsibility and community partnerships.

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 9/3/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure North of Elk Ave. between E. 107th St. and E. 107th Pl. (PE-14)

Date Found: 9/2/2015 **Time Found:** 11:00 AM **CSO:** N/A

Receiving Water: N/A

Approximate Discharge (Gallons): 60 Gal/Hr.

Description of Problem: Leak at Bypass tie-in to Dugway Interceptor D-Branch causing some flow to exit and pool in the excavation.

Community with Maintenance Responsibility: NEORSRD

Contact Person: Thomas Kral, Walsh Construction (313) 475-3989

Additional Information: Contractor installing plastic sheeting inside the excavated area, and is currently bypass pumping. Contractor currently working to determine location of leak and make the repairs, under NEORSRD inspection and approval.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: N/A

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 9/17/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure North of Elk Ave. between E. 107th St. and E. 107th Pl. (PE-14)

Date Found: 9/2/2015 **Time Found:** 11:00 AM **CSO:** N/A

Receiving Water: N/A

Approximate Discharge (Gallons): 20,070

Description of Problem: Leak at Bypass tie-in to Dugway Interceptor D-Branch causing some flow to exit and pool in the excavation. Contractor has repaired structural issues in two nearby manholes. Dye tests confirm this has corrected the issue.

Community with Maintenance Responsibility: NEORS D

Contact Person: Thomas Kral, Walsh Construction (313) 475-3989

Additional Information: Contractor installed plastic sheeting inside the excavated area, and bypassed pumped until the issue was corrected.

Date Corrected: 9/16/2015 **Time Corrected:** 9:30 AM

Duration Of Discharge: 334.50 hrs.

Work Order Number: N/A

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 10/6/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure E-27 & E-28

Date Found: 9/12/2015

Time Found: 6:00 PM

CSO: CSO-090

Receiving Water: Cuyahoga River

Approximate Discharge (Gallons): 2,420,833

Description of Problem: Collapse of local sewer on W. 9th Street prohibited Superior Pump Station from discharging into the local collection system. This required a temporary shut down and bypass pumping operation. The City of Cleveland WPC is currently operating the bypass pumping system while making repairs to the sewer.

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Remy WPC, 216 664-2750

Additional Information: The City of Cleveland WPC completed the repairs and discontinued bypass pumping operations at 3:30 PM, 10-2-2015.

Date Corrected: 9/14/2015

Time Corrected: 11:30 AM

Duration Of Discharge: 41.50 Hrs.

Work Order Number: 1523582-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 9/15/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**



Initial Advisory



Five-Day Status Report

Structure E-27 & E-28

Date Found: 9/12/2015

Time Found: 6:00 PM

CSO: CSO-090

Receiving Water: Cuyahoga River

Approximate Discharge (Gallons): 2,420,833

Description of Problem: Possible collapse of local sewer on W. 9th Street prohibited Superior Pump Station from discharging into the local collection system. This required a temporary shut down and bypass pumping operation. The City of Cleveland WPC is currently operating the bypass pumping system while making repairs to the sewer.

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Remy WPC, 216 664-2750

Additional Information:

Date Corrected: 9/14/2015

Time Corrected: 11:30 AM

Duration Of Discharge: 41.50 Hrs.

Work Order Number:

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Brian Stapleton

Date: 9/15/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure Henninger Rd. West of Pearl

Date Found: 7/28/2015 **Time Found:** 12:00 PM **CSO:** CSO-050

Receiving Water: Big Creek

Approximate Discharge (Gallons): Less than 10 GPM

Description of Problem: Possible sanitary cross connection into storm sewer

Community with Maintenance Responsibility: Cleveland

Contact Person: Elie Ramy WPC (216) 664-2750

Additional Information: Small amount of sanitary flow intermittently discharging into CSO-050 from upstream storm sewer. WPC is working on a temporary diversion until the cause can be determined.

Date Corrected: **Time Corrected:**

Duration Of Discharge:

Work Order Number: 1519601-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Greg Mitchell

Date: 10/23/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**



Initial Advisory



Five-Day Status Report

Structure BC-41

Date Found: 10/22/2015 **Time Found:** 9:30 AM **CSO:** N/A

Receiving Water: N/A

Approximate Discharge (Gallons): 5,000

Description of Problem: Contractor's by-pass pumping operation failed.

Community with Maintenance Responsibility: NEORS D

Contact Person: Hugh Blocksidge (Cuyahoga Co. Sanitary Engineers)

Additional Information: Contractors by-pass pumping operation failed at 9:30AM and was restored at 12:45PM. Approximately 5,000 gallons of waste water topped the temporary sand bag wier wall and was absorbed into the soil in the open trench.

Date Corrected: 10/22/2015 **Time Corrected:** 12:45 PM

Duration Of Discharge: 3.25 Hrs.

Work Order Number:

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Lyle Plummer

Date: 12/1/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure FEBDA005

Date Found: 11/30/2015 **Time Found:** 1:10 PM **CSO:** CSO-092

Receiving Water: CUYAHOGA RIVER

Approximate Discharge (Gallons): 3,284

Description of Problem: Blocked Cleveland WPC existing 12" sanitary pipe causing some flow to exit at street surface through manhole cover. Incident occurred at West 10th and Front Street.

Community with Maintenance Responsibility: Cleveland

Contact Person: Daniel Tomko, Cleveland WPC (216) 857-1374

Additional Information: NEORSRD supervisor Lyle Plummer was contacted due to a report that a manhole in front of the Flats East Bank Pump Station was overflowing with sanitary flow. NEORSRD crews were dispatched. Investigation found that Cleveland WPC 12" sanitary line was blocked. NEORSRD crews unblocked line which stopped the overflow. Partial debris needs removing. Report made to Cleveland WPC.

Date Corrected: 11/30/2015 **Time Corrected:** 2:40PM

Duration Of Discharge: 1.50 Hrs.

Work Order Number: 1531692-01

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

 **Northeast Ohio
Regional Sewer District**

4747 East 49th Street
Phone: 216-641-6000 Fax: 216-641-5120

To: Erm Gomes
Ohio EPA

From: Lyle Plummer

Date: 12/4/2015

**Northeast Ohio Regional Sewer District
Dry Weather Overflow Advisory
Upset Condition Pursuant to Section 40 CFR 122.41(n)**

Initial Advisory

Five-Day Status Report

Structure DV-57

Date Found: 12/4/2015 **Time Found:** 9:30 AM **CSO:** CSO-073

Receiving Water: DOAN BROOK

Approximate Discharge (Gallons): Pending

Description of Problem: Water main break at East 116th, North of Larchmere. City water is surcharging the sewer and causing an overflow.

Community with Maintenance Responsibility: NEORS D

Contact Person: Ozzie Vason (CWD) 216-664-3130

Additional Information:

Date Corrected: **Time Corrected:**

Duration Of Discharge: Hrs.

Work Order Number:

Note: This is not a dry weather overflow caused by a malfunctioning combined sewer overflow regulator. This discharge, however, is considered an upset pursuant to 40 CFR part 122.41(n).

Easterly WWTP eDMR reports

Outfall 002: Wet weather overflow/bypass to Lake Erie

Outfall 003: Settled bypass spillway off primary tanks

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 516640
FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
 Cleveland, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PF00001*LD
STATION CODE: 003
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORSD Analytical Services
 Mark Citriglia Manager of Analytical Services
ANALYST:
NO DISCHARGE INDICATOR:

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume	
PARAMETER CODE	31648	00530	80082	00051	00052	51428	
UNITS	#/100 ml	mg/l	mg/l	No./Day	Hrs/Day	MGAL	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total	24hr Total	
2015-07-01	AC	AC	AC	AC	AC	AC	
2015-07-02	AC	AC	AC	AC	AC	AC	
2015-07-03	AC	AC	AC	AC	AC	AC	
2015-07-04	AC	AC	AC	AC	AC	AC	
2015-07-05	AC	AC	AC	AC	AC	AC	
2015-07-06	AC	AC	AC	AC	AC	AC	
2015-07-07	AH	140	60	1	1.77	3.7	
2015-07-08	AC	AC	AC	AC	AC	AC	
2015-07-09	480000	77	25	1	11.92	55.7	
2015-07-10	AC	AC	AC	AC	AC	AC	
2015-07-11	AC	AC	AC	AC	AC	AC	
2015-07-12	AH	111	26	1	1.82	3.8	
2015-07-13	288571	37	15	1	2.85	5.9	
2015-07-14	AC	AC	AC	AC	AC	AC	
2015-07-15	AC	AC	AC	AC	AC	AC	
2015-07-16	AC	AC	AC	AC	AC	AC	
2015-07-17	AC	AC	AC	AC	AC	AC	
2015-07-18	AC	AC	AC	AC	AC	AC	
2015-07-19	AC	AC	AC	AC	AC	AC	
2015-07-20	AC	AC	AC	AC	AC	AC	
2015-07-21	AC	AC	AC	AC	AC	AC	
2015-07-22	AC	AC	AC	AC	AC	AC	
2015-07-23	AC	AC	AC	AC	AC	AC	
2015-07-24	AC	AC	AC	AC	AC	AC	
2015-07-25	AC	AC	AC	AC	AC	AC	
2015-07-26	AC	AC	AC	AC	AC	AC	
2015-07-27	AC	AC	AC	AC	AC	AC	
2015-07-28	AC	AC	AC	AC	AC	AC	
2015-07-29	AC	AC	AC	AC	AC	AC	
2015-07-30	AC	AC	AC	AC	AC	AC	
2015-07-31	AC	AC	AC	AC	AC	AC	
Minimum	288571.0	37.0	15.0	1.0	1.77	3.7	
Maximum	480000.0	140.0	60.0	1.0	11.92	55.7	
Average	384285.5	91.25	31.5	1	4.59	17.275	
Count	2	4	4	4	4	4	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Raymond Weeden						2015-08-20 16:08	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 516640
FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
 Cleveland, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PF00001*LD
STATION CODE: 002
MONITORING PERIOD : 2015-07-01 To: 2015-07-31
REPORTING LAB: NEORSD Analytical Services
 Mark Citriglia Manager of Analytical Services
ANALYST:
NO DISCHARGE INDICATOR:

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge	
PARAMETER CODE	31648	00530	80082	74062	74063	82517	
UNITS	#/100 ml	mg/l	mg/l	No./Month	Million Gallons	Hours	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	Total	24hr Total	24hr Total	
2015-07-01	AC	AC	AC	AC	AC	AC	
2015-07-02	AC	AC	AC	AC	AC	AC	
2015-07-03	AC	AC	AC	AC	AC	AC	
2015-07-04	AC	AC	AC	AC	AC	AC	
2015-07-05	AC	AC	AC	AC	AC	AC	
2015-07-06	AC	AC	AC	AC	AC	AC	
2015-07-07	AH	394	124	1	40.88	3.80	
2015-07-08	AC	AC	AC	AC	AC	AC	
2015-07-09	500000	172	47	1	159.49	12.15	
2015-07-10	AC	AC	AC	AC	AC	AC	
2015-07-11	AC	AC	AC	AC	AC	AC	
2015-07-12	AH	316	72	1	13.01	1.97	
2015-07-13	213333	51	16	1	24.92	3.07	
2015-07-14	AH	4	3	1	2.85	0.52	
2015-07-15	AC	AC	AC	AC	AC	AC	
2015-07-16	AC	AC	AC	AC	AC	AC	
2015-07-17	AC	AC	AC	AC	AC	AC	
2015-07-18	AC	AC	AC	AC	AC	AC	
2015-07-19	AC	AC	AC	AC	AC	AC	
2015-07-20	AC	AC	AC	AC	AC	AC	
2015-07-21	AC	AC	AC	AC	AC	AC	
2015-07-22	AC	AC	AC	AC	AC	AC	
2015-07-23	AC	AC	AC	AC	AC	AC	
2015-07-24	AC	AC	AC	AC	AC	AC	
2015-07-25	AC	AC	AC	AC	AC	AC	
2015-07-26	AC	AC	AC	AC	AC	AC	
2015-07-27	AC	AC	AC	AC	AC	AC	
2015-07-28	AC	AC	AC	AC	AC	AC	
2015-07-29	AC	AC	AC	AC	AC	AC	
2015-07-30	AC	AC	AC	AC	AC	AC	
2015-07-31	AC	AC	AC	AC	AC	AC	
Minimum	213333.0	4.0	3.0	1.0	2.85	0.52	
Maximum	500000.0	394.0	124.0	1.0	159.49	12.15	
Average	356666.5	187.4	52.4	1	48.23	4.302	
Count	2	5	5	5	5	5	

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Raymond Weeden			2015-08-20 16:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
Cleveland, OH 44115

PERMIT NUMBER: *3PF00001*LD*
MONITORING PERIOD : 2015-07-01 To: 2015-07-31

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
003	E. coli	31648	2015-07-07	#/100 ml	SAMPLE PASSED HOLDING TIME
003	E. coli	31648	2015-07-12	#/100 ml	SAMPLE PASSED HOLDING TIME
002	E. coli	31648	2015-07-07	#/100 ml	SAMPLE PASSED HOLDING TIME
002	E. coli	31648	2015-07-12	#/100 ml	SAMPLE PASSED HOLDING TIME
002	E. coli	31648	2015-07-14	#/100 ml	SAMPLE PASSED HOLDING TIME
601	CBOD 5 day	80082	2015-07-02	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-07-03	mg/l	BLANKS DID NOT MEET QC CRITERIA

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522922	STATUS:	Original
FACILITY:	NE Ohio Regional S D Easterly STP	PERMIT NUMBER:	3PF00001*LD
LOCATION:	14021 Lakeshore Blvd Cleveland, OH 44115	STATION CODE:	003
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-08-01 To: 2015-08-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume	
PARAMETER CODE	31648	00530	80082	00051	00052	51428	
UNITS	#/100 ml	mg/l	mg/l	No./Day	Hrs/Day	MGAL	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total	24hr Total	
2015-08-01	AC	AC	AC	AC	AC	AC	
2015-08-02	AC	AC	AC	AC	AC	AC	
2015-08-03	AH	96	61	1	2.47	6.5	
2015-08-04	AC	AC	AC	AC	AC	AC	
2015-08-05	AC	AC	AC	AC	AC	AC	
2015-08-06	AC	AC	AC	AC	AC	AC	
2015-08-07	AC	AC	AC	AC	AC	AC	
2015-08-08	AC	AC	AC	AC	AC	AC	
2015-08-09	AC	AC	AC	AC	AC	AC	
2015-08-10	AC	AC	AC	AC	AC	AC	
2015-08-11	AC	AC	AC	AC	AC	AC	
2015-08-12	AC	AC	AC	AC	AC	AC	
2015-08-13	AC	AC	AC	AC	AC	AC	
2015-08-14	AC	AC	AC	AC	AC	AC	
2015-08-15	AC	AC	AC	AC	AC	AC	
2015-08-16	AC	AC	AC	AC	AC	AC	
2015-08-17	AC	AC	AC	AC	AC	AC	
2015-08-18	AC	AC	AC	AC	AC	AC	
2015-08-19	AC	AC	AC	AC	AC	AC	
2015-08-20	AC	AC	AC	AC	AC	AC	
2015-08-21	AC	AC	AC	AC	AC	AC	
2015-08-22	AC	AC	AC	AC	AC	AC	
2015-08-23	AC	AC	AC	AC	AC	AC	
2015-08-24	AC	AC	AC	AC	AC	AC	
2015-08-25	AC	AC	AC	AC	AC	AC	
2015-08-26	AC	AC	AC	AC	AC	AC	
2015-08-27	AC	AC	AC	AC	AC	AC	
2015-08-28	AC	AC	AC	AC	AC	AC	
2015-08-29	AC	AC	AC	AC	AC	AC	
2015-08-30	430000	61	AE	1	3.37	6.9	
2015-08-31	AC	AC	AC	AC	AC	AC	
Minimum	430000.0	61.0	61.0	1.0	2.47	6.5	
Maximum	430000.0	96.0	61.0	1.0	3.37	6.9	
Average	430000	78.5	61	1	2.92	6.7	
Count	1	2	1	2	2	2	

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Raymond Weeden			2015-09-18 10:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522922
FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
 Cleveland, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PF00001*LD
STATION CODE: 002
MONITORING PERIOD : 2015-08-01 To: 2015-08-31
REPORTING LAB: NEORSD Analytical Services
 Mark Citriglia Manager of Analytical Services
ANALYST:
NO DISCHARGE INDICATOR:

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge	
PARAMETER CODE	31648	00530	80082	74062	74063	82517	
UNITS	#/100 ml	mg/l	mg/l	No./Month	Million Gallons	Hours	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	Total	24hr Total	24hr Total	
2015-08-01	AC	AC	AC	AC	AC	AC	
2015-08-02	AC	AC	AC	AC	AC	AC	
2015-08-03	200	29	AE	1	14.46	3.90	
2015-08-04	AC	AC	AC	AC	AC	AC	
2015-08-05	AC	AC	AC	AC	AC	AC	
2015-08-06	AC	AC	AC	AC	AC	AC	
2015-08-07	AC	AC	AC	AC	AC	AC	
2015-08-08	AC	AC	AC	AC	AC	AC	
2015-08-09	AC	AC	AC	AC	AC	AC	
2015-08-10	AH	122	84	1	10.43	1.58	
2015-08-11	AC	AC	AC	AC	AC	AC	
2015-08-12	AC	AC	AC	AC	AC	AC	
2015-08-13	AC	AC	AC	AC	AC	AC	
2015-08-14	AC	AC	AC	AC	AC	AC	
2015-08-15	AC	AC	AC	AC	AC	AC	
2015-08-16	AC	AC	AC	AC	AC	AC	
2015-08-17	AC	AC	AC	AC	AC	AC	
2015-08-18	AC	AC	AC	AC	AC	AC	
2015-08-19	AC	AC	AC	AC	AC	AC	
2015-08-20	AC	AC	AC	AC	AC	AC	
2015-08-21	AC	AC	AC	AC	AC	AC	
2015-08-22	AC	AC	AC	AC	AC	AC	
2015-08-23	AC	AC	AC	AC	AC	AC	
2015-08-24	AC	AC	AC	AC	AC	AC	
2015-08-25	AC	AC	AC	AC	AC	AC	
2015-08-26	AC	AC	AC	AC	AC	AC	
2015-08-27	AC	AC	AC	AC	AC	AC	
2015-08-28	AC	AC	AC	AC	AC	AC	
2015-08-29	AH	6	AE	1	0.52	0.65	
2015-08-30	AC	AC	AC	AC	AC	AC	
2015-08-31	AC	AC	AC	AC	AC	AC	
Minimum	200.0	6.0	84.0	1.0	0.52	0.65	
Maximum	200.0	122.0	84.0	1.0	14.46	3.9	
Average	200	52.33333	84	1	8.47	2.04333	
Count	1	3	1	3	3	3	

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
			2015-09-18 10:09

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
 Cleveland, OH 44115

PERMIT NUMBER: *3PF00001*LD*
MONITORING PERIOD : 2015-08-01 To: 2015-08-31

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	E. coli	31648	2015-08-08	#/100 ml	SAMPLE NOT ANALYZED DUE TO AN ERROR. SAMPLE WAS MISLABELED.
001	CBOD 5 day	80082	2015-08-21	mg/l	STANDARD WAS OUTSIDE OF THE CONTROL LIMITS
001	CBOD 5 day	80082	2015-08-22	mg/l	STANDARD WAS OUTSIDE OF THE CONTROL LIMITS
001	Acute Toxicity, Ceriodaphnia dubia	61425	2015-08-04	TUa	C.DUBIA POPULATION(TESTS AND CULTURES)NOT PRODUCING BROODS.TEST WILL BE RE-RUN.
001	Chronic Toxicity, Ceriodaphnia dubia	61426	2015-08-04	TUc	C.DUBIA POPULATION(TESTS AND CULTURES)NOT PRODUCING BROODS.TEST WILL BE RE-RUN.
003	E. coli	31648	2015-08-03	#/100 ml	SAMPLE PASSED HOLDING TIME.
003	CBOD 5 day	80082	2015-08-30	mg/l	BLANKS DID NOT MEET QC CRITERIA
002	E. coli	31648	2015-08-03	#/100 ml	SAMPLE PASSED HOLDING TIME.
002	E. coli	31648	2015-08-10	#/100 ml	SAMPLE PASSED HOLDING TIME.
002	E. coli	31648	2015-08-29	#/100 ml	SAMPLE PASSED HOLDING TIME.
002	CBOD 5 day	80082	2015-08-03	mg/l	BLANKS DID NOT MEET QC CRITERIA
002	CBOD 5 day	80082	2015-08-29	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-21	mg/l	STANDARD WAS OUTSIDE OF THE CONTROL LIMITS
601	CBOD 5 day	80082	2015-08-22	mg/l	STANDARD WAS OUTSIDE OF THE CONTROL LIMITS
601	CBOD 5 day	80082	2015-08-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-28	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-29	mg/l	BLANKS DID NOT MEET QC CRITERIA

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529408
FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
 Cleveland, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PF00001*LD
STATION CODE: 003
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORSD Analytical Services
 Mark Citriglia Manager of
 Analytical Services
ANALYST:
NO DISCHARGE INDICATOR:

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume	
PARAMETER CODE	31648	00530	80082	00051	00052	51428	
UNITS	#/100 ml	mg/l	mg/l	No./Day	Hrs/Day	MGAL	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total	24hr Total	
2015-09-01	AC	AC	AC	AC	AC	AC	
2015-09-02	AC	AC	AC	AC	AC	AC	
2015-09-03	AC	AC	AC	AC	AC	AC	
2015-09-04	AC	AC	AC	AC	AC	AC	
2015-09-05	AC	AC	AC	AC	AC	AC	
2015-09-06	AC	AC	AC	AC	AC	AC	
2015-09-07	AC	AC	AC	AC	AC	AC	
2015-09-08	AC	AC	AC	AC	AC	AC	
2015-09-09	AC	AC	AC	AC	AC	AC	
2015-09-10	AC	AC	AC	AC	AC	AC	
2015-09-11	AH	62	38	1	5.13	21.6	
2015-09-12	AE	55	AE	1	12.75	59.6	
2015-09-13	AH	41	AE	0	2.25	9.3	
2015-09-14	AC	AC	AC	AC	AC	AC	
2015-09-15	AC	AC	AC	AC	AC	AC	
2015-09-16	AC	AC	AC	AC	AC	AC	
2015-09-17	AC	AC	AC	AC	AC	AC	
2015-09-18	AC	AC	AC	AC	AC	AC	
2015-09-19	AC	AC	AC	AC	AC	AC	
2015-09-20	AC	AC	AC	AC	AC	AC	
2015-09-21	AC	AC	AC	AC	AC	AC	
2015-09-22	AC	AC	AC	AC	AC	AC	
2015-09-23	AC	AC	AC	AC	AC	AC	
2015-09-24	AC	AC	AC	AC	AC	AC	
2015-09-25	AC	AC	AC	AC	AC	AC	
2015-09-26	AC	AC	AC	AC	AC	AC	
2015-09-27	AC	AC	AC	AC	AC	AC	
2015-09-28	AC	AC	AC	AC	AC	AC	
2015-09-29	AC	AC	AC	AC	AC	AC	
2015-09-30	AC	AC	AC	AC	AC	AC	
Minimum		41.0	38.0	0.0	2.25	9.3	
Maximum		62.0	38.0	1.0	12.75	59.6	
Average		52.66667	38	0.66667	6.71	30.16667	
Count		3	1	3	3	3	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Robert Bonnett						2015-10-15 15:10	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 529408
FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
 Cleveland, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PF00001*LD
STATION CODE: 002
MONITORING PERIOD : 2015-09-01 To: 2015-09-30
REPORTING LAB: NEORSD Analytical Services
 Mark Citriglia Manager of
 Analytical Services
ANALYST:
NO DISCHARGE INDICATOR:

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge	
PARAMETER CODE	31648	00530	80082	74062	74063	82517	
UNITS	#/100 ml	mg/l	mg/l	No./Month	Million Gallons	Hours	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	Total	24hr Total	24hr Total	
2015-09-01	AC	AC	AC	AC	AC	AC	
2015-09-02	AC	AC	AC	AC	AC	AC	
2015-09-03	AC	AC	AC	AC	AC	AC	
2015-09-04	AC	AC	AC	AC	AC	AC	
2015-09-05	AC	AC	AC	AC	AC	AC	
2015-09-06	AC	AC	AC	AC	AC	AC	
2015-09-07	AC	AC	AC	AC	AC	AC	
2015-09-08	AC	AC	AC	AC	AC	AC	
2015-09-09	AC	AC	AC	AC	AC	AC	
2015-09-10	AC	AC	AC	AC	AC	AC	
2015-09-11	AH	91	AE	1	19.62	2.52	
2015-09-12	AE	65	18	1	306.43	15.50	
2015-09-13	AE	61	AE	0	9.66	1.53	
2015-09-14	AC	AC	AC	AC	AC	AC	
2015-09-15	AC	AC	AC	AC	AC	AC	
2015-09-16	AC	AC	AC	AC	AC	AC	
2015-09-17	AC	AC	AC	AC	AC	AC	
2015-09-18	AC	AC	AC	AC	AC	AC	
2015-09-19	AC	AC	AC	AC	AC	AC	
2015-09-20	AC	AC	AC	AC	AC	AC	
2015-09-21	AC	AC	AC	AC	AC	AC	
2015-09-22	AC	AC	AC	AC	AC	AC	
2015-09-23	AC	AC	AC	AC	AC	AC	
2015-09-24	AC	AC	AC	AC	AC	AC	
2015-09-25	AC	AC	AC	AC	AC	AC	
2015-09-26	AC	AC	AC	AC	AC	AC	
2015-09-27	AC	AC	AC	AC	AC	AC	
2015-09-28	AC	AC	AC	AC	AC	AC	
2015-09-29	AC	AC	AC	AC	AC	AC	
2015-09-30	AC	AC	AC	AC	AC	AC	
Minimum		61.0	18.0	0.0	9.66	1.53	
Maximum		91.0	18.0	1.0	306.43	15.5	
Average		72.33333	18	0.66667	111.90333	6.51667	
Count		3	1	3	3	3	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Robert Bonnett						2015-10-15 15:10	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
 Cleveland, OH 44115

PERMIT NUMBER: *3PF00001*LD*
MONITORING PERIOD : 2015-09-01 To: 2015-09-30

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2015-09-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
003	E. coli	31648	2015-09-11	#/100 ml	SAMPLE PASSED HOLDING TIME
003	E. coli	31648	2015-09-12	#/100 ml	ANALYST ERROR. SAMPLE WAS NOT ANALYZED WITHIN HOLDING
003	E. coli	31648	2015-09-13	#/100 ml	SAMPLE PASSED HOLDING TIME
003	CBOD 5 day	80082	2015-09-12	mg/l	METHOD QC CRITERIA WAS NOT FOLLOWED
003	CBOD 5 day	80082	2015-09-13	mg/l	METHOD QC CRITERIA WAS NOT FOLLOWED
002	E. coli	31648	2015-09-11	#/100 ml	SAMPLE PASSED HOLDING TIME
002	E. coli	31648	2015-09-12	#/100 ml	ANALYST ERROR. SAMPLE WAS NOT ANALYZED WITHIN HOLDING
002	E. coli	31648	2015-09-13	#/100 ml	ANALYST ERROR. SAMPLE WAS NOT ANALYZED WITHIN HOLDING
002	CBOD 5 day	80082	2015-09-11	mg/l	METHOD QC CRITERIA WAS NOT FOLLOWED
002	CBOD 5 day	80082	2015-09-13	mg/l	METHOD QC CRITERIA WAS NOT FOLLOWED
601	CBOD 5 day	80082	2015-09-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-09-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-09-29	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-09-30	mg/l	BLANKS DID NOT MEET QC CRITERIA

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	536796	STATUS:	Original
FACILITY:	NE Ohio Regional S D Easterly STP	PERMIT NUMBER:	3PF00001*LD
LOCATION:	14021 Lakeshore Blvd Cleveland, OH 44115	STATION CODE:	003
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-10-01 To: 2015-10-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume	
PARAMETER CODE	31648	00530	80082	00051	00052	51428	
UNITS	#/100 ml	mg/l	mg/l	No./Day	Hrs/Day	MGAL	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total	24hr Total	
2015-10-01	AC	AC	AC	AC	AC	AC	
2015-10-02	AC	AC	AC	AC	AC	AC	
2015-10-03	AC	AC	AC	AC	AC	AC	
2015-10-04	AC	AC	AC	AC	AC	AC	
2015-10-05	AC	AC	AC	AC	AC	AC	
2015-10-06	AC	AC	AC	AC	AC	AC	
2015-10-07	AC	AC	AC	AC	AC	AC	
2015-10-08	AC	AC	AC	AC	AC	AC	
2015-10-09	AC	AC	AC	AC	AC	AC	
2015-10-10	AC	AC	AC	AC	AC	AC	
2015-10-11	AC	AC	AC	AC	AC	AC	
2015-10-12	AC	AC	AC	AC	AC	AC	
2015-10-13	AC	AC	AC	AC	AC	AC	
2015-10-14	AC	AC	AC	AC	AC	AC	
2015-10-15	AH	92	59	1	1.45	5.2	
2015-10-16	AH	46	32	0	1.97	6.8	
2015-10-17	AC	AC	AC	AC	AC	AC	
2015-10-18	AC	AC	AC	AC	AC	AC	
2015-10-19	AC	AC	AC	AC	AC	AC	
2015-10-20	AC	AC	AC	AC	AC	AC	
2015-10-21	AC	AC	AC	AC	AC	AC	
2015-10-22	AC	AC	AC	AC	AC	AC	
2015-10-23	AC	AC	AC	AC	AC	AC	
2015-10-24	AC	AC	AC	AC	AC	AC	
2015-10-25	AC	AC	AC	AC	AC	AC	
2015-10-26	AC	AC	AC	AC	AC	AC	
2015-10-27	AC	AC	AC	AC	AC	AC	
2015-10-28	720000	61	37	1	13.02	49.6	
2015-10-29	AC	AC	AC	AC	AC	AC	
2015-10-30	AC	AC	AC	AC	AC	AC	
2015-10-31	AC	AC	AC	AC	AC	AC	
Minimum	720000.0	46.0	32.0	0.0	1.45	5.2	
Maximum	720000.0	92.0	59.0	1.0	13.02	49.6	
Average	720000	66.33333	42.66667	0.66667	5.48	20.53333	
Count	1	3	3	3	3	3	

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Robert Bonnett			2015-11-16 14:11

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	536796	STATUS:	Original
FACILITY:	NE Ohio Regional S D Easterly STP	PERMIT NUMBER:	3PF00001*LD
LOCATION:	14021 Lakeshore Blvd Cleveland, OH 44115	STATION CODE:	002
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-10-01 To: 2015-10-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge	
PARAMETER CODE	31648	00530	80082	74062	74063	82517	
UNITS	#/100 ml	mg/l	mg/l	No./Month	Million Gallons	Hours	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	Total	24hr Total	24hr Total	
2015-10-01	AC	AC	AC	AC	AC	AC	
2015-10-02	AC	AC	AC	AC	AC	AC	
2015-10-03	AC	AC	AC	AC	AC	AC	
2015-10-04	AC	AC	AC	AC	AC	AC	
2015-10-05	AC	AC	AC	AC	AC	AC	
2015-10-06	AC	AC	AC	AC	AC	AC	
2015-10-07	AC	AC	AC	AC	AC	AC	
2015-10-08	AC	AC	AC	AC	AC	AC	
2015-10-09	AC	AC	AC	AC	AC	AC	
2015-10-10	AC	AC	AC	AC	AC	AC	
2015-10-11	AC	AC	AC	AC	AC	AC	
2015-10-12	AC	AC	AC	AC	AC	AC	
2015-10-13	AC	AC	AC	AC	AC	AC	
2015-10-14	AC	AC	AC	AC	AC	AC	
2015-10-15	AC	AC	AC	AC	AC	AC	
2015-10-16	AC	AC	AC	AC	AC	AC	
2015-10-17	AC	AC	AC	AC	AC	AC	
2015-10-18	AC	AC	AC	AC	AC	AC	
2015-10-19	AC	AC	AC	AC	AC	AC	
2015-10-20	AC	AC	AC	AC	AC	AC	
2015-10-21	AC	AC	AC	AC	AC	AC	
2015-10-22	AC	AC	AC	AC	AC	AC	
2015-10-23	AC	AC	AC	AC	AC	AC	
2015-10-24	AC	AC	AC	AC	AC	AC	
2015-10-25	AC	AC	AC	AC	AC	AC	
2015-10-26	AC	AC	AC	AC	AC	AC	
2015-10-27	AC	AC	AC	AC	AC	AC	
2015-10-28	440000	214	131	1	118.28	9.75	
2015-10-29	AH	AH	AH	1	0.08	0.38	
2015-10-30	AC	AC	AC	AC	AC	AC	
2015-10-31	AC	AC	AC	AC	AC	AC	
Minimum	440000.0	214.0	131.0	1.0	0.08	0.38	
Maximum	440000.0	214.0	131.0	1.0	118.28	9.75	
Average	440000	214	131	1	59.18	5.065	
Count	1	1	1	2	2	2	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Robert Bonnett						2015-11-16 14:11	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
 Cleveland, OH 44115

PERMIT NUMBER: *3PF00001*LD*
MONITORING PERIOD : 2015-10-01 To: 2015-10-31

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2015-10-25	mg/l	STANDARDS WERE OUTSIDE OF THE RECOVERY RANGE
001	CBOD 5 day	80082	2015-10-26	mg/l	STANDARDS WERE OUTSIDE OF THE RECOVERY RANGE
003	E. coli	31648	2015-10-15	#/100 ml	SAMPLE PASSED HOLDING TIME
003	E. coli	31648	2015-10-16	#/100 ml	SAMPLE PASSED HOLDING TIME
002	E. coli	31648	2015-10-29	#/100 ml	SAMPLE NOT COLLECTED DUE TO SHORT DURATION EVENT
002	Total Suspended Solids	00530	2015-10-29	mg/l	SAMPLE NOT COLLECTED DUE TO SHORT DURATION EVENT
002	CBOD 5 day	80082	2015-10-29	mg/l	SAMPLE NOT COLLECTED DUE TO SHORT DURATION EVENT
601	CBOD 5 day	80082	2015-10-09	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-10	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-25	mg/l	STANDARDS WERE OUTSIDE OF THE RECOVERY RANGE
601	CBOD 5 day	80082	2015-10-26	mg/l	STANDARDS WERE OUTSIDE OF THE RECOVERY RANGE

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	543863	STATUS:	Original
FACILITY:	NE Ohio Regional S D Easterly STP	PERMIT NUMBER:	3PF00001*LD
LOCATION:	14021 Lakeshore Blvd Cleveland, OH 44115	STATION CODE:	003
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-11-01 To: 2015-11-30
DISTRICT:	NEDO	REPORTING LAB:	NEORSD Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	Grab	Grab	24hr Total	24hr Total	24hr Total		
2015-11-01							
2015-11-02							
2015-11-03							
2015-11-04							
2015-11-05							
2015-11-06							
2015-11-07							
2015-11-08							
2015-11-09							
2015-11-10							
2015-11-11							
2015-11-12							
2015-11-13							
2015-11-14							
2015-11-15							
2015-11-16							
2015-11-17							
2015-11-18							
2015-11-19							
2015-11-20							
2015-11-21							
2015-11-22							
2015-11-23							
2015-11-24							
2015-11-25							
2015-11-26							
2015-11-27							
2015-11-28							
2015-11-29							
2015-11-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time		
Robert Bonnett					2015-12-16 09:12		

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 543863
FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
 Cleveland, OH 44115
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: 3PF00001*LD
STATION CODE: 002
MONITORING PERIOD : 2015-11-01 To: 2015-11-30
REPORTING LAB: NEORSD Analytical Services
 Mark Citriglia Manager of
 Analytical Services
ANALYST:
NO DISCHARGE INDICATOR:

PARAMETER	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge	
PARAMETER CODE	00530	80082	74062	74063	82517	
UNITS	mg/l	mg/l	No./Month	Million Gallons	Hours	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Total	24hr Total	24hr Total	
2015-11-01	AC	AC	AC	AC	AC	
2015-11-02	AC	AC	AC	AC	AC	
2015-11-03	AC	AC	AC	AC	AC	
2015-11-04	AC	AC	AC	AC	AC	
2015-11-05	AC	AC	AC	AC	AC	
2015-11-06	AC	AC	AC	AC	AC	
2015-11-07	AC	AC	AC	AC	AC	
2015-11-08	AC	AC	AC	AC	AC	
2015-11-09	AC	AC	AC	AC	AC	
2015-11-10	242	92	1	42.03	12.68	
2015-11-11	AC	AC	AC	AC	AC	
2015-11-12	AC	AC	AC	AC	AC	
2015-11-13	AC	AC	AC	AC	AC	
2015-11-14	AC	AC	AC	AC	AC	
2015-11-15	AC	AC	AC	AC	AC	
2015-11-16	AC	AC	AC	AC	AC	
2015-11-17	AC	AC	AC	AC	AC	
2015-11-18	AC	AC	AC	AC	AC	
2015-11-19	AC	AC	AC	AC	AC	
2015-11-20	AC	AC	AC	AC	AC	
2015-11-21	AC	AC	AC	AC	AC	
2015-11-22	AC	AC	AC	AC	AC	
2015-11-23	AC	AC	AC	AC	AC	
2015-11-24	AC	AC	AC	AC	AC	
2015-11-25	AC	AC	AC	AC	AC	
2015-11-26	AC	AC	AC	AC	AC	
2015-11-27	70	80	1	12.22	2.60	
2015-11-28	AC	AC	AC	AC	AC	
2015-11-29	AC	AC	AC	AC	AC	
2015-11-30	AC	AC	AC	AC	AC	
Minimum	70.0	80.0	1.0	12.22	2.6	
Maximum	242.0	92.0	1.0	42.03	12.68	
Average	156	86	1	27.125	7.64	
Count	2	2	2	2	2	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Robert Bonnett						2015-12-16 09:12

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
 Cleveland, OH 44115

PERMIT NUMBER: *3PF00001*LD*
MONITORING PERIOD : 2015-11-01 To: 2015-11-30

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	Nitrogen, Ammonia (NH3)	00610	2015-11-10	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrogen, Ammonia (NH3)	00610	2015-11-25	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Phosphorus, Total (P)	00665	2015-11-10	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Phosphorus, Total (P)	00665	2015-11-25	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-11-10	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-11-25	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Mercury, Total (Low Level)	50092	2015-11-02	ng/l	FIELD BLANK CONTAMINATION
601	CBOD 5 day	80082	2015-11-03	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-13	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-14	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-29	mg/l	BLANKS DID NOT MEET QC CRITERIA

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	550766	STATUS:	Original
FACILITY:	NE Ohio Regional S D Easterly STP	PERMIT NUMBER:	3PF00001*LD
LOCATION:	14021 Lakeshore Blvd Cleveland, OH 44115	STATION CODE:	003
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-12-01 To: 2015-12-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	Grab	Grab	24hr Total	24hr Total	24hr Total		
2015-12-01	AC	AC	AC	AC	AC		
2015-12-02	AC	AC	AC	AC	AC		
2015-12-03	AC	AC	AC	AC	AC		
2015-12-04	AC	AC	AC	AC	AC		
2015-12-05	AC	AC	AC	AC	AC		
2015-12-06	AC	AC	AC	AC	AC		
2015-12-07	AC	AC	AC	AC	AC		
2015-12-08	AC	AC	AC	AC	AC		
2015-12-09	AC	AC	AC	AC	AC		
2015-12-10	AC	AC	AC	AC	AC		
2015-12-11	AC	AC	AC	AC	AC		
2015-12-12	AC	AC	AC	AC	AC		
2015-12-13	AC	AC	AC	AC	AC		
2015-12-14	AC	AC	AC	AC	AC		
2015-12-15	AC	AC	AC	AC	AC		
2015-12-16	AC	AC	AC	AC	AC		
2015-12-17	AC	AC	AC	AC	AC		
2015-12-18	AC	AC	AC	AC	AC		
2015-12-19	AC	AC	AC	AC	AC		
2015-12-20	AC	AC	AC	AC	AC		
2015-12-21	AC	AC	AC	AC	AC		
2015-12-22	74	AE	1	2.58	4.7		
2015-12-23	AC	AC	AC	AC	AC		
2015-12-24	AC	AC	AC	AC	AC		
2015-12-25	AC	AC	AC	AC	AC		
2015-12-26	81	AE	1	1.73	5.6		
2015-12-27	49	AE	0	19.62	73.8		
2015-12-28	AC	AC	AC	AC	AC		
2015-12-29	AC	AC	AC	AC	AC		
2015-12-30	AC	AC	AC	AC	AC		
2015-12-31	AC	AC	AC	AC	AC		
Minimum	49.0		0.0	1.73	4.7		
Maximum	81.0		1.0	19.62	73.8		
Average	68		0.66667	7.97667	28.03333		
Count	3		3	3	3		
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Robert Bonnett						2016-01-15 17:01	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	550766	STATUS:	Original
FACILITY:	NE Ohio Regional S D Easterly STP	PERMIT NUMBER:	3PF00001*LD
LOCATION:	14021 Lakeshore Blvd Cleveland, OH 44115	STATION CODE:	002
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-12-01 To: 2015-12-31
DISTRICT:	NEDO	REPORTING LAB:	NEORSD Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge	
PARAMETER CODE	00530	80082	74062	74063	82517	
UNITS	mg/l	mg/l	No./Month	Million Gallons	Hours	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Total	24hr Total	24hr Total	
2015-12-01	AC	AC	AC	AC	AC	
2015-12-02	AC	AC	AC	AC	AC	
2015-12-03	AC	AC	AC	AC	AC	
2015-12-04	AC	AC	AC	AC	AC	
2015-12-05	AC	AC	AC	AC	AC	
2015-12-06	AC	AC	AC	AC	AC	
2015-12-07	AC	AC	AC	AC	AC	
2015-12-08	AC	AC	AC	AC	AC	
2015-12-09	AC	AC	AC	AC	AC	
2015-12-10	AC	AC	AC	AC	AC	
2015-12-11	AC	AC	AC	AC	AC	
2015-12-12	AC	AC	AC	AC	AC	
2015-12-13	AC	AC	AC	AC	AC	
2015-12-14	AC	AC	AC	AC	AC	
2015-12-15	AC	AC	AC	AC	AC	
2015-12-16	AC	AC	AC	AC	AC	
2015-12-17	AC	AC	AC	AC	AC	
2015-12-18	AC	AC	AC	AC	AC	
2015-12-19	AC	AC	AC	AC	AC	
2015-12-20	AC	AC	AC	AC	AC	
2015-12-21	AC	AC	AC	AC	AC	
2015-12-22	333	AE	1	11.58	3.45	
2015-12-23	AC	AC	AC	AC	AC	
2015-12-24	390	AE	1	8.81	1.62	
2015-12-25	AC	AC	AC	AC	AC	
2015-12-26	350	AE	1	12.43	1.77	
2015-12-27	55	AE	0	201.15	12.07	
2015-12-28	124	210	1	36.66	5.93	
2015-12-29	43	39	0	2.37	1.33	
2015-12-30	AC	AC	AC	AC	AC	
2015-12-31	AC	AC	AC	AC	AC	
Minimum	43.0	39.0	0.0	2.37	1.33	
Maximum	390.0	210.0	1.0	201.15	12.07	
Average	215.83333	124.5	0.66667	45.5	4.36167	
Count	6	2	6	6	6	

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Robert Bonnett			2016-01-15 17:01

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: NE Ohio Regional S D Easterly STP
LOCATION: 14021 Lakeshore Blvd
 Cleveland, OH 44115

PERMIT NUMBER: *3PF00001*LD*
MONITORING PERIOD : 2015-12-01 To: 2015-12-31

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	Nitrogen, Ammonia (NH3)	00610	2015-12-24	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrogen, Ammonia (NH3)	00610	2015-12-31	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	CBOD 5 day	80082	2015-12-25	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	Phosphorus, Total (P)	00665	2015-12-24	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Phosphorus, Total (P)	00665	2015-12-31	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-12-24	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-12-31	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
003	CBOD 5 day	80082	2015-12-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
003	CBOD 5 day	80082	2015-12-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
003	CBOD 5 day	80082	2015-12-27	mg/l	BLANKS DID NOT MEET QC CRITERIA
002	CBOD 5 day	80082	2015-12-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
002	CBOD 5 day	80082	2015-12-24	mg/l	BLANKS DID NOT MEET QC CRITERIA
002	CBOD 5 day	80082	2015-12-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
002	CBOD 5 day	80082	2015-12-27	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-02	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-11	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-18	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-23	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-24	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-25	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-27	mg/l	BLANKS DID NOT MEET QC CRITERIA



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	July 12, 2015 (10:10 PM- 11:58 PM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	3.75 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Rawley Ross
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	July 13, 2015 (3:46 AM – 6:37 AM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	5.94 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Rawley Ross
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	July 7, 2015 (5:29 PM – 7:03 PM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	3.68 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Eric Taylor
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	July 9, 2015 (8:01 AM – 7:56 PM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	55.73 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Jim Cahill and Rawley Ross
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	August 3, 2015 (9:23 PM – 11:51 PM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	6. 52 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Rawley Ross
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	August 30, 2015 (4:17 AM – 7:39 AM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	6.87 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Alvin Howard, James Cahill
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	September 11, 2015 (6:26 PM – 11:34PM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	21.6 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Jim Cahill
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	September 12,2015 (12:48 AM – 8:00 AM) (6:27 PM – 12:00 MIDNIGHT)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	59.6 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Jim Cahill -- Alvin Howard
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	September 13,2015 (12:00 AM – 2:15 AM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	9.30 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Jim Cahill
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

- Southeast District Office: sedo24hournpdes@epa.ohio.gov
- Southwest District Office: swdo24hournpdes@epa.ohio.gov
- Northwest District Office: nwdo24hournpdes@epa.ohio.gov
- Northeast District Office: nedo24hournpdes@epa.ohio.gov
- Central District Office: cdo24hournpdes@epa.ohio.gov
- Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	October 15, 2015 (10:33 PM – 12:00 AM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	5.2 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Jim Cahill
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

- Southeast District Office: sedo24hournpdes@epa.ohio.gov
- Southwest District Office: swdo24hournpdes@epa.ohio.gov
- Northwest District Office: nwdo24hournpdes@epa.ohio.gov
- Northeast District Office: nedo24hournpdes@epa.ohio.gov
- Central District Office: cdo24hournpdes@epa.ohio.gov
- Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	October 16,2015 (12:00 AM – 01:58 AM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	6.8 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Jim Cahill
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	October 28, 2015 (6:04 AM – 7:05 PM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	49.60 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Alvin Howard
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	12/22/15 (08:52 am – 11:27 am)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	4.7 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Thomas Wenger
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.ohio.gov
 Southwest District Office: swdo24hournpdes@epa.ohio.gov
 Northwest District Office: nwdo24hournpdes@epa.ohio.gov
 Northeast District Office: nedo24hournpdes@epa.ohio.gov
 Central District Office: cdo24hournpdes@epa.ohio.gov
 Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	December 26, 2015 (10:32 PM – 12:00 AM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	5.6 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Jim Cahill
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

- Southeast District Office: sedo24hournpdes@epa.ohio.gov
- Southwest District Office: swdo24hournpdes@epa.ohio.gov
- Northwest District Office: nwdo24hournpdes@epa.ohio.gov
- Northeast District Office: nedo24hournpdes@epa.ohio.gov
- Central District Office: cdo24hournpdes@epa.ohio.gov
- Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	Easterly Wastewater Treatment Plant
NPDES Permit number:	3PF00001*LD
Contact name for permittee:	Robert M. Bonnett, Plant Superintendent
Contact telephone number:	(216) 531-4892
Date and time of discharge	
Date and time(s) of discharge:	December 27, 2015 (12:00 AM – 7:37PM)
Date and time discharge discovered:	Same as Above
Description of discharge	
Approximate amount of discharge:	73.8 MG
Characteristics of discharge:	Settled Sewage at Station Number 3PF00001003
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Lake Erie
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Wet Weather
Contact person with knowledge of discharge (if different than above)	
Name:	Jim Cahill & Tom Wenger
Telephone number:	(216) 531-4892
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	None at this time
Person responsible for implementing remedial steps	
Name:	N/A
Telephone number:	N/A

Southerly WWTP eDMR reports

Outfall 002: Bypass after primary settling tanks

Outfall 003: Emergency bypass after first-stage settling

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	516616	STATUS:	Original
FACILITY:	Southerly Wastewater Trtmt Ctr, NEORS	PERMIT NUMBER:	3PF00002*MD
LOCATION:	6000 Canal Road	STATION CODE:	002
COUNTY:	Cuyahoga Heights, OH 44124	MONITORING PERIOD :	2015-07-01 To: 2015-07-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	Grab	Grab	24hr Total	24hr Total	24hr Total		
2015-07-01	AC	AC	AC	AC	AC		
2015-07-02	AC	AC	AC	AC	AC		
2015-07-03	AC	AC	AC	AC	AC		
2015-07-04	AC	AC	AC	AC	AC		
2015-07-05	AC	AC	AC	AC	AC		
2015-07-06	AC	AC	AC	AC	AC		
2015-07-07	AC	AC	AC	AC	AC		
2015-07-08	AC	AC	AC	AC	AC		
2015-07-09	59	17	1	9.42	54.6		
2015-07-10	AC	AC	AC	AC	AC		
2015-07-11	AC	AC	AC	AC	AC		
2015-07-12	AC	AC	AC	AC	AC		
2015-07-13	AC	AC	AC	AC	AC		
2015-07-14	AC	AC	AC	AC	AC		
2015-07-15	AC	AC	AC	AC	AC		
2015-07-16	AC	AC	AC	AC	AC		
2015-07-17	AC	AC	AC	AC	AC		
2015-07-18	AC	AC	AC	AC	AC		
2015-07-19	AC	AC	AC	AC	AC		
2015-07-20	AC	AC	AC	AC	AC		
2015-07-21	AC	AC	AC	AC	AC		
2015-07-22	AC	AC	AC	AC	AC		
2015-07-23	AC	AC	AC	AC	AC		
2015-07-24	AC	AC	AC	AC	AC		
2015-07-25	AC	AC	AC	AC	AC		
2015-07-26	AC	AC	AC	AC	AC		
2015-07-27	AC	AC	AC	AC	AC		
2015-07-28	AC	AC	AC	AC	AC		
2015-07-29	AC	AC	AC	AC	AC		
2015-07-30	AC	AC	AC	AC	AC		
2015-07-31	AC	AC	AC	AC	AC		
Minimum	59.0	17.0	1.0	9.42	54.6		
Maximum	59.0	17.0	1.0	9.42	54.6		
Average	59	17	1	9.42	54.6		
Count	1	1	1	1	1		
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Raymond Weeden						2015-08-20 16:08	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	516616	STATUS:	Original
FACILITY:	Southerly Wastewater Trtmt Ctr, NEORS	PERMIT NUMBER:	3PF00002*MD
LOCATION:	6000 Canal Road	STATION CODE:	003
COUNTY:	Cuyahoga Heights, OH 44124	MONITORING PERIOD :	2015-07-01 To: 2015-07-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	1/Month		
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total		
2015-07-01							
2015-07-02							
2015-07-03							
2015-07-04							
2015-07-05							
2015-07-06							
2015-07-07							
2015-07-08							
2015-07-09							
2015-07-10							
2015-07-11							
2015-07-12							
2015-07-13							
2015-07-14							
2015-07-15							
2015-07-16							
2015-07-17							
2015-07-18							
2015-07-19							
2015-07-20							
2015-07-21							
2015-07-22							
2015-07-23							
2015-07-24							
2015-07-25							
2015-07-26							
2015-07-27							
2015-07-28							
2015-07-29							
2015-07-30							
2015-07-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Raymond Weeden						2015-08-20 16:08	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Southerly Wastewater Trtmnt Ctr, NEORSD **PERMIT NUMBER:** *3PF00002*MD*
LOCATION: 6000 Canal Road **MONITORING PERIOD :** 2015-07-01 To: 2015-07-31
Cuyahoga Heights, OH 44124

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2015-07-29	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2015-07-30	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-07-02	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-07-03	mg/l	BLANKS DID NOT MEET QC CRITERIA
901	Dissolved Oxygen	00300	2015-07-07	mg/l	COULD NOT VALIDATE THE ORIGINAL VALUE OF 58 MG/L.SUSPECTED ANALYST ERROR.

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522907	STATUS:	Original
FACILITY:	Southerly Wastewater Trtmt Ctr, NEORS	PERMIT NUMBER:	3PF00002*MD
LOCATION:	6000 Canal Road	STATION CODE:	002
COUNTY:	Cuyahoga Heights, OH 44124	MONITORING PERIOD :	2015-08-01 To: 2015-08-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	Grab	Grab	24hr Total	24hr Total	24hr Total		
2015-08-01							
2015-08-02							
2015-08-03							
2015-08-04							
2015-08-05							
2015-08-06							
2015-08-07							
2015-08-08							
2015-08-09							
2015-08-10							
2015-08-11							
2015-08-12							
2015-08-13							
2015-08-14							
2015-08-15							
2015-08-16							
2015-08-17							
2015-08-18							
2015-08-19							
2015-08-20							
2015-08-21							
2015-08-22							
2015-08-23							
2015-08-24							
2015-08-25							
2015-08-26							
2015-08-27							
2015-08-28							
2015-08-29							
2015-08-30							
2015-08-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Raymond Weeden						2015-09-18 10:09	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	522907	STATUS:	Original
FACILITY:	Southerly Wastewater Trtmt Ctr, NEORS	PERMIT NUMBER:	3PF00002*MD
LOCATION:	6000 Canal Road	STATION CODE:	003
COUNTY:	Cuyahoga Heights, OH 44124	MONITORING PERIOD :	2015-08-01 To: 2015-08-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	1/Month		
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total		
2015-08-01							
2015-08-02							
2015-08-03							
2015-08-04							
2015-08-05							
2015-08-06							
2015-08-07							
2015-08-08							
2015-08-09							
2015-08-10							
2015-08-11							
2015-08-12							
2015-08-13							
2015-08-14							
2015-08-15							
2015-08-16							
2015-08-17							
2015-08-18							
2015-08-19							
2015-08-20							
2015-08-21							
2015-08-22							
2015-08-23							
2015-08-24							
2015-08-25							
2015-08-26							
2015-08-27							
2015-08-28							
2015-08-29							
2015-08-30							
2015-08-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Raymond Weeden						2015-09-18 10:09	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Southerly Wastewater Trtmnt Ctr, NEORSD **PERMIT NUMBER:** *3PF00002*MD*
LOCATION: 6000 Canal Road **MONITORING PERIOD :** 2015-08-01 To: 2015-08-31
 Cuyahoga Heights, OH 44124

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	E. coli	31648	2015-08-08	#/100 ml	SAMPLE NOT ANALYZED DUE TO AN ERROR. SAMPLE WAS MISLABELED.
001	CBOD 5 day	80082	2015-08-21	mg/l	STANDARD WAS OUTSIDE OF THE CONTROL LIMITS
001	CBOD 5 day	80082	2015-08-22	mg/l	STANDARD WAS OUTSIDE OF THE CONTROL LIMITS
601	CBOD 5 day	80082	2015-08-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-21	mg/l	STANDARD WAS OUTSIDE OF THE CONTROL LIMITS
601	CBOD 5 day	80082	2015-08-22	mg/l	STANDARD WAS OUTSIDE OF THE CONTROL LIMITS
601	CBOD 5 day	80082	2015-08-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-28	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-29	mg/l	BLANKS DID NOT MEET QC CRITERIA

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529301	STATUS:	Original
FACILITY:	Southerly Wastewater Trtmt Ctr, NEORS	PERMIT NUMBER:	3PF00002*MD
LOCATION:	6000 Canal Road	STATION CODE:	002
COUNTY:	Cuyahoga Heights, OH 44124	MONITORING PERIOD :	2015-09-01 To: 2015-09-30
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	Grab	Grab	24hr Total	24hr Total	24hr Total		
2015-09-01	AC	AC	AC	AC	AC		
2015-09-02	AC	AC	AC	AC	AC		
2015-09-03	AC	AC	AC	AC	AC		
2015-09-04	AC	AC	AC	AC	AC		
2015-09-05	AC	AC	AC	AC	AC		
2015-09-06	AC	AC	AC	AC	AC		
2015-09-07	AC	AC	AC	AC	AC		
2015-09-08	AC	AC	AC	AC	AC		
2015-09-09	AC	AC	AC	AC	AC		
2015-09-10	AC	AC	AC	AC	AC		
2015-09-11	AC	AC	AC	AC	AC		
2015-09-12	54	161	1	6.42	76.7		
2015-09-13	38	AE	0	5.26	10.8		
2015-09-14	AC	AC	AC	AC	AC		
2015-09-15	AC	AC	AC	AC	AC		
2015-09-16	AC	AC	AC	AC	AC		
2015-09-17	AC	AC	AC	AC	AC		
2015-09-18	AC	AC	AC	AC	AC		
2015-09-19	AC	AC	AC	AC	AC		
2015-09-20	AC	AC	AC	AC	AC		
2015-09-21	AC	AC	AC	AC	AC		
2015-09-22	AC	AC	AC	AC	AC		
2015-09-23	AC	AC	AC	AC	AC		
2015-09-24	AC	AC	AC	AC	AC		
2015-09-25	AC	AC	AC	AC	AC		
2015-09-26	AC	AC	AC	AC	AC		
2015-09-27	AC	AC	AC	AC	AC		
2015-09-28	AC	AC	AC	AC	AC		
2015-09-29	AC	AC	AC	AC	AC		
2015-09-30	AC	AC	AC	AC	AC		
Minimum	38.0	161.0	0.0	5.26	10.8		
Maximum	54.0	161.0	1.0	6.42	76.7		
Average	46	161	0.5	5.84	43.75		
Count	2	1	2	2	2		

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Terry Robinson			2015-10-15 12:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529301	STATUS:	Original
FACILITY:	Southerly Wastewater Trtmt Ctr, NEORS	PERMIT NUMBER:	3PF00002*MD
LOCATION:	6000 Canal Road	STATION CODE:	003
COUNTY:	Cuyahoga Heights, OH 44124	MONITORING PERIOD :	2015-09-01 To: 2015-09-30
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	1/Month		
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total		
2015-09-01							
2015-09-02							
2015-09-03							
2015-09-04							
2015-09-05							
2015-09-06							
2015-09-07							
2015-09-08							
2015-09-09							
2015-09-10							
2015-09-11							
2015-09-12							
2015-09-13							
2015-09-14							
2015-09-15							
2015-09-16							
2015-09-17							
2015-09-18							
2015-09-19							
2015-09-20							
2015-09-21							
2015-09-22							
2015-09-23							
2015-09-24							
2015-09-25							
2015-09-26							
2015-09-27							
2015-09-28							
2015-09-29							
2015-09-30							
Minimum							
Maximum							
Average							
Count							

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Terry Robinson			2015-10-15 12:10

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Southerly Wastewater Trtmt Ctr, NEORSD **PERMIT NUMBER:** *3PF00002*MD*
LOCATION: 6000 Canal Road **MONITORING PERIOD :** 2015-09-01 To: 2015-09-30
Cuyahoga Heights, OH 44124

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
002	CBOD 5 day	80082	2015-09-13	mg/l	METHOD QC CRITERIA WAS NOT FOLLOWED
601	CBOD 5 day	80082	2015-09-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-09-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-09-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-09-29	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-09-30	mg/l	BLANKS DID NOT MEET QC CRITERIA

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	536649	STATUS:	Original
FACILITY:	Southerly Wastewater Trtmt Ctr, NEORS	PERMIT NUMBER:	3PF00002*MD
LOCATION:	6000 Canal Road	STATION CODE:	002
COUNTY:	Cuyahoga Heights, OH 44124	MONITORING PERIOD :	2015-10-01 To: 2015-10-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	Grab	Grab	24hr Total	24hr Total	24hr Total		
2015-10-01							
2015-10-02							
2015-10-03							
2015-10-04							
2015-10-05							
2015-10-06							
2015-10-07							
2015-10-08							
2015-10-09							
2015-10-10							
2015-10-11							
2015-10-12							
2015-10-13							
2015-10-14							
2015-10-15							
2015-10-16							
2015-10-17							
2015-10-18							
2015-10-19							
2015-10-20							
2015-10-21							
2015-10-22							
2015-10-23							
2015-10-24							
2015-10-25							
2015-10-26							
2015-10-27							
2015-10-28							
2015-10-29							
2015-10-30							
2015-10-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative			Submission Date/Time
Terry Robinson						2015-11-16 09:11	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	536649	STATUS:	Original
FACILITY:	Southerly Wastewater Trtmt Ctr, NEORS	PERMIT NUMBER:	3PF00002*MD
LOCATION:	6000 Canal Road	STATION CODE:	003
COUNTY:	Cuyahoga Heights, OH 44124	MONITORING PERIOD :	2015-10-01 To: 2015-10-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	1/Month		
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total		
2015-10-01							
2015-10-02							
2015-10-03							
2015-10-04							
2015-10-05							
2015-10-06							
2015-10-07							
2015-10-08							
2015-10-09							
2015-10-10							
2015-10-11							
2015-10-12							
2015-10-13							
2015-10-14							
2015-10-15							
2015-10-16							
2015-10-17							
2015-10-18							
2015-10-19							
2015-10-20							
2015-10-21							
2015-10-22							
2015-10-23							
2015-10-24							
2015-10-25							
2015-10-26							
2015-10-27							
2015-10-28							
2015-10-29							
2015-10-30							
2015-10-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Terry Robinson						2015-11-16 09:11	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Southerly Wastewater Trtmnt Ctr, NEORSD **PERMIT NUMBER:** *3PF00002*MD*
LOCATION: 6000 Canal Road **MONITORING PERIOD :** 2015-10-01 To: 2015-10-31
 Cuyahoga Heights, OH 44124

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2015-10-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2015-10-25	mg/l	STANDARDS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2015-10-26	mg/l	STANDARDS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-09	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-10	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-25	mg/l	STANDARDS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-26	mg/l	STANDARDS DID NOT MEET QC CRITERIA

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	543757	STATUS:	Original
FACILITY:	Southerly Wastewater Trtmt Ctr, NEORS	PERMIT NUMBER:	3PF00002*MD
LOCATION:	6000 Canal Road	STATION CODE:	002
COUNTY:	Cuyahoga Heights, OH 44124	MONITORING PERIOD :	2015-11-01 To: 2015-11-30
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	Grab	Grab	24hr Total	24hr Total	24hr Total		
2015-11-01							
2015-11-02							
2015-11-03							
2015-11-04							
2015-11-05							
2015-11-06							
2015-11-07							
2015-11-08							
2015-11-09							
2015-11-10							
2015-11-11							
2015-11-12							
2015-11-13							
2015-11-14							
2015-11-15							
2015-11-16							
2015-11-17							
2015-11-18							
2015-11-19							
2015-11-20							
2015-11-21							
2015-11-22							
2015-11-23							
2015-11-24							
2015-11-25							
2015-11-26							
2015-11-27							
2015-11-28							
2015-11-29							
2015-11-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Terry Robinson							

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 543757
FACILITY: Southerly Wastewater Trtmt Ctr,
 NEORS
LOCATION: 6000 Canal Road
 Cuyahoga Heights, OH 44124
COUNTY: Cuyahoga
DISTRICT: NEDO

STATUS: Original
PERMIT NUMBER: **3PF00002*MD**
STATION CODE: 003
MONITORING PERIOD : **2015-11-01 To: 2015-11-30**
REPORTING LAB: NEORS Analytical Services
 Mark Citriglia Manager of
 Analytical Services
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	1/Month		
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total		
2015-11-01							
2015-11-02							
2015-11-03							
2015-11-04							
2015-11-05							
2015-11-06							
2015-11-07							
2015-11-08							
2015-11-09							
2015-11-10							
2015-11-11							
2015-11-12							
2015-11-13							
2015-11-14							
2015-11-15							
2015-11-16							
2015-11-17							
2015-11-18							
2015-11-19							
2015-11-20							
2015-11-21							
2015-11-22							
2015-11-23							
2015-11-24							
2015-11-25							
2015-11-26							
2015-11-27							
2015-11-28							
2015-11-29							
2015-11-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Terry Robinson						2015-12-15 16:12	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Southerly Wastewater Trtmnt Ctr, NEORSD **PERMIT NUMBER:** *3PF00002*MD*
LOCATION: 6000 Canal Road **MONITORING PERIOD :** 2015-11-01 To: 2015-11-30
 Cuyahoga Heights, OH 44124

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	Nitrogen, Ammonia (NH3)	00610	2015-11-10	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrogen, Ammonia (NH3)	00610	2015-11-25	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Phosphorus, Total (P)	00665	2015-11-10	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Phosphorus, Total (P)	00665	2015-11-25	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-11-10	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-11-25	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Mercury, Total (Low Level)	50092	2015-11-02	ng/l	FIELD BLANK CONTAMINATION
601	CBOD 5 day	80082	2015-11-03	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-13	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-14	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-29	mg/l	BLANKS DID NOT MEET QC CRITERIA

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	550722	STATUS:	Original
FACILITY:	Southerly Wastewater Trtmt Ctr, NEORS	PERMIT NUMBER:	3PF00002*MD
LOCATION:	6000 Canal Road	STATION CODE:	002
COUNTY:	Cuyahoga Heights, OH 44124	MONITORING PERIOD :	2015-12-01 To: 2015-12-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	Grab	Grab	24hr Total	24hr Total	24hr Total		
2015-12-01	AC	AC	AC	AC	AC		
2015-12-02	AC	AC	AC	AC	AC		
2015-12-03	AC	AC	AC	AC	AC		
2015-12-04	AC	AC	AC	AC	AC		
2015-12-05	AC	AC	AC	AC	AC		
2015-12-06	AC	AC	AC	AC	AC		
2015-12-07	AC	AC	AC	AC	AC		
2015-12-08	AC	AC	AC	AC	AC		
2015-12-09	AC	AC	AC	AC	AC		
2015-12-10	AC	AC	AC	AC	AC		
2015-12-11	AC	AC	AC	AC	AC		
2015-12-12	AC	AC	AC	AC	AC		
2015-12-13	AC	AC	AC	AC	AC		
2015-12-14	AC	AC	AC	AC	AC		
2015-12-15	AC	AC	AC	AC	AC		
2015-12-16	AC	AC	AC	AC	AC		
2015-12-17	AC	AC	AC	AC	AC		
2015-12-18	AC	AC	AC	AC	AC		
2015-12-19	AC	AC	AC	AC	AC		
2015-12-20	AC	AC	AC	AC	AC		
2015-12-21	AC	AC	AC	AC	AC		
2015-12-22	AC	AC	AC	AC	AC		
2015-12-23	AC	AC	AC	AC	AC		
2015-12-24	AC	AC	AC	AC	AC		
2015-12-25	AC	AC	AC	AC	AC		
2015-12-26	AC	AC	AC	AC	AC		
2015-12-27	42	AE	1	10.95	84.7		
2015-12-28	AC	AC	AC	AC	AC		
2015-12-29	AC	AC	AC	AC	AC		
2015-12-30	AC	AC	AC	AC	AC		
2015-12-31	AC	AC	AC	AC	AC		
Minimum	42.0		1.0	10.95	84.7		
Maximum	42.0		1.0	10.95	84.7		
Average	42		1	10.95	84.7		
Count	1		1	1	1		
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Terry Robinson						2016-01-15 15:01	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	550722	STATUS:	Original
FACILITY:	Southerly Wastewater Trtmt Ctr, NEORS	PERMIT NUMBER:	3PF00002*MD
LOCATION:	6000 Canal Road	STATION CODE:	003
COUNTY:	Cuyahoga Heights, OH 44124	MONITORING PERIOD :	2015-12-01 To: 2015-12-31
DISTRICT:	NEDO	REPORTING LAB:	NEORS Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	1/Month		
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total		
2015-12-01							
2015-12-02							
2015-12-03							
2015-12-04							
2015-12-05							
2015-12-06							
2015-12-07							
2015-12-08							
2015-12-09							
2015-12-10							
2015-12-11							
2015-12-12							
2015-12-13							
2015-12-14							
2015-12-15							
2015-12-16							
2015-12-17							
2015-12-18							
2015-12-19							
2015-12-20							
2015-12-21							
2015-12-22							
2015-12-23							
2015-12-24							
2015-12-25							
2015-12-26							
2015-12-27							
2015-12-28							
2015-12-29							
2015-12-30							
2015-12-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Terry Robinson						2016-01-15 15:01	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Southerly Wastewater Trtmnt Ctr, NEORSD **PERMIT NUMBER:** *3PF00002*MD*
LOCATION: 6000 Canal Road **MONITORING PERIOD :** 2015-12-01 To: 2015-12-31
 Cuyahoga Heights, OH 44124

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	Nitrogen, Ammonia (NH3)	00610	2015-12-24	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrogen, Ammonia (NH3)	00610	2015-12-31	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Phosphorus, Total (P)	00665	2015-12-24	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Phosphorus, Total (P)	00665	2015-12-31	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-12-24	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-12-31	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
002	CBOD 5 day	80082	2015-12-27	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-02	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-11	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-18	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-23	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-24	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-25	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-27	mg/l	BLANKS DID NOT MEET QC CRITERIA



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.state.oh.us
 Southwest District Office: swdo24hournpdes@epa.state.oh.us
 Northwest District Office: nwdo24hournpdes@epa.state.oh.us
 Northeast District Office: nedo24hournpdes@epa.state.oh.us
 Central District Office: cdo24hournpdes@epa.state.oh.us
 Central Office: co24hournpdes@epa.state.oh.us

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	NEORSD- Southerly WWTP
NPDES Permit number:	3PF00002*MD
Contact name for permittee:	George Schur
Contact telephone number:	216-641-3200
Date and time of discharge	
Date and time(s) of discharge:	7/9/15 @ 13:00 hr.– 7/9/15 @ 22:25 hr.
Date and time discharge discovered:	7/9/15 @ 13:00 hr.
Description of discharge	
Approximate amount of discharge:	54.60 million gallons
Characteristics of discharge:	Settled sewage
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Cuyahoga River
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Exceeded the plant's hydraulic capacity
Contact person with knowledge of discharge (if different than above)	
Name:	Mary Garapic
Telephone number:	216-641-3200
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	
Person responsible for implementing remedial steps	
Name:	
Telephone number:	



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

Southeast District Office: sedo24hournpdes@epa.state.oh.us
 Southwest District Office: swdo24hournpdes@epa.state.oh.us
 Northwest District Office: nwdo24hournpdes@epa.state.oh.us
 Northeast District Office: nedo24hournpdes@epa.state.oh.us
 Central District Office: cdo24hournpdes@epa.state.oh.us
 Central Office: co24hournpdes@epa.state.oh.us

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	NEORSD- Southerly WWTP
NPDES Permit number:	3PF00002*MD
Contact name for permittee:	George Schur
Contact telephone number:	216-641-3200
Date and time of discharge	
Date and time(s) of discharge:	9/12/15 @ 0153 hrs. – 0818 hrs., 1947hrs. -2400hrs.
Date and time discharge discovered:	9/12/15 @ 0153 hrs. and 1947hrs.
Description of discharge	
Approximate amount of discharge:	76.69 MG
Characteristics of discharge:	Settled sewage
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Cuyahoga River
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Exceeded the plant's hydraulic capacity
Contact person with knowledge of discharge (if different than above)	
Name:	William Cowan
Telephone number:	216-641-3200
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	
Person responsible for implementing remedial steps	
Name:	
Telephone number:	



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

- Southeast District Office: sedo24hournpdes@epa.ohio.gov
- Southwest District Office: swdo24hournpdes@epa.ohio.gov
- Northwest District Office: nwdo24hournpdes@epa.ohio.gov
- Northeast District Office: nedo24hournpdes@epa.ohio.gov
- Central District Office: cdo24hournpdes@epa.ohio.gov
- Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	NEORSD- Southerly WWTP
NPDES Permit number:	3PF00002*MD
Contact name for permittee:	George Schur
Contact telephone number:	(216) 641-3200
Date and time of discharge	
Date and time(s) of discharge:	9/12/15 @ 0153-0818hrs. , 9/12/15 @ 1947hrs.-9/13/15 @ 0203hrs.
Date and time discharge discovered:	9/12/15 @ 0153 hrs. and 1947hrs.
Description of discharge	
Approximate amount of discharge:	87.48MG
Characteristics of discharge:	Settled Sewage
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Cuyahoga River
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Exceeded the plant's hydraulic capacity
Contact person with knowledge of discharge (if different than above)	
Name:	William Cowan
Telephone number:	(216) 641-3200
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	
Person responsible for implementing remedial steps	
Name:	
Telephone number:	



Division of Surface Water
 Non-compliance Notification for
 Bypasses and Upsets

Use this form to report non-compliance that is the result of any **unanticipated bypass** or **upset** resulting in an exceedance of any **effluent limit** in your NPDES permit (see Part III, Section 12 of your NPDES permit for details). The form should be completed and emailed to the appropriate Ohio EPA inspector, or Ohio EPA office using one of the following addresses:

- Southeast District Office: sedo24hournpdes@epa.ohio.gov
- Southwest District Office: swdo24hournpdes@epa.ohio.gov
- Northwest District Office: nwdo24hournpdes@epa.ohio.gov
- Northeast District Office: nedo24hournpdes@epa.ohio.gov
- Central District Office: cdo24hournpdes@epa.ohio.gov
- Central Office: co24hournpdes@epa.ohio.gov

On a case-by-case basis it may be determined an environmental emergency exists. Report environmental emergencies within thirty (30) minutes of discovery to Ohio EPA 24-hours a day, 365 days a year at 800-282-9378!

Permittee Information	
Name of permittee:	NEORSD- Southerly WWTP
NPDES Permit number:	3PF00002*MD
Contact name for permittee:	George Schur
Contact telephone number:	(216) 641-3200
Date and time of discharge	
Date and time(s) of discharge:	12/27/15 06:26 – 17:23 hrs
Date and time discharge discovered:	12/27/15 06:26 hrs
Description of discharge	
Approximate amount of discharge:	84.67 MG
Characteristics of discharge:	Settled Sewage
Stream(s) affected by discharge	
Provide the name of all streams affected by the discharge:	Cuyahoga River
Circumstances that created the discharge	
Describe the circumstances that created the discharge:	Exceeded the plant's hydraulic capacity
Contact person with knowledge of discharge (if different than above)	
Name:	Michael Menci
Telephone number:	(216) 641-3200
Remedial steps	
Describe all remedial steps which are or will be taken to address the discharge:	
Person responsible for implementing remedial steps	
Name:	
Telephone number:	

Westerly WWTP eDMR reports

Outfall 002: Wet weather overflow/bypass to Lake Erie

Outfall 602: Secondary treatment bypass

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	516629	STATUS:	Original
FACILITY:	NEORSW Westerly WWTP	PERMIT NUMBER:	3PE00001*PD
LOCATION:	5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115	STATION CODE:	002
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-07-01 To: 2015-07-31
DISTRICT:	NEDO	REPORTING LAB:	NEORSW Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge	
PARAMETER CODE	31648	00530	80082	74062	74063	82517	
UNITS	#/100 ml	mg/l	mg/l	No./Month	Million Gallons	Hours	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	Total	24hr Total	24hr Total	
2015-07-01	AC	AC	AC	AC	AC	AC	
2015-07-02	AC	AC	AC	AC	AC	AC	
2015-07-03	AC	AC	AC	AC	AC	AC	
2015-07-04	AC	AC	AC	AC	AC	AC	
2015-07-05	AC	AC	AC	AC	AC	AC	
2015-07-06	AC	AC	AC	AC	AC	AC	
2015-07-07	AC	AC	AC	AC	AC	AC	
2015-07-08	AC	AC	AC	AC	AC	AC	
2015-07-09	379900	143	21	1	18.0	5.00	
2015-07-10	AC	AC	AC	AC	AC	AC	
2015-07-11	AC	AC	AC	AC	AC	AC	
2015-07-12	AC	AC	AC	AC	AC	AC	
2015-07-13	400000	83	25	1	6.3	2.70	
2015-07-14	AC	AC	AC	AC	AC	AC	
2015-07-15	AC	AC	AC	AC	AC	AC	
2015-07-16	AC	AC	AC	AC	AC	AC	
2015-07-17	AC	AC	AC	AC	AC	AC	
2015-07-18	AC	AC	AC	AC	AC	AC	
2015-07-19	AC	AC	AC	AC	AC	AC	
2015-07-20	AC	AC	AC	AC	AC	AC	
2015-07-21	AC	AC	AC	AC	AC	AC	
2015-07-22	AC	AC	AC	AC	AC	AC	
2015-07-23	AC	AC	AC	AC	AC	AC	
2015-07-24	AC	AC	AC	AC	AC	AC	
2015-07-25	AC	AC	AC	AC	AC	AC	
2015-07-26	AC	AC	AC	AC	AC	AC	
2015-07-27	AC	AC	AC	AC	AC	AC	
2015-07-28	AC	AC	AC	AC	AC	AC	
2015-07-29	AC	AC	AC	AC	AC	AC	
2015-07-30	AC	AC	AC	AC	AC	AC	
2015-07-31	AC	AC	AC	AC	AC	AC	
Minimum	379900.0	83.0	21.0	1.0	6.3	2.7	
Maximum	400000.0	143.0	25.0	1.0	18.0	5.0	
Average	389950	113	23	1	12.15	3.85	
Count	2	2	2	2	2	2	

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Raymond Weeden			2015-08-20 16:08

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	516629	STATUS:	Original
FACILITY:	NEORSD Westerly WWTP	PERMIT NUMBER:	3PE00001*PD
LOCATION:	5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115	STATION CODE:	602
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-07-01</u> To: <u>2015-07-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSD Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	24hr Composite	24hr Composite	24hr Total	24hr Total	24hr Total		
2015-07-01							
2015-07-02							
2015-07-03							
2015-07-04							
2015-07-05							
2015-07-06							
2015-07-07							
2015-07-08							
2015-07-09							
2015-07-10							
2015-07-11							
2015-07-12							
2015-07-13							
2015-07-14							
2015-07-15							
2015-07-16							
2015-07-17							
2015-07-18							
2015-07-19							
2015-07-20							
2015-07-21							
2015-07-22							
2015-07-23							
2015-07-24							
2015-07-25							
2015-07-26							
2015-07-27							
2015-07-28							
2015-07-29							
2015-07-30							
2015-07-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time		
Raymond Weeden					2015-08-20 16:08		

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522929 **STATUS:** Original
FACILITY: NEORSW Westerly WWTP **PERMIT NUMBER:** 3PE00001*PD
LOCATION: 5800 Cleveland Memorial Shoreway NW **STATION CODE:** 002
 Cleveland, OH 44115 **MONITORING PERIOD :** 2015-08-01 To: 2015-08-31
COUNTY: Cuyahoga **REPORTING LAB:** NEORSW Analytical Services
DISTRICT: NEDO **ANALYST:** Mark Citriglia Manager of Analytical Services
NO DISCHARGE INDICATOR:

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge	
PARAMETER CODE	31648	00530	80082	74062	74063	82517	
UNITS	#/100 ml	mg/l	mg/l	No./Month	Million Gallons	Hours	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	Total	24hr Total	24hr Total	
2015-08-01	AC	AC	AC	AC	AC	AC	
2015-08-02	AC	AC	AC	AC	AC	AC	
2015-08-03	AC	AC	AC	AC	AC	AC	
2015-08-04	AC	AC	AC	AC	AC	AC	
2015-08-05	AC	AC	AC	AC	AC	AC	
2015-08-06	AC	AC	AC	AC	AC	AC	
2015-08-07	AC	AC	AC	AC	AC	AC	
2015-08-08	AC	AC	AC	AC	AC	AC	
2015-08-09	AC	AC	AC	AC	AC	AC	
2015-08-10	AH	112	42	1	3.3	0.90	
2015-08-11	AC	AC	AC	AC	AC	AC	
2015-08-12	AC	AC	AC	AC	AC	AC	
2015-08-13	AC	AC	AC	AC	AC	AC	
2015-08-14	AC	AC	AC	AC	AC	AC	
2015-08-15	AC	AC	AC	AC	AC	AC	
2015-08-16	AC	AC	AC	AC	AC	AC	
2015-08-17	AC	AC	AC	AC	AC	AC	
2015-08-18	868500	92	42	1	2.6	1.20	
2015-08-19	AC	AC	AC	AC	AC	AC	
2015-08-20	AC	AC	AC	AC	AC	AC	
2015-08-21	AC	AC	AC	AC	AC	AC	
2015-08-22	AC	AC	AC	AC	AC	AC	
2015-08-23	AC	AC	AC	AC	AC	AC	
2015-08-24	AC	AC	AC	AC	AC	AC	
2015-08-25	AC	AC	AC	AC	AC	AC	
2015-08-26	AC	AC	AC	AC	AC	AC	
2015-08-27	AC	AC	AC	AC	AC	AC	
2015-08-28	AC	AC	AC	AC	AC	AC	
2015-08-29	AC	AC	AC	AC	AC	AC	
2015-08-30	AC	AC	AC	AC	AC	AC	
2015-08-31	AC	AC	AC	AC	AC	AC	
Minimum	868500.0	92.0	42.0	1.0	2.6	0.9	
Maximum	868500.0	112.0	42.0	1.0	3.3	1.2	
Average	868500	102	42	1	2.95	1.05	
Count	1	2	2	2	2	2	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Raymond Weeden						2015-09-18 10:09	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 522929 **STATUS:** Original
FACILITY: NEORSD Westerly WWTP **PERMIT NUMBER:** 3PE00001*PD
LOCATION: 5800 Cleveland Memorial Shoreway NW **STATION CODE:** 602
 Cleveland, OH 44115 **MONITORING PERIOD :** 2015-08-01 To: 2015-08-31
COUNTY: Cuyahoga **REPORTING LAB:** NEORSD Analytical Services
DISTRICT: NEDO **ANALYST:** Mark Citriglia Manager of Analytical Services
NO DISCHARGE INDICATOR: AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	24hr Composite	24hr Composite	24hr Total	24hr Total	24hr Total		
2015-08-01							
2015-08-02							
2015-08-03							
2015-08-04							
2015-08-05							
2015-08-06							
2015-08-07							
2015-08-08							
2015-08-09							
2015-08-10							
2015-08-11							
2015-08-12							
2015-08-13							
2015-08-14							
2015-08-15							
2015-08-16							
2015-08-17							
2015-08-18							
2015-08-19							
2015-08-20							
2015-08-21							
2015-08-22							
2015-08-23							
2015-08-24							
2015-08-25							
2015-08-26							
2015-08-27							
2015-08-28							
2015-08-29							
2015-08-30							
2015-08-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Raymond Weeden						2015-09-18 10:09	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: NEORS Westery WWTP PERMIT NUMBER: **3PE00001*PD**
 LOCATION: 5800 Cleveland Memorial Shoreway NW MONITORING PERIOD : **2015-08-01** To: **2015-08-31**
 Cleveland, OH 44115

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	E. coli	31648	2015-08-08	#/100 ml	SAMPLE NOT ANALYZED DUE TO AN ERROR. SAMPLE WAS MISLABELED.
001	CBOD 5 day	80082	2015-08-21	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2015-08-22	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2015-08-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
002	E. coli	31648	2015-08-10	#/100 ml	SAMPLE PASSED HOLDING TIME
585	Arsenic, Total In Sludge	01003	2015-08-03	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Beryllium, Total In Sludge	01013	2015-08-03	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Cadmium, Total In Sludge	01028	2015-08-03	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Chromium, Total In Sludge	01029	2015-08-03	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Lead, Total In Sludge	01052	2015-08-03	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Nickel, Total In Sludge	01068	2015-08-03	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Mercury, Total In Sludge	71921	2015-08-03	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
601	CBOD 5 day	80082	2015-08-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-21	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-22	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-28	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-08-29	mg/l	BLANKS DID NOT MEET QC CRITERIA

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529137	STATUS:	Original
FACILITY:	NEORSD Westerly WWTP	PERMIT NUMBER:	3PE0001*PD
LOCATION:	5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115	STATION CODE:	002
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-09-01 To: 2015-09-30
DISTRICT:	NEDO	REPORTING LAB:	NEORSD Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge	
PARAMETER CODE	31648	00530	80082	74062	74063	82517	
UNITS	#/100 ml	mg/l	mg/l	No./Month	Million Gallons	Hours	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	Total	24hr Total	24hr Total	
2015-09-01	AC	AC	AC	AC	AC	AC	
2015-09-02	AC	AC	AC	AC	AC	AC	
2015-09-03	AC	AC	AC	AC	AC	AC	
2015-09-04	AC	AC	AC	AC	AC	AC	
2015-09-05	AC	AC	AC	AC	AC	AC	
2015-09-06	AC	AC	AC	AC	AC	AC	
2015-09-07	AC	AC	AC	AC	AC	AC	
2015-09-08	AC	AC	AC	AC	AC	AC	
2015-09-09	AC	AC	AC	AC	AC	AC	
2015-09-10	AC	AC	AC	AC	AC	AC	
2015-09-11	AH	73	AE	1	2.0	0.80	
2015-09-12	256443	29	13	1	48.2	10.10	
2015-09-13	AC	AC	AC	AC	AC	AC	
2015-09-14	AC	AC	AC	AC	AC	AC	
2015-09-15	AC	AC	AC	AC	AC	AC	
2015-09-16	AC	AC	AC	AC	AC	AC	
2015-09-17	AC	AC	AC	AC	AC	AC	
2015-09-18	AC	AC	AC	AC	AC	AC	
2015-09-19	AC	AC	AC	AC	AC	AC	
2015-09-20	AC	AC	AC	AC	AC	AC	
2015-09-21	AC	AC	AC	AC	AC	AC	
2015-09-22	AC	AC	AC	AC	AC	AC	
2015-09-23	AC	AC	AC	AC	AC	AC	
2015-09-24	AC	AC	AC	AC	AC	AC	
2015-09-25	AC	AC	AC	AC	AC	AC	
2015-09-26	AC	AC	AC	AC	AC	AC	
2015-09-27	AC	AC	AC	AC	AC	AC	
2015-09-28	AC	AC	AC	AC	AC	AC	
2015-09-29	AC	AC	AC	AC	AC	AC	
2015-09-30	AC	AC	AC	AC	AC	AC	
Minimum	256443.0	29.0	13.0	1.0	2.0	0.8	
Maximum	256443.0	73.0	13.0	1.0	48.2	10.1	
Average	256443	51	13	1	25.1	5.45	
Count	1	2	1	2	2	2	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Andy Rossiter						2015-10-15 08:10	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	529137	STATUS:	Original
FACILITY:	NEORSW Westerly WWTP	PERMIT NUMBER:	3PE00001*PD
LOCATION:	5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115	STATION CODE:	602
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-09-01 To: 2015-09-30
DISTRICT:	NEDO	REPORTING LAB:	NEORSW Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	24hr Composite	24hr Composite	24hr Total	24hr Total	24hr Total		
2015-09-01							
2015-09-02							
2015-09-03							
2015-09-04							
2015-09-05							
2015-09-06							
2015-09-07							
2015-09-08							
2015-09-09							
2015-09-10							
2015-09-11							
2015-09-12							
2015-09-13							
2015-09-14							
2015-09-15							
2015-09-16							
2015-09-17							
2015-09-18							
2015-09-19							
2015-09-20							
2015-09-21							
2015-09-22							
2015-09-23							
2015-09-24							
2015-09-25							
2015-09-26							
2015-09-27							
2015-09-28							
2015-09-29							
2015-09-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Andy Rossiter						2015-10-15 08:10	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: NEORS Westery WWTP
LOCATION: 5800 Cleveland Memorial Shoreway NW
Cleveland, OH 44115

PERMIT NUMBER: 3PE00001*PD
MONITORING PERIOD : 2015-09-01 To: 2015-09-30

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
002	E. coli	31648	2015-09-11	#/100 ml	SAMPLE NOT COLLECTED DUE TO A SHORT DURATION EVENT .
002	CBOD 5 day	80082	2015-09-11	mg/l	METHOD QC CRITERIA WAS NOT FOLLOWED
585	Arsenic, Total In Sludge	01003	2015-09-14	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Beryllium, Total In Sludge	01013	2015-09-14	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Cadmium, Total In Sludge	01028	2015-09-14	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Chromium, Total In Sludge	01029	2015-09-14	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Lead, Total In Sludge	01052	2015-09-14	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Nickel, Total In Sludge	01068	2015-09-14	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Mercury, Total In Sludge	71921	2015-09-14	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
601	CBOD 5 day	80082	2015-09-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-09-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-09-29	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-09-30	mg/l	BLANKS DID NOT MEET QC CRITERIA

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	536401	STATUS:	Original
FACILITY:	NEORSW Westerly WWTP	PERMIT NUMBER:	3PE00001*PD
LOCATION:	5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115	STATION CODE:	002
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-10-01 To: 2015-10-31
DISTRICT:	NEDO	REPORTING LAB:	NEORSW Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge	
PARAMETER CODE	31648	00530	80082	74062	74063	82517	
UNITS	#/100 ml	mg/l	mg/l	No./Month	Million Gallons	Hours	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	Total	24hr Total	24hr Total	
2015-10-01	AC	AC	AC	AC	AC	AC	
2015-10-02	AC	AC	AC	AC	AC	AC	
2015-10-03	AC	AC	AC	AC	AC	AC	
2015-10-04	AC	AC	AC	AC	AC	AC	
2015-10-05	AC	AC	AC	AC	AC	AC	
2015-10-06	AC	AC	AC	AC	AC	AC	
2015-10-07	AC	AC	AC	AC	AC	AC	
2015-10-08	AC	AC	AC	AC	AC	AC	
2015-10-09	AC	AC	AC	AC	AC	AC	
2015-10-10	AC	AC	AC	AC	AC	AC	
2015-10-11	AC	AC	AC	AC	AC	AC	
2015-10-12	AC	AC	AC	AC	AC	AC	
2015-10-13	AC	AC	AC	AC	AC	AC	
2015-10-14	AC	AC	AC	AC	AC	AC	
2015-10-15	AC	AC	AC	AC	AC	AC	
2015-10-16	AC	AC	AC	AC	AC	AC	
2015-10-17	AC	AC	AC	AC	AC	AC	
2015-10-18	AC	AC	AC	AC	AC	AC	
2015-10-19	AC	AC	AC	AC	AC	AC	
2015-10-20	AC	AC	AC	AC	AC	AC	
2015-10-21	AC	AC	AC	AC	AC	AC	
2015-10-22	AC	AC	AC	AC	AC	AC	
2015-10-23	AC	AC	AC	AC	AC	AC	
2015-10-24	AC	AC	AC	AC	AC	AC	
2015-10-25	AC	AC	AC	AC	AC	AC	
2015-10-26	AC	AC	AC	AC	AC	AC	
2015-10-27	AC	AC	AC	AC	AC	AC	
2015-10-28	116667	81	15	1	6.0	2.80	
2015-10-29	AC	AC	AC	AC	AC	AC	
2015-10-30	AC	AC	AC	AC	AC	AC	
2015-10-31	AC	AC	AC	AC	AC	AC	
Minimum	116667.0	81.0	15.0	1.0	6.0	2.8	
Maximum	116667.0	81.0	15.0	1.0	6.0	2.8	
Average	116667	81	15	1	6	2.8	
Count	1	1	1	1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Andy Rossiter						2015-11-13 15:11	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	536401	STATUS:	Original
FACILITY:	NEORSW Westerly WWTP	PERMIT NUMBER:	3PE00001*PD
LOCATION:	5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115	STATION CODE:	602
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-10-01</u> To: <u>2015-10-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSW Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	24hr Composite	24hr Composite	24hr Total	24hr Total	24hr Total		
2015-10-01							
2015-10-02							
2015-10-03							
2015-10-04							
2015-10-05							
2015-10-06							
2015-10-07							
2015-10-08							
2015-10-09							
2015-10-10							
2015-10-11							
2015-10-12							
2015-10-13							
2015-10-14							
2015-10-15							
2015-10-16							
2015-10-17							
2015-10-18							
2015-10-19							
2015-10-20							
2015-10-21							
2015-10-22							
2015-10-23							
2015-10-24							
2015-10-25							
2015-10-26							
2015-10-27							
2015-10-28							
2015-10-29							
2015-10-30							
2015-10-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time		
Andy Rossiter					2015-11-13 15:11		

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: NEORS Westery WWTP **PERMIT NUMBER:** *3PE0001*PD*
LOCATION: 5800 Cleveland Memorial Shoreway NW **MONITORING PERIOD :** 2015-10-01 To: 2015-10-31
Cleveland, OH 44115

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2015-10-25	mg/l	STANDARDS WERE OUTSIDE OF THE RECOVERY RANGE
001	CBOD 5 day	80082	2015-10-26	mg/l	STANDARDS WERE OUTSIDE OF THE RECOVERY RANGE
601	CBOD 5 day	80082	2015-10-09	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-10	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-10-25	mg/l	STANDARDS WERE OUTSIDE OF THE RECOVERY RANGE
601	CBOD 5 day	80082	2015-10-26	mg/l	STANDARDS WERE OUTSIDE OF THE RECOVERY RANGE

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	543756	STATUS:	Original
FACILITY:	NEORSW Westerly WWTP	PERMIT NUMBER:	3PE00001*PD
LOCATION:	5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115	STATION CODE:	002
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-11-01 To: 2015-11-30
DISTRICT:	NEDO	REPORTING LAB:	NEORSW Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge	
PARAMETER CODE	00530	80082	74062	74063	82517	
UNITS	mg/l	mg/l	No./Month	Million Gallons	Hours	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Total	24hr Total	24hr Total	
2015-11-01						
2015-11-02						
2015-11-03						
2015-11-04						
2015-11-05						
2015-11-06						
2015-11-07						
2015-11-08						
2015-11-09						
2015-11-10						
2015-11-11						
2015-11-12						
2015-11-13						
2015-11-14						
2015-11-15						
2015-11-16						
2015-11-17						
2015-11-18						
2015-11-19						
2015-11-20						
2015-11-21						
2015-11-22						
2015-11-23						
2015-11-24						
2015-11-25						
2015-11-26						
2015-11-27						
2015-11-28						
2015-11-29						
2015-11-30						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Andy Rossiter					2015-12-15 16:12	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	543756	STATUS:	Original
FACILITY:	NEORSW Westerly WWTP	PERMIT NUMBER:	3PE00001*PD
LOCATION:	5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115	STATION CODE:	602
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-11-01 To: 2015-11-30
DISTRICT:	NEDO	REPORTING LAB:	NEORSW Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	24hr Composite	24hr Composite	24hr Total	24hr Total	24hr Total		
2015-11-01							
2015-11-02							
2015-11-03							
2015-11-04							
2015-11-05							
2015-11-06							
2015-11-07							
2015-11-08							
2015-11-09							
2015-11-10							
2015-11-11							
2015-11-12							
2015-11-13							
2015-11-14							
2015-11-15							
2015-11-16							
2015-11-17							
2015-11-18							
2015-11-19							
2015-11-20							
2015-11-21							
2015-11-22							
2015-11-23							
2015-11-24							
2015-11-25							
2015-11-26							
2015-11-27							
2015-11-28							
2015-11-29							
2015-11-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Andy Rossiter						2015-12-15 16:12	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: NEORS Westlerly WWTP **PERMIT NUMBER:** *3PE00001*PD*
LOCATION: 5800 Cleveland Memorial Shoreway NW **MONITORING PERIOD :** 2015-11-01 To: 2015-11-30
 Cleveland, OH 44115

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	Nitrogen, Ammonia (NH3)	00610	2015-11-10	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrogen, Ammonia (NH3)	00610	2015-11-25	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Phosphorus, Total (P)	00665	2015-11-10	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Phosphorus, Total (P)	00665	2015-11-25	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-11-10	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-11-25	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Mercury, Total (Low Level)	50092	2015-11-02	ng/l	FIELD BLANK CONTAMINATION
585	Arsenic, Total In Sludge	01003	2015-11-16	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Beryllium, Total In Sludge	01013	2015-11-16	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Cadmium, Total In Sludge	01028	2015-11-16	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Chromium, Total In Sludge	01029	2015-11-16	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Lead, Total In Sludge	01052	2015-11-16	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Nickel, Total In Sludge	01068	2015-11-16	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
585	Mercury, Total In Sludge	71921	2015-11-16	mg/kg	SOLIDS UNIT DOWN FOR 24HRS.
601	CBOD 5 day	80082	2015-11-03	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-13	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-14	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-11-29	mg/l	BLANKS DID NOT MEET QC CRITERIA

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	550686	STATUS:	Original
FACILITY:	NEORSW Westerly WWTP	PERMIT NUMBER:	3PE00001*PD
LOCATION:	5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115	STATION CODE:	002
COUNTY:	Cuyahoga	MONITORING PERIOD :	2015-12-01 To: 2015-12-31
DISTRICT:	NEDO	REPORTING LAB:	NEORSW Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge		
PARAMETER CODE	00530	80082	74062	74063	82517		
UNITS	mg/l	mg/l	No./Month	Million Gallons	Hours		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	Grab	Grab	Total	24hr Total	24hr Total		
2015-12-01	AC	AC	AC	AC	AC		
2015-12-02	AC	AC	AC	AC	AC		
2015-12-03	AC	AC	AC	AC	AC		
2015-12-04	AC	AC	AC	AC	AC		
2015-12-05	AC	AC	AC	AC	AC		
2015-12-06	AC	AC	AC	AC	AC		
2015-12-07	AC	AC	AC	AC	AC		
2015-12-08	AC	AC	AC	AC	AC		
2015-12-09	AC	AC	AC	AC	AC		
2015-12-10	AC	AC	AC	AC	AC		
2015-12-11	AC	AC	AC	AC	AC		
2015-12-12	AC	AC	AC	AC	AC		
2015-12-13	AC	AC	AC	AC	AC		
2015-12-14	AC	AC	AC	AC	AC		
2015-12-15	AC	AC	AC	AC	AC		
2015-12-16	AC	AC	AC	AC	AC		
2015-12-17	AC	AC	AC	AC	AC		
2015-12-18	AC	AC	AC	AC	AC		
2015-12-19	AC	AC	AC	AC	AC		
2015-12-20	AC	AC	AC	AC	AC		
2015-12-21	AC	AC	AC	AC	AC		
2015-12-22	AC	AC	AC	AC	AC		
2015-12-23	AC	AC	AC	AC	AC		
2015-12-24	AC	AC	AC	AC	AC		
2015-12-25	AC	AC	AC	AC	AC		
2015-12-26	AC	AC	AC	AC	AC		
2015-12-27	153	AE	1	24.9	6.60		
2015-12-28	AC	AC	AC	AC	AC		
2015-12-29	AC	AC	AC	AC	AC		
2015-12-30	AC	AC	AC	AC	AC		
2015-12-31	AC	AC	AC	AC	AC		
Minimum	153.0		1.0	24.9	6.6		
Maximum	153.0		1.0	24.9	6.6		
Average	153		1	24.9	6.6		
Count	1		1	1	1		
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Andy Rossiter							

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	550686	STATUS:	Original
FACILITY:	NEORSD Westerly WWTP	PERMIT NUMBER:	3PE00001*PD
LOCATION:	5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115	STATION CODE:	602
COUNTY:	Cuyahoga	MONITORING PERIOD :	<u>2015-12-01</u> To: <u>2015-12-31</u>
DISTRICT:	NEDO	REPORTING LAB:	NEORSD Analytical Services Mark Citriglia Manager of Analytical Services
		ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume		
PARAMETER CODE	00530	80082	00051	00052	51428		
UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL		
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.		
SAMPLING TYPE	24hr Composite	24hr Composite	24hr Total	24hr Total	24hr Total		
2015-12-01							
2015-12-02							
2015-12-03							
2015-12-04							
2015-12-05							
2015-12-06							
2015-12-07							
2015-12-08							
2015-12-09							
2015-12-10							
2015-12-11							
2015-12-12							
2015-12-13							
2015-12-14							
2015-12-15							
2015-12-16							
2015-12-17							
2015-12-18							
2015-12-19							
2015-12-20							
2015-12-21							
2015-12-22							
2015-12-23							
2015-12-24							
2015-12-25							
2015-12-26							
2015-12-27							
2015-12-28							
2015-12-29							
2015-12-30							
2015-12-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time		
Andy Rossiter					2016-01-15 14:01		

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: NEORSW Westerly WWTP **PERMIT NUMBER:** 3PE00001*PD
LOCATION: 5800 Cleveland Memorial Shoreway NW **MONITORING PERIOD :** 2015-12-01 To: 2015-12-31
 Cleveland, OH 44115

GENERAL REPORT COMMENT:

Plant operational data including Temp, DO, pH Flow and Chl. Res is approved and validated by the plant Superintendents. Analytical Data is approved by the Laboratory Manager. All analytical data generated by the Laboratory is NELAP compliant DEP Lab ID #68-03670

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	Nitrogen, Ammonia (NH3)	00610	2015-12-24	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrogen, Ammonia (NH3)	00610	2015-12-31	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	CBOD 5 day	80082	2015-12-02	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2015-12-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2015-12-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2015-12-23	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2015-12-24	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2015-12-27	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	Phosphorus, Total (P)	00665	2015-12-24	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Phosphorus, Total (P)	00665	2015-12-31	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-12-24	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Nitrite Plus Nitrate, Total	00630	2015-12-31	mg/l	SAMPLE NOT ANALYZED DUE TO A HOLIDAY
001	Cyanide, Free	00719	2015-12-07	mg/l	WALKI IN COOLER MALFUNCTION. SAMPLE TEMERATURE WAS OVER THE RANGE.
002	CBOD 5 day	80082	2015-12-27	mg/l	BLANKS DID NOT MEET QC CRITERIA
585	Arsenic, Total In Sludge	01003	2015-12-14	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Beryllium, Total In Sludge	01013	2015-12-14	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Cadmium, Total In Sludge	01028	2015-12-14	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Chromium, Total In Sludge	01029	2015-12-14	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Lead, Total In Sludge	01052	2015-12-14	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Nickel, Total In Sludge	01068	2015-12-14	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
585	Mercury, Total In Sludge	71921	2015-12-14	mg/kg	SOLIDS UNIT DOWN FOR 24 HRS.
601	CBOD 5 day	80082	2015-12-02	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-07	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-11	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-12	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-	mg/l	BLANKS DID NOT MEET QC CRITERIA

			18		
601	CBOD 5 day	80082	2015-12-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-23	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-24	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-25	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2015-12-27	mg/l	BLANKS DID NOT MEET QC CRITERIA