

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

Case 1:10-CV-02895-DCN

Semi-Annual Progress Report No. 16

January 29, 2020



NEORSD Semi-Annual Progress Report No. 16 Period from July 1, 2019 to December 31, 2019

January 30, 2020

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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. 16

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, 2019 through December 31, 2019.

Sincerely,

Kyle Dreyfuss-Wells
Chief Executive Officer

Wh Dr. Well

Cc: E. Luckage

D. Marshall/Project Clean Lake File

NEORSD Semi-Annual Progress Report No. 16 Period from July 1, 2019 to December 31, 2019

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ATTACHMENT 1: 2019 Consent Decree In-Stream Environmental Monitoring

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

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
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: A contract between Friends of the Crooked River and Kokosing is in place for construction of the pump station. A nationwide permit from USACE and a Director's Authorization from Ohio EPA are currently being obtained to authorize the work in the river. Work is scheduled to begin in the Spring once the necessary permits are obtained and the weather improves.

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	 5 blog posts plus updated neorsd.org content regarding Project Clean Lakerelated projects, funding or initiatives between July and December 2019 http://neorsd.org/blog. In addition, relevant social media updates throughout those same months. NEORSD public access television show with TV20 Cleveland, "Clean Water Works" featured multiple episodes with Project Clean Lake content. Produced content for 2019 edition of our Clean Water Works technical magazine focused on tunnels and Project Clean Lake. Distribution planned for January 2020. Some preview content was featured online in November and December. Hosted our Sewer University workshop in November, this time specifically oriented for public officials' assistants. 25 public and council meetings discussing Project Clean Lake construction and green infrastructure updates
Appendix 1 Control Measure 1	Easterly WWTP - Increase Secondary Treatment Capacity	Submit Control Measure Report within 24 months of Achievement of Full Operation	January 1, 2020	In compliance: On December 12, 2019 Control Measure 1 Report was submitted within 24 months of the Achievement of Full Operation date of January 1, 2018. See correspondence from District to EPA dated March 15, 2018.

Table 1: Current Reporting Period CD Requirements

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Compliance Status
Appendix 1 Control Measure 15	Columbus Road Storage Tank	Achievement of Full Operation 2019	December 31, 2019	In compliance: Control Measure 15 met Achievement of Full Operation milestone on December 31, 2019. See supplemental correspondence from District dated December 31, 2019.
Appendix 1 Control Measure 16	Center Street Storage Tank	Achievement of Full Operation 2024	December 31, 2024	In compliance: Control Measure 16 met Achievement of Full Operation on December 31, 2019. See supplemental correspondence from District dated December 31, 2019.
Appendix 1 Control Measure 18	Mary Street Pump Station Upgrade	Submit Control Measure Report within 24 months of Achievement of Full Operation	December 31, 2019	In compliance: On December 20th, 2019 Control Measure 18 Report was submitted.

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 2: Description of this Reporting Period's Current Work and Next Reporting Period's Projected Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Current Period Work Summary	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	Began site-specific post-construction monitoring in the E.102 nd basins of the Union/Buckeye GI Project. The estimated post-gray CSO reduction for this project is 1.0 MG. Began site-specific post-construction monitoring in the Page Basin of the GI components of the E. 140 th Street Consolidation and Relief Sewer (E140) Project. GI components under E140 project are operational, providing some level of CSO benefit through detention, and awaiting activation of DST and E140 to realize full benefit. The estimated post-gray CSO reduction for this project is 5.8 MG. Woodland Central GI project construction substantially complete 12/31/19. The estimated post-gray CSO reduction for this project is 4.2 MG. Began Southerly GI sewershed-specific post-construction monitoring for Slavic Village, Fleet Avenue, Urban Agriculture, Union and Woodland Central.	Continue site-specific post-construction monitoring program for E.102/Buckeye and E140/Page GI Projects. Continue with sewershed-specific post-construction monitoring program for Slavic Village, Fleet Avenue, Urban Agriculture, Union, and Woodland Central. Planning for sewershed-specific post-construction monitoring program for Buckeye, E140, Fairhill MLK, and University Circle. With the activation of DST in Late 2019, the E140 Relief sewer will be activated in 2020. This will allow for the full GI benefits under the E140 project to be realized.
Appendix 1 Control Measure 1	Easterly WWTP - Increase Secondary Treatment Capacity	Bid Year 2014 Achievement of Full Operation 2016 Submit Control Measure Report within 24 months of Achievement of Full Operation	December 31, 2014 December 31, 2016 (Actual AFO January 1, 2018) January 1, 2020	Completed post-construction compliance reporting activities. On December 12 ^{th,} 2019 Control Measure 1 Report was submitted.	Control Measure 1 is complete.
Appendix 1 Control Measure 2	Treatment and Disinfection of CSO 001 Using CEHRT	Work Plan Submittal Pilot Testing Report within 42 months of Work Plan Approval Design Commencement within 6 months of Pilot Testing Report Approval Construction Award within 24 months of Pilot Testing Report Approval Construction Completion Within 54 months of Pilot Testing Report Approval	January 1, 2011 March 20, 2015 Pending Pilot Testing Report Approval	On-going discussions with EPA regarding the June 21, 2018 Modification Request.	Continue discussions with EPA regarding the June 21, 2018 Modification Request.

Table 2: Description of this Reporting Period's Current Work and Next Reporting Period's Projected Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Current Period Work Summary	Next Period Projected Work
Appendix 1 Control Measure 3	Treatment and Disinfection of CSO 002 using CEHRT in all 6 Quadrants (quads)	Work Plan Submittal Demonstration Testing Report within 54 months of Work Plan Approval Design Commencement of 2 additional quads within 6 months of Demonstration Testing Report Approval Construction Award within 24 months of Demonstration Testing Report Approval Construction Completion within 54 months of Demonstration Testing Report Approval	January 1, 2011 March 20, 2016 Pending Demonstration Testing Report Approval	Design on hold pending approval by EPA of Pilot Demonstration Testing Report submitted August 30, 2017 and resolution of other outstanding issues. On June 19, 2018, the District submitted a summary of its position on the NPDES permitting issue associated with CSOTF at Westerly. On June 11, 2019, the District proposed that the outstanding issues with Control Measure 3 be discussed and resolved at an upcoming meeting that was requested by the Agencies. Oustanding issues with Control Measure 3 were discussed at meetings with the Agencies on September 27, 2019 and December 6, 2019. Additional information was submitted to the Agencies by the District as requested.	Design on hold pending approval by EPA of Pilot Demonstration Testing Report submitted August 30, 2017 and resolution of other outstanding issues. Further discussion of outstanding issues at upcoming meeting scheduled for February 7, 2020.
Appendix 1 Control Measure 4	Southerly WWTP - Treatment of Primary Effluent Bypass Demonstration/Pilot Project	Work Plan Submittal Pilot Testing Report within 42 months of Work Plan Approval	January 1, 2011 March 20, 2015	On-going discussions with EPA regarding the June 21, 2018 Modification Request.	Continue discussions with EPA regarding the June 21, 2018 Modification Request.
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 Pilot Testing Report Approval Construction award for plant improvements and PEB CEHRT system within 30 months of Pilot Testing Report Approval	Within 6 months from date of approval of pilot report Within 30 months from date of approval of pilot report	On-going discussions with EPA regarding the June 21, 2018 Modification Request.	Continue discussions with EPA regarding the June 21, 2018 Modification Request.
		Construction Completion of plant improvements and PEB CEHRT system within 60 months of Pilot Testing Report Approval	Within 60 months from date of approval of pilot report		

Table 2: Description of this Reporting Period's Current Work and Next Reporting Period's Projected Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Current Period Work Summary	Next Period Projected Work
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 (ECT): Following removal of the rock plug between ECT and DST and concrete lining of DST, all input gate connections to ECT were re-activated.	Euclid Creek Tunnel (ECT): Operate tunnel to full capacity and begin post contruction monitoring following completion of the E140th and London Road projects in late 2020.
				Easterly Tunnel Dewatering Pump Station (ETDPS): Continued operation with both ECT and DST activated.	Easterly Tunnel Dewatering Pump Station (ETDPS): Continue operation with both ECT and DST activated.
				Dugway Storage Tunnel (DST): Construction complete and all inputs are receiving flow except DST-2, which will become fully active once E140th is complete.	Dugway Storage Tunnel (DST): Operate tunnel to near full capacity and begin post contruction monitoring following completion of the E140th and London Road projects in late 2020.
				East 140 th Street Consolidation and Relief Sewer: Continued construction.	East 140 th Street Consolidation and Relief Sewer: Complete construction and activate relief sewer and regulators to send flow to DST-2.
				London Road Relief Sewer: Continued construction. Dugway Regulators and Relief Sewer: Completed construction on November 1, 2019.	London Road Relief Sewer: Continue construction with completion in Q3 2020.
Appendix 1	Shoreline Tunnel	Bid Year 2021	December 31, 2021	Shoreline Storage Tunnel (SST): Continued design.	Shoreline Storage Tunnel (SST): Continue design.
Control Measure 7	System	Achievement of Full Operation 2027	December 31, 2027	Shoreline Consolidation Sewer (SCS): Issued Notice to Proceed for design.	Shoreline Consolidation Sewer (SCS): Continue design.
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 (DVT): Continued construction. The Woodhill Conveyance Tunnel (WCT) and the DVT are complete. MLK tunnel will be complete in early 2020. Various shafts and structures are also in progress as the contractor and the District have worked to recover from the previous schedule issues. The District will continue to work with contractor to mitigate the potential impact of the delay to Milestone achievement. Doan Valley Relief and Consolidation Sewer: Continued construction.	Doan Valley Tunnel: Continue construction. Doan Valley Relief and Consolidation Sewer: Continue construction and commence activation of the relief sewer. Doan Valley Regulators/Relief Sewers: Complete design and issue construction Notice to Proceed.
				Doan Valley Regulators/Relief Sewers: Continued design.	
Appendix 1 Control Measure Consolidated 9-10-11	Superior Avenue Pump Station (SAPS) Upgrade/ Stones Levee Pump Station (SLPS) Upgrade/ SAPS-SLPS- Canal Road Area Regulator Modification	Bid Year 2017 Achievement of Full Operation 2018	December 31, 2017 December 31, 2018	Superior-Stones-Canal CSO Improvements: Continued post construction compliance activities.	Superior-Stones-Canal CSO Improvements: Continue post construction compliance activities and begin control measure report.

Table 2: Description of this Reporting Period's Current Work and Next Reporting Period's Projected Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Current Period Work Summary	Next Period Projected Work
Appendix 1 Control Measure 14	Westerly Tunnel System	Bid Year 2020 Achievement of Full Operation 2024	December 31, 2020 December 31, 2024	Westerly Tunnel Dewatering Pump Station: Project on hold until completion of Shaft WST-1 and TBM removal under Westerly Storage Tunnel in late 2020. Westerly Storage Tunnel: Continued construction. Westerly Low Level Relief Sewer: Commenced operation and post construction flow monitoring. W. 3 rd Quigley/Westerly Miscellaneous CSO Control: Design was completed in the first half of 2019. Bids submitted did not result in contract award. Commenced re-design of CM 14 portion of project.	Westerly Tunnel Dewatering Pump Station: Commence bidding process. Westerly Storage Tunnel: Continue construction. Westerly Low Level Relief Sewer: Continue post-construction flow monitoring. West 3 rd Quigley / Westerly Miscellaneous CSO Control: Complete re-design of CM 14 portion and commence bidding process.
Appendix 1 Control Measure 15	Columbus Road Storage Tank	Bid Year 2018 Achievement of Full Operation 2019	December 31, 2018 December 31, 2019	Control Measure 15 met Achievement of Full Operation milestone on December 31, 2019.	Begin post-construction monitoring activities for CM 15 (CSO-078).
Appendix 1 Control Measure 16	Center Street Storage Tank	Bid Year 2023 Achievement of Full Operation 2024	December 31, 2023 December 31, 2024	Control Measure 16 met Achievement of Full Operation on December 31, 2019.	Begin post-construction monitoring activities for CM 16 (CSO-076).
Appendix 1 Control Measure 17	West Third Street Storage Tank	Bid Year 2024 Achievement of Full Operation 2025	December 31, 2024 December 31, 2025	Miscellaneous CSO Improvements: Continued design.	Miscellaneous CSO Improvements: Complete design and issue construction Notice to Proceed.
Appendix 1 Control Measure 18	Mary Street Pump Station Upgrade	Bid Year 2015 Achievement of Full Operation 2017 Submit Control Measure Report within 24 months of Achievement of Full Operation	December 31, 2015 December 31, 2017 December 31, 2019	Completed post-construction compliance reporting activities. On December 20, 2019 Control Measure 18 Report was submitted.	Control Measure 18 is complete.
Appendix 1 Control Measure 19	Jefferson Avenue Separation	Bid Year 2027 Achievement of Full Operation 2028	December 31, 2027 December 31, 2028	Construction of Control Measure 19 partially completed under the Mary Street Pump Station Upgrade project (Control Measure 18). Jefferson Avenue Separation: Remaining sewer separation not addressed by Mary Street Pump Station Upgrade project was added to the Morgana & Burke System Improvements project (Control Measure 21) and then moved into a separate project, Miscellaneous CSO Improvements, which continued design.	Miscellaneous CSO Improvements: Complete design and issue construction Notice to Proceed.

Table 2: Description of this Reporting Period's Current Work and Next Reporting Period's Projected Work

Reference	Description	Milestone(s) in CD	Calendar Milestone(s)	Current Period Work Summary	Next Period Projected Work
Appendix 1	West 3 rd /Quigley	Bid Year 2021	December 31, 2021	West 3 rd Quigley / Westerly Miscellaneous CSO Control: Design of	West 3 rd Quigley / Westerly Miscellaneous CSO Control: Complete
Control Measure 20	Parallel Storage System	Achievement of Full Operation 2021	December 31, 2021	CM 20 as described in Modification Request submitted June 21, 2018 was completed in the first half of 2019. CM 20 will be achieved through sewer separation and conversion of CSO-089 to a stormwater-only outfall.	re-design of CM 14 portion of project and commence bidding process.
Appendix 1	Southerly Tunnel	Bid Year 2024	December 31, 2024	Morgana & Burke System Improvements (formerly Morgana Run	Morgana Burke System Improvements (formerly Morgana Run
Control Measure 21	System	Achievement of Full Operation 2030	December 31, 2030	Relief Sewer): Continued design.	Relief Sewers): Complete design and commence bidding.
				Burke Open Channel Improvements: Continued design.	Burke Open Channel Improvements: Continue design.
Appendix 1	CSO 045 Storage Tank	Bid Year 2021	December 31, 2021	Pearl & Jennings Road Storage Tanks and Pump Station Upgrades:	Pearl & Jennings Road Storage Tanks and Pump Station Upgrades:
Control Measure 23		Achievement of Full Operation 2023	December 31, 2023	Continued design.	Continue design.

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. 15	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, 2019	July 31, 2019
Appendix 1 Control Measure 1	Control Measure 1 Report: Increase Secondary Treatment Capacity - Easterly Plant	Submit Control Measure Report within 24 months of Achievement of Full Operation	January 1, 2020	December 12, 2019
Appendix 1 Control Measure 18	Control Measure 18 Report: Mary Street Pump Station Upgrades	Submit Control Measure Report within 24 months of Achievement of Full Operation	December 31, 2019	December 20, 2019

NEORSD Semi-Annual Progress Report No. 16 Period from July 1, 2019 to December 31, 2019

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.

Kyle Dreyfuss-Wells, Chief Executive Officer

Kyll Oz Well

Date

ATTACHMENT 1:

2019 Consent Decree In-Stream Environmental Monitoring

2019 Consent Decree In-Stream Environmental Monitoring Sample Results

Waterbody	Sample Location	Sample Date	Sample ID	Parameter	Code	Result	Units	Analysis Date	MDL	PQL	Method
Big Creek	River Mile 0.15 (EM1)	5/29/2019 10:00	R-1905290002	E. coli		17230	MPN/100 mL	29-May-19	1		SM9223 Colilert
Big Creek	River Mile 0.15 (EM1)	6/21/2019 9:20	R-1906210003	E. coli		16568	MPN/100 mL	21-Jun-19	1		SM9223 Colilert
Big Creek	River Mile 0.15 (EM1)	6/21/2019 9:20	R-1906210005	E. coli		13438	MPN/100 mL	21-Jun-19	1		SM9223 Colilert
Big Creek	River Mile 0.15 (EM1)	5/29/2019 10:00	R-1905290002	Turbidity		62.3	NTU				EPA180.1
Big Creek	River Mile 0.15 (EM1)	6/21/2019 9:20	R-1906210003	Turbidity		80.9	NTU				EPA180.1
Big Creek	River Mile 0.15 (EM1)	6/21/2019 9:20	R-1906210005	Turbidity		85	NTU				EPA180.1
Cuyahoga River	River Mile 0.25 (EM2)	8/7/2019 13:30	R-1908070009	E. coli		9330	MPN/100 mL	7-Aug-19	1		SM9223 Colilert
Ohio Canal	EM10	5/29/2019 8:35	R-1905290003	E. coli		3728	MPN/100 mL	29-May-19	1		SM9223 Colilert
Ohio Canal	EM10	6/6/2019 10:50	R-1906060003	E. coli		4790	MPN/100 mL	6-Jun-19	1		SM9223 Colilert
Ohio Canal	EM10	6/21/2019 9:00	R-1906210004	E. coli		11320	MPN/100 mL	21-Jun-19	1		SM9223 Colilert
Ohio Canal	EM10	7/5/2019 9:20	R-1907050003	E. coli		3090	MPN/100 mL	5-Jul-19	1		SM9223 Colilert
Ohio Canal	EM10	5/29/2019 8:35	R-1905290003	Turbidity		151	NTU				EPA180.1
Ohio Canal	EM10	6/6/2019 10:50	R-1906060003	Turbidity		195	NTU				EPA180.1
Ohio Canal	EM10	6/21/2019 9:00	R-1906210004	Turbidity		787	NTU				EPA180.1
Ohio Canal	EM10	7/5/2019 9:20	R-1907050003	Turbidity		79.2	NTU				EPA180.1
Rocky River	River Mile 2.50 (EM11)	5/29/2019 9:35	R-1905290007	E. coli		34480	MPN/100 mL	29-May-19	1		SM9223 Colilert
Rocky River	River Mile 2.50 (EM11)	6/21/2019 9:50	R-1906210002	E. coli		19775	MPN/100 mL	21-Jun-19	1		SM9223 Colilert
Rocky River	River Mile 2.50 (EM11)	7/5/2019 10:25	R-1907050004	E. coli		6240	MPN/100 mL	5-Jul-19	1		SM9223 Colilert
Rocky River	River Mile 2.50 (EM11)	5/29/2019 9:35	R-1905290007	Turbidity		149	NTU				EPA180.1
Rocky River	River Mile 2.50 (EM11)	6/21/2019 9:50	R-1906210002	Turbidity		586	NTU				EPA180.1
Rocky River	River Mile 2.50 (EM11)	7/5/2019 10:25	R-1907050004	Turbidity		62.9	NTU				EPA180.1
Spring Creek	River Mile 0.30 (EM13)	5/29/2019 9:15	R-1905290004	E. coli		81640	MPN/100 mL	29-May-19	1		SM9223 Colilert
Spring Creek	River Mile 0.30 (EM13)	6/21/2019 9:13	R-1906210006	E. coli		4880	MPN/100 mL	21-Jun-19	1		SM9223 Colilert
Spring Creek	River Mile 0.30 (EM13)	5/29/2019 9:15	R-1905290004	Turbidity		50.8	, NTU				EPA180.1
Spring Creek	River Mile 0.30 (EM13)	6/21/2019 9:13	R-1906210006	Turbidity		27.1	NTU				EPA180.1
West Creek	River Mile 1.95 (EM14)	5/29/2019 8:45	R-1905290005	E. coli		10844	MPN/100 mL	29-May-19	1		SM9223 Colilert
West Creek	River Mile 1.95 (EM14)	5/29/2019 8:45	R-1905290008	E. coli		10900	MPN/100 mL	29-May-19	1		SM9223 Colilert
West Creek	River Mile 1.95 (EM14)	6/6/2019 10:35	R-1906060002	E. coli		5650	MPN/100 mL	6-Jun-19	1		SM9223 Colilert
West Creek	River Mile 1.95 (EM14)	6/21/2019 8:45	R-1906210007	E. coli		6188	MPN/100 mL	21-Jun-19	1		SM9223 Colilert
West Creek	River Mile 1.95 (EM14)	7/5/2019 9:45	R-1907050002	E. coli		3385	MPN/100 mL	5-Jul-19	1		SM9223 Colilert
West Creek	River Mile 1.95 (EM14)	5/29/2019 8:45	R-1905290005	Turbidity		59.8	NTU	2 22. 22			EPA180.1
West Creek	River Mile 1.95 (EM14)	5/29/2019 8:45	R-1905290008	Turbidity		59.2	NTU				EPA180.1
West Creek	River Mile 1.95 (EM14)	6/6/2019 10:35	R-1906060002	Turbidity		49.4	NTU				EPA180.1
West Creek	River Mile 1.95 (EM14)	6/21/2019 8:45	R-1906210007	Turbidity		65	NTU				EPA180.1
West Creek	River Mile 1.95 (EM14)	7/5/2019 9:45	R-1907050002	Turbidity		6	NTU				EPA180.1
Treadway Creek	River Mile 0.40 (EM15)	5/29/2019 9:45	R-1905290006	E. coli		2963	MPN/100 mL	29-May-19	1		SM9223 Colilert
Treadway Creek	River Mile 0.40 (EM15)	6/21/2019 9:30	R-1906210008	E. coli		1878	MPN/100 mL	21-Jun-19	1		SM9223 Colilert
Treadway Creek	River Mile 0.40 (EM15)	5/29/2019 9:45	R-1905290006	Turbidity		5	NTU	21 3011 13	-		EPA180.1
Treadway Creek	River Mile 0.40 (EM15)	6/21/2019 9:30	R-1906210008	Turbidity		11.9	NTU				EPA180.1
Treativay Creek	NIVEL WITHE U.40 (EIVITS)	0/21/2019 9.30	V-120051000Q	ruibluity		11.9	INTO				EFA10U.1

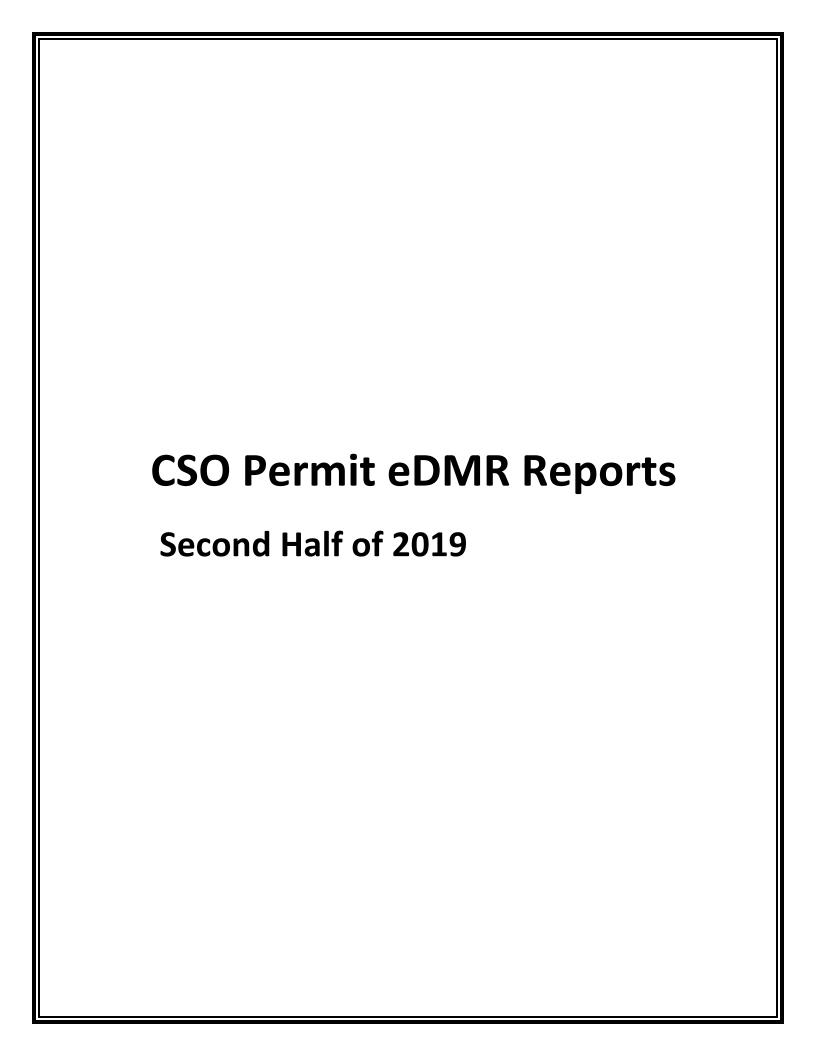


Appendix:

Current CSO Permit eDMR 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."



878026 STATUS:
Northeast Ohio Regional SD
PERMIT NUMBER:
STATION CODE: Original 3PA00002*HD SUBMISSION ID: FACILITY:

025 LOCATION: <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD: REPORTING LAB:

COUNTY: Cuyahoga NEDO NEORSD NEORSD DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume	Collection System Visit Core Person ID						
PARAMETER CODE	74062	74063	79859						
UNITS	No./Month	Million Gallons	Number						
FREQUENCY	When Disch.	When Disch.	1/Day						
SAMPLING TYPE	Total	24hr Total	Total						
2019-07-01			1119033						
2019-07-02			1046036						
2019-07-03			1141895						
2019-07-04			1112170						
2019-07-05			1144715						
2019-07-06									
2019-07-07									
2019-07-08			1117576						
2019-07-09			1115968						
2019-07-10			1115968						
2019-07-11			1082236						
2019-07-12			1061676						
2019-07-13									
2019-07-14									
2019-07-15			1082236						
2019-07-16			1082236						
2019-07-17			1082236						
2019-07-18			1046042						
2019-07-19			1141895						
2019-07-20									
2019-07-21									
2019-07-22			1119033						
2019-07-23			1102263						
2019-07-24			1102263		-				
2019-07-25			1102263						
2019-07-26			1144715						
2019-07-27			1111713						
2019-07-28		 							
2019-07-29		 	1117576						
2019-07-30		 	1046036		_			—	
2019-07-31			1106089		_			 	
Minimum		1	1046036.0					-	
Maximum		 	1144715.0		_			\vdash	
Average		 	1101398.08696						
Count			23			-			
Name of Responsible Official or Authorized Representative	Logetify under the men-la	y of law that I have personal		r with the	Signature of Respo	nsible Official o	r Authorized Representativ		nission
Authorized Representative Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am awar	y of law that I have personal erein and based on my inquir g the information, I believe the e that there are significant per of fine and imprisonment.	y of those individuals imme ne submitted information is t	diately rue, accurate				201	9-08- 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 035 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow	Overflow						
DADAMETED	Occurrence	Volume			\rightarrow			
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-07-01								
2019-07-02	1	0.0088						
2019-07-03								
2019-07-04	1	0.0272						
2019-07-05								
2019-07-06								
2019-07-07								
2019-07-08								
2019-07-09								
2019-07-10								
2019-07-11								
2019-07-12								
2019-07-13								
2019-07-14								
2019-07-15	1	0.0775						
2019-07-16								
2019-07-17	1	0.2288						
2019-07-18								
2019-07-19								
2019-07-20								
2019-07-21								
2019-07-22	1	0.0111						
2019-07-23								
2019-07-24								
2019-07-25								
2019-07-26								
2019-07-27								
2019-07-28								
2019-07-29								
2019-07-30								
2019-07-31								
Minimum	1.0	0.0088		,				
Maximum	1.0	0.2288						
Average	1	0.07068						
Count	5	5						
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	r with the	Signat	ture of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	rein and based on my inquiry the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				2019-08 16 15:08

SUBMISSION ID: 878026 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 038

LOCATION: 3826 Euclid Ave <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

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							
2019-07-01									
2019-07-02									
2019-07-03									
2019-07-04									
2019-07-05									
2019-07-06									
2019-07-07									
2019-07-08									
2019-07-09									
2019-07-10									
2019-07-11									
2019-07-12									
2019-07-13									
2019-07-14									
2019-07-15									
2019-07-16									
2019-07-17									
2019-07-18									
2019-07-19									
2019-07-20									
2019-07-21									
2019-07-22									
2019-07-23									
2019-07-24									
2019-07-25									
2019-07-26									
2019-07-27									
2019-07-28									
2019-07-29									
2019-07-30									
2019-07-31									$\overline{}$
Minimum									
Maximum									
Average									
Count									
Name of Responsible Official or Authorized Representative	I certify under the penalty	y of law that I have personall	ly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	2	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	rein and based on my inquir the information, I believe the that there are significant peof fine and imprisonment.	e submitted information is	true, accurate					2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 040

LOCATION: <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

		Nitrogen,	1		1	· · · · · · · · · · · · · · · · · · ·	
PARAMETER	Total Suspended Solids	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
2019-07-01							
2019-07-02							1
2019-07-03							
2019-07-04							
2019-07-05							1
2019-07-06							
2019-07-07							
2019-07-08							
2019-07-09							
2019-07-10							
2019-07-11							
2019-07-12							
2019-07-13							
2019-07-14							
2019-07-15							
2019-07-16							
2019-07-17							1
2019-07-18							1
2019-07-19							
2019-07-20							
2019-07-21							
2019-07-21					1		1
2019-07-23							1
2019-07-24					1		
2019-07-25							
2019-07-26					1		
2019-07-27					1		
2019-07-28							
2019-07-28							
2019-07-29					-		1
2019-07-30			—		-		1
	 		-		 		
Minimum Maximum	 		-		-	-	1.0
Average	 						1.0
Count							6
Name of Responsible Official or	Loartify under the nonelty	of law that I have named	lly examined and am familia	Sign	ature of Responsible Official	or Authorized Representative	Submission
Authorized Representative Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inqui the information, I believe t that there are significant p	ry of those individuals imme he submitted information is enalties for submitting false	ediately true, accurate			2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

040 LOCATION: **MONITORING** <u>2019-07-01</u> To: <u>2019-07-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Volume	CBOD 5 day							
PARAMETER CODE	74063	80082							
UNITS	Million Gallons	mg/l							
FREQUENCY	When Disch.	When Disch.					ĺ		
SAMPLING TYPE	24hr Total	Grab							
2019-07-01									
2019-07-02	0.7734								
2019-07-03	0.0766								
2019-07-04									
2019-07-05	0.7699								
2019-07-06									
2019-07-07									
2019-07-08									
2019-07-09									
2019-07-10									
2019-07-11									
2019-07-12									
2019-07-13									
2019-07-14									
2019-07-15									
2019-07-16									
2019-07-17	1.7156								
2019-07-18									
2019-07-19									
2019-07-20									
2019-07-21									
2019-07-22	0.3903								
2019-07-23									
2019-07-24									
2019-07-25									
2019-07-26									
2019-07-27									
2019-07-28									
2019-07-29									
2019-07-30	0.0036								
2019-07-31	0.1536								
Minimum	0.0036		ĺ				ĺ		
Maximum	1.7156								
Average	0.55471								
Count	7								
Name of Responsible Official or Authorized Representative			lly examined and am famili		Signat	ture of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	he information, I believe that there are significant p	ry of those individuals imme ne submitted information is enalties for submitting false	true, accurate					2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 044 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.						\vdash	
SAMPLING TYPE	Total	24hr Total							
2019-07-01									
2019-07-02									
2019-07-03									
2019-07-04	1	0.0100							
2019-07-05									
2019-07-06									
2019-07-07	1	0.0043							
2019-07-08									
2019-07-09									_
2019-07-10									
2019-07-11									
2019-07-12									
2019-07-13									
2019-07-14									
2019-07-15									
2019-07-16									
2019-07-17	1	0.0051							
2019-07-18									
2019-07-19									
2019-07-20									
2019-07-21									
2019-07-22									
2019-07-23									
2019-07-24									
2019-07-25									
2019-07-26									
2019-07-27									
2019-07-28									
2019-07-29									
2019-07-30									
2019-07-31									
Minimum	1.0	0.0043							
Maximum	1.0	0.01							
Average	1	0.00647							
Count	3	3							
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am famili	ar with the	Signature of R	esponsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	erein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	submitted information is	true, accurate					2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 045 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-07-01									
2019-07-02									
2019-07-03									
2019-07-04	1	0.0957							
2019-07-05									
2019-07-06									
2019-07-07	1	0.0131							
2019-07-08									
2019-07-09									
2019-07-10									
2019-07-11									
2019-07-12									
2019-07-13									
2019-07-14									
2019-07-15									
2019-07-16									
2019-07-17	1	0.0244							
2019-07-18									
2019-07-19									
2019-07-20									
2019-07-21									
2019-07-22									
2019-07-23									
2019-07-24									
2019-07-25									
2019-07-26									
2019-07-27									
2019-07-28									
2019-07-29									
2019-07-30									
2019-07-31									
Minimum	1.0	0.0131							
Maximum	1.0	0.0957							
Average	1	0.0444							
Count	3	3							
Name of Responsible Official or Authorized Representative		y of law that I have personall			Sign	ature of Responsible Official	or Authorized Representative	е	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	erein and based on my inquiry the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate			Рада		2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 056 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.			1		
SAMPLING TYPE	Total	24hr Total			1		
2019-07-01							
2019-07-02							
2019-07-03							
2019-07-04	1	0.8806					
2019-07-05							
2019-07-06							
2019-07-07							
2019-07-08							
2019-07-09							
2019-07-10							
2019-07-11							
2019-07-12							
2019-07-13							
2019-07-14							
2019-07-15	1	0.4031					
2019-07-16							
2019-07-17	1	0.2830					
2019-07-18							
2019-07-19							
2019-07-20							
2019-07-21							
2019-07-22	1	0.3725					
2019-07-23							
2019-07-24							
2019-07-25							
2019-07-26							
2019-07-27							
2019-07-28							
2019-07-29							
2019-07-30							
2019-07-31							
Minimum	1.0	0.283					
Maximum	1.0	0.8806					
Average	1	0.4848					
Count	4	4		<u> </u>	1		
Name of Responsible Official or Authorized Representative	information submitted he	y of law that I have personall erein and based on my inquiry	y of those individuals imme	ar with the ediately	nature of Responsible Official	or Authorized Representative	Date/Time
Kevin Zebrowski	and complete. I am awar	the information, I believe the that there are significant pe of fine and imprisonment.					2019-08- 16 15:08
						Page	0

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 058 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.		 	_				
SAMPLING TYPE	Total	24hr Total							
2019-07-01									
2019-07-02									
2019-07-03									
2019-07-04	1	14.4683							
2019-07-05									
2019-07-06									
2019-07-07									
2019-07-08									•
2019-07-09									•
2019-07-10									
2019-07-11									
2019-07-12									
2019-07-13									
2019-07-14									
2019-07-15	1	2.5800							
2019-07-16									
2019-07-17	1	6.8903							
2019-07-18									
2019-07-19									
2019-07-20									
2019-07-21	1	0.6625							
2019-07-22	1	5.7695							
2019-07-23									
2019-07-24									
2019-07-25									•
2019-07-26									•
2019-07-27									
2019-07-28									
2019-07-29									
2019-07-30									
2019-07-31									
Minimum	1.0	0.6625			<u> </u>				
Maximum	1.0	14.4683							
Average	1	6.07412							
Count	5	5							
Name of Responsible Official or Authorized Representative		y of law that I have personall			Signature o	of Responsible Official	or Authorized Representativ		Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	erein and based on my inquiry the information, I believe the e that there are significant per of fine and imprisonment.	e submitted information is	true, accurate				2	2019-08- 6 15:08

SUBMISSION ID:878026STATUS:OriginalFACILITY:Northeast Ohio Regional SDPERMIT NUMBER:3PA00002*HDLOCATION:3826 Euclid AveSTATION CODE:059

Cleveland OH 44115 MONITORING 2019-07-01 To: 2019-07-31

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

PARAMETER	Overflow	Overflow						
	Occurrence	Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-07-01								
2019-07-02								
2019-07-03								
2019-07-04	1	0.3465						
2019-07-05								
2019-07-06								
2019-07-07								
2019-07-08								
2019-07-09								
2019-07-10								
2019-07-11								
2019-07-12								
2019-07-13								
2019-07-14								
2019-07-15	1	0.1417						
2019-07-16								
2019-07-17	1	0.3636						
2019-07-18								
2019-07-19								
2019-07-20								
2019-07-21								
2019-07-22								
2019-07-23								
2019-07-24								
2019-07-25								
2019-07-26								
2019-07-27								
2019-07-28								
2019-07-29								
2019-07-30								
2019-07-31								
Minimum	1.0	0.1417			Ţ			
Maximum	1.0	0.3636						
Average	1	0.28393						
Count	3	3		<u> </u>	e! /	ture of Desper-thi- Off 1	or Authorized Representative	e Submission
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall rein and based on my inquir	y examined and am familia	r with the	Signat	ture of Responsible Official	or Admorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 069 **MONITORING** <u>2019-07-01</u> To: <u>2019-07-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume							
PARAMETER	Occurrence	Volume						 	
CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-07-01									
2019-07-02									
2019-07-03									
2019-07-04									
2019-07-05									
2019-07-06									
2019-07-07									
2019-07-08									
2019-07-09									
2019-07-10									
2019-07-11									
2019-07-12									
2019-07-13									
2019-07-14									
2019-07-15									
2019-07-16									
2019-07-17									
2019-07-18									
2019-07-19									
2019-07-20									
2019-07-21									
2019-07-22									
2019-07-23									
2019-07-24									
2019-07-25									
2019-07-26									
2019-07-27									
2019-07-28									
2019-07-29									
2019-07-30									
2019-07-31									
Minimum									
Maximum									
Average									
Count									
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personal	ly examined and am familia	r with the	Signature of Resp	onsible Official	or Authorized Representativ	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	rein and based on my inquir the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 072

LOCATION: **MONITORING** <u>2019-07-01</u> To: <u>2019-07-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

		IND	icator:					
PARAMETER	Overflow Occurrence	Overflow Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-07-01								
2019-07-02								
2019-07-03								
2019-07-04								
2019-07-05	1	0.1660						
2019-07-06								
2019-07-07								
2019-07-08								
2019-07-09								
2019-07-10								
2019-07-11								
2019-07-12								
2019-07-13								
2019-07-14								
2019-07-15								
2019-07-16								
2019-07-17	1	0.0088						
2019-07-17	1	0.0000						
2019-07-18								
2019-07-19								
2019-07-20								
2019-07-21								
2019-07-22								
2019-07-24								
2019-07-25								
2019-07-26								
2019-07-20								
2019-07-28								
2019-07-28								
2019-07-30								
2019-07-31	1.0	0.0000						ļ
Minimum	1.0	0.0088						
Maximum	1.0	0.166						-
Average Count	2	0.0874						
Name of Responsible Official or	<u>'</u>				Sign	ature of Responsible Official	Cor Authorized Representative	e Submission
Authorized Representative Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am aware	y of law that I have personall rein and based on my inquir- the information, I believe th e that there are significant pe of fine and imprisonment.	y of those individuals imme e submitted information is	ediately true, accurate	~- 			2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 080 **MONITORING** <u>2019-07-01</u> To: <u>2019-07-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-07-01							
2019-07-02							1
2019-07-03							
2019-07-04							1
2019-07-05							
2019-07-06							
2019-07-07							
2019-07-08							
2019-07-09							
2019-07-10							
2019-07-11							
2019-07-12							
2019-07-13			1				
2019-07-14							
2019-07-15							1
2019-07-16							1
2019-07-17							
2019-07-18							
2019-07-19							
2019-07-20							1
2019-07-21							
2019-07-22							1
2019-07-23							-
2019-07-24							
2019-07-25							
2019-07-26							
2019-07-27							
2019-07-28					1		
2019-07-29						\vdash	
2019-07-30					 		
2019-07-31					1		
Minimum	<u>"</u>		1			 	1.0
Maximum	 		 		 		1.0
Average			İ		<u> </u>		1
Count			ĺ		<u> </u>		6
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have persona	lly examined and am familia	Sign or with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inqui he information, I believe t that there are significant p	ry of those individuals immo he submitted information is enalties for submitting false	ediately true, accurate			2019-08- 16 15:08

SUBMISSION ID:878026STATUS:OriginalFACILITY:Northeast Ohio Regional SDPERMIT NUMBER:3PA00002*HDLOCATION:3826 Euclid AveSTATION CODE:080

Cleveland OH 44115 MONITORING 2019-07-01 To: 2019-07-31

Cleveland, OH 44115 MONITORING 2019-07-01 10:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

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							
2019-07-01									
2019-07-02	2.3248								
2019-07-03	0.3608								
2019-07-04	7.2916								
2019-07-05									
2019-07-06									
2019-07-07									
2019-07-08									
2019-07-09									
2019-07-10									
2019-07-11									
2019-07-12									
2019-07-13									
2019-07-14									
2019-07-15	2.6550								
2019-07-16	2.2108								
2019-07-17	8.8627								
2019-07-18									
2019-07-19									
2019-07-20	1.2905								
2019-07-21									
2019-07-22	4.0374								
2019-07-23									
2019-07-24									
2019-07-25									
2019-07-26									
2019-07-27									
2019-07-28									
2019-07-29									
2019-07-30									
2019-07-31			<u> </u>					<u> </u>	
Minimum	0.3608								
Maximum	8.8627								
Average	3.6292								
Count	8		<u> </u>		Signe	ature of Responsible Official	or Authorized Representative	e Submissi	ion
Name of Responsible Official or Authorized Representative	information submitted her responsible for obtaining t	ein and based on my inquir he information, I believe the	lly examined and am familia ry of those individuals imme ne submitted information is	diately true, accurate		nare of responsible Official	o. Audiorized representative	Date/Tin	ne
Kevin Zebrowski	and complete. I am aware including the possibility o	that there are significant po f fine and imprisonment.	enalties for submitting false	information,				16 15:	

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD LOCATION: 088

MONITORING <u>2019-07-01</u> To: <u>2019-07-31</u>

Cleveland, OH 44115 PERIOD: COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB:

DISTRICT:

ANALYST: 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	24hr Total						
2019-07-01								
2019-07-02	1	0.7645						
2019-07-03								
2019-07-04	1	0.5200						
2019-07-05								
2019-07-06								
2019-07-07								
2019-07-08								
2019-07-09								
2019-07-10								
2019-07-11								
2019-07-12								
2019-07-13								
2019-07-14								
2019-07-15	1	0.2270						
2019-07-16	1	0.1890						
2019-07-17		0.6238						
2019-07-18								
2019-07-19								
2019-07-20								
2019-07-21								
2019-07-22	1	0.2549						
2019-07-23								
2019-07-24								
2019-07-25								
2019-07-26								
2019-07-27								
2019-07-28								
2019-07-29								
2019-07-30								
2019-07-31								
Minimum	1.0	0.189		1				
Maximum	1.0	0.7645						
Average	1	0.42987		1				
Count	5	6						
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personall	ly examined and am famil	iar with the	Signature of Respo	nsible Official or A	authorized Representative	Submission Date/Time
Kevin Zebrowski	information submitted her responsible for obtaining and complete. I am aware	rein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	y of those individuals imn e submitted information i	nediately s true, accurate				2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 200 **MONITORING** <u>2019-07-01</u> To: <u>2019-07-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

	, ,	27.		·			
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
2019-07-01							
2019-07-02							1
2019-07-03							
2019-07-04							1
2019-07-05							
2019-07-06							1
2019-07-07							
2019-07-08							
2019-07-09							
2019-07-10							
2019-07-11							
2019-07-12							
2019-07-13							
2019-07-14							
2019-07-15							1
2019-07-16							1
2019-07-17							
2019-07-18							
2019-07-19							
2019-07-20							1
2019-07-21							1
2019-07-22							
2019-07-23							
2019-07-24							
2019-07-25							
2019-07-26							
2019-07-27			 		1		
2019-07-27							
2019-07-28			 		 		
2019-07-29			 		 		1
2019-07-31			 		 		<u> </u>
Minimum							1.0
Maximum			<u> </u>		 		1.0
Average			1		<u> </u>		1
Count							8
Name of Responsible Official or Authorized Representative	Certify under the nepalty	of law that I have persona	lly examined and am familia	Sign or with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inqui he information, I believe t that there are significant p	try of those individuals immediate the submitted information is enalties for submitting false	ediately true, accurate			2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 200 **MONITORING** <u>2019-07-01</u> To: <u>2019-07-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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							
2019-07-01									
2019-07-02	0.8402								
2019-07-03	0.0586								
2019-07-04	0.1717								
2019-07-05									
2019-07-06	0.0100								
2019-07-07									
2019-07-08									
2019-07-09									
2019-07-10									
2019-07-11									
2019-07-12									
2019-07-13									
2019-07-14									
2019-07-15	0.4091								
2019-07-16	0.3782								
2019-07-17	0.4683								
2019-07-18									
2019-07-19									
2019-07-20	0.0973								
2019-07-21	0.0463								
2019-07-22	0.2206								
2019-07-23									
2019-07-24									
2019-07-25									
2019-07-26									
2019-07-27									
2019-07-28									
2019-07-29									
2019-07-30	1.4903								
2019-07-31									
Minimum	0.01								
Maximum	1.4903								
Average	0.38096							<u> </u>	
Count	11							<u> </u>	
Name of Responsible Official or Authorized Representative			lly examined and am famili		Signatu	ure of Responsible Official	or Authorized Representative	e	Submission Date/Time
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.							2019-08- 16 15:08		

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 202

LOCATION: <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

		271		ī			
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
2019-07-01							
2019-07-02							1
2019-07-03							
2019-07-04							
2019-07-05							
2019-07-06							
2019-07-07							
2019-07-08							
2019-07-09							
2019-07-10							
2019-07-11							
2019-07-12							
2019-07-13							
2019-07-14							
2019-07-15							1
2019-07-16							1
2019-07-17							
2019-07-18							
2019-07-19							
2019-07-20							1
2019-07-21							
2019-07-22							
2019-07-23							
2019-07-24							
2019-07-25							
2019-07-26							
2019-07-27					 		
2019-07-27							
2019-07-28					 		
2019-07-29					 		1
2019-07-30					 		<u> </u>
Minimum							1.0
Maximum	 				 		1.0
Average					 		1
Count					<u> </u>		5
Name of Responsible Official or	Legrify under the negative	of law that I have nersons	lly examined and am familia	Sign or with the	nature of Responsible Official	or Authorized Representative	Submission
Authorized Representative Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inqui he information, I believe t that there are significant p	ry of those individuals imme the submitted information is enalties for submitting false	ediately true, accurate			2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 202 **MONITORING** <u>2019-07-01</u> To: <u>2019-07-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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							
2019-07-01									
2019-07-02	1.5941								
2019-07-03									
2019-07-04									
2019-07-05									
2019-07-06									
2019-07-07									
2019-07-08									
2019-07-09									
2019-07-10									
2019-07-11									
2019-07-12									
2019-07-13									
2019-07-14									
2019-07-15	0.0184								
2019-07-16	0.2439								
2019-07-17	0.0135								
2019-07-18									
2019-07-19									
2019-07-20	0.0080								
2019-07-21									
2019-07-22									
2019-07-23									
2019-07-24									
2019-07-25									
2019-07-26									
2019-07-27									
2019-07-28									
2019-07-29									
2019-07-30	0.1598								
2019-07-31									
Minimum	0.008								
Maximum	1.5941							<u> </u>	
Average	0.33962								
Count	6				et.	nture of Pornor-ibl- Off ' 1	or Authorized Representative	<u> </u>	Submission
Name of Responsible Official or Authorized Representative	I certify under the penalty information submitted her	of law that I have personal ein and based on my inqui	lly examined and am familia y of those individuals imme	r with the	Signa	iture of Responsible Official	or Audiorized Representative		Date/Time
Kevin Zebrowski	responsible for obtaining t	he information, I believe that there are significant pe	ne submitted information is enalties for submitting false	true, accurate					2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 206 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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	
2019-07-01								
2019-07-02							1	
2019-07-03								
2019-07-04								
2019-07-05								
2019-07-06								
2019-07-07								
2019-07-08								
2019-07-09								
2019-07-10								
2019-07-11								
2019-07-12								
2019-07-13			1					
2019-07-14								
2019-07-15								
2019-07-16							1	
2019-07-17								
2019-07-18								
2019-07-19								
2019-07-20							1	
2019-07-21								
2019-07-22								
2019-07-23								
2019-07-24								
2019-07-25								
2019-07-26								
2019-07-27					1			
2019-07-28					1			
2019-07-29								
2019-07-30			1		1			
2019-07-30			1		1	 		
Minimum			1		1	 	1.0	
Maximum			 		 		1.0	
Average			<u> </u>				1	
Count			ĺ		<u> </u>		3	
Name of Responsible Official or Authorized Representative	Certify under the nenalty	of law that I have nersona	Ilv examined and am familia	Sign or with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time	
Kevin Zebrowski	l 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.							

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD LOCATION: 206

MONITORING <u>2019-07-01</u> To: <u>2019-07-31</u> Cleveland, OH 44115

PERIOD: COUNTY: REPORTING LAB:

Cuyahoga NEDO NEORSD NEORSD DISTRICT: ANALYST:

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					
2019-07-01							
2019-07-02	0.0513						
2019-07-03							
2019-07-04							
2019-07-05							
2019-07-06							
2019-07-07							
2019-07-08							
2019-07-09							
2019-07-10							
2019-07-11							
2019-07-12							
2019-07-13							
2019-07-14							
2019-07-15							
2019-07-16	0.0880						
2019-07-17							
2019-07-18							
2019-07-19							
2019-07-20	1.4662						
2019-07-21	0.1827						
2019-07-22							
2019-07-23							
2019-07-24							
2019-07-25							
2019-07-26							
2019-07-27							
2019-07-28							
2019-07-29							
2019-07-30							
2019-07-31							
Minimum	0.0513						
Maximum	1.4662				ļ		
Average	0.44705				ļ		
Count Name of Responsible Official or	4			e:-	nature of Responsible Official	or Authorized Pennses 4-4	Submission
Authorized Representative	information submitted her	ein and based on my inquir	lly examined and am familia y of those individuals imme ne submitted information is	ar with the ediately	nature of Responsible Official	or Audiorized Representative	Date/Time
Kevin Zebrowski		that there are significant pe	enalties for submitting false			Рада	16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 211

LOCATION: <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow	Overflow						
	Occurrence	Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-07-01								
2019-07-02								
2019-07-03								
2019-07-04								
2019-07-05	1	0.0008						
2019-07-06								
2019-07-07								
2019-07-08								
2019-07-09								
2019-07-10								
2019-07-11								
2019-07-12								
2019-07-13								
2019-07-14								
2019-07-15								
2019-07-16								
2019-07-17								
2019-07-18								
2019-07-19								
2019-07-20	1	0.5965						
2019-07-21								
2019-07-22								
2019-07-23								
2019-07-24								
2019-07-25								
2019-07-26		 						
2019-07-27		 						
2019-07-28								
2019-07-29		 						
2019-07-30		 						
2019-07-31		 						
Minimum	1.0	8.0E-4						
Maximum	1.0	0.5965						
Average	1	0.29865						
Count	2	2						
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	r with the	Signat	ture of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am aware	rein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	y of those individuals imme e submitted information is	diately true, accurate				2019-08 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 218 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

		NT'.						
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	
2019-07-01								
2019-07-02							1	
2019-07-03								
2019-07-04								
2019-07-05							1	
2019-07-06								
2019-07-07								
2019-07-08								
2019-07-09								
2019-07-10								
2019-07-11								
2019-07-12								
2019-07-13								
2019-07-14								
2019-07-15							1	
2019-07-16							1	
2019-07-17								
2019-07-18								
2019-07-19								
2019-07-20							1	
2019-07-21								
2019-07-22							1	
2019-07-23								
2019-07-24								
2019-07-25								
2019-07-26								
2019-07-27								
2019-07-28								
2019-07-29								
2019-07-30			 		1		1	
2019-07-30			 		 		<u> </u>	
Minimum						<u> </u>	1.0	
Maximum			<u> </u>		 		1.0	
Average			1		<u> </u>		1.0	
Count			<u> </u>		<u> </u>		7	
Name of Responsible Official or	Legrify under the negative	of law that I have nersons	lly examined and am familia	Sign	nature of Responsible Official	or Authorized Representative	Submission	
Authorized Representative Kevin Zebrowski	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.							

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD LOCATION: 218

MONITORING <u>2019-07-01</u> To: <u>2019-07-31</u> Cleveland, OH 44115

PERIOD: COUNTY: REPORTING LAB:

Cuyahoga NEDO NEORSD NEORSD DISTRICT: ANALYST:

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							
2019-07-01									
2019-07-02	0.0547								
2019-07-03	0.0054								
2019-07-04									
2019-07-05	0.0046								
2019-07-06									
2019-07-07									
2019-07-08									
2019-07-09									
2019-07-10									
2019-07-11									
2019-07-12									
2019-07-13									
2019-07-14									
2019-07-15	0.0203								
2019-07-16	0.0477								
2019-07-17	0.2223								
2019-07-18									
2019-07-19									
2019-07-20	0.0429								
2019-07-21									
2019-07-22	0.0268								
2019-07-23									
2019-07-24									
2019-07-25									
2019-07-26									
2019-07-27									
2019-07-28									
2019-07-29									
2019-07-30	0.2125								
2019-07-31									
Minimum	0.0046								
Maximum	0.2223								
Average	0.0708							<u> </u>	
Count	9			<u> </u>				<u> </u>	
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have persona	lly examined and am famili- ry of those individuals imm	ar with the	Signa	ature of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe to that there are significant p	ry of those individuals imm ne submitted information is enalties for submitting false	true, accurate				24	2019-08- 16 15:08

 SUBMISSION ID:
 878026
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 232

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 232

 Cleveland OH 44115
 MONITORING
 2019-07-01 To: 2019-07-31

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

		INDI					
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					
2019-07-01	AH	AH					
2019-07-02	AH	AH					
2019-07-03	AH	AH					
2019-07-04	AH	AH					
2019-07-05	AH	AH					
2019-07-06	AH	AH					
2019-07-07	AH	AH					
2019-07-08	AH	AH					
2019-07-09	AH	AH					
2019-07-10	AH	АН					
2019-07-11	AH	AH					
2019-07-12	AH	AH					
2019-07-13	AH	AH					
2019-07-14	AH	AH					
2019-07-15	AH	AH					
2019-07-16	AH	AH					
2019-07-17	AH	AH					
2019-07-18	AH	АН					
2019-07-19	AH	АН					
2019-07-20	AH	АН					
2019-07-21	AH	АН					
2019-07-22	AH	AH					
2019-07-23	AH	АН					
2019-07-24	AH	AH					
2019-07-25	AH	АН					
2019-07-26	AH	AH					
2019-07-27	AH	AH					
2019-07-28	AH	АН					
2019-07-29	АН	АН					
2019-07-30	АН	АН					
2019-07-31	AH	АН					
Minimum							
Maximum							
Average							
Count	I.					L	
Name of Responsible Official or Authorized Representative		of law that I have personall rein and based on my inquir		ar with the	ignature of Responsible Official	or Authorized Representativ	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining	the information, I believe the that there are significant pe	e submitted information is	true, accurate			2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 239 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST: AL

NO DISCHARGE

INDICATOR:

	L	Nitrogen,	T		T		
PARAMETER	Total Suspended Solids	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
2019-07-01							
2019-07-02							
2019-07-03							
2019-07-04							
2019-07-05							
2019-07-06							
2019-07-07							
2019-07-08							
2019-07-09							
2019-07-10							
2019-07-11							
2019-07-12							
2019-07-13							
2019-07-14							
2019-07-15							
2019-07-16							
2019-07-17							
2019-07-18							
2019-07-19							
2019-07-20							
2019-07-21							
2019-07-22							
2019-07-23							
2019-07-24							
2019-07-25							
2019-07-26							
2019-07-27							
2019-07-28							
2019-07-29							
2019-07-30			 		1		
2019-07-30			 		 		
Minimum							
Maximum			<u> </u>		 		
Average			1		<u> </u>		
Count			<u> </u>		<u> </u>		
Name of Responsible Official or	Legrify under the negative	of law that I have nersons	lly examined and am familia	Sign or with the	nature of Responsible Official	or Authorized Representative	
Authorized Representative Kevin Zebrowski	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 exponsible 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.						

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 239 **MONITORING** <u>2019-07-01</u> To: <u>2019-07-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

INDICATOR:

PARAMETER	Overflow Volume	CBOD 5 day						
PARAMETER CODE	74063	80082						
UNITS	Million Gallons	mg/l						
FREQUENCY	When Disch.	When Disch.				ĺ		
SAMPLING TYPE	24hr Total	Grab				ĺ		
2019-07-01								
2019-07-02								
2019-07-03								
2019-07-04								
2019-07-05								
2019-07-06								
2019-07-07								
2019-07-08								
2019-07-09								
2019-07-10								
2019-07-11								
2019-07-12								
2019-07-13								
2019-07-14								
2019-07-15								
2019-07-16								
2019-07-17								
2019-07-18								
2019-07-19								
2019-07-20								
2019-07-21								
2019-07-22								
2019-07-23								
2019-07-24								
2019-07-25								
2019-07-26								
2019-07-27								
2019-07-28								
2019-07-29								
2019-07-30								
2019-07-31								
Minimum								
Maximum					-			
Average								
Count Name of Responsible Official or	<u> </u>				Signature -	f Responsible Official	r Authorized Representative	Submission
Authorized Representative	I certify under the penalty information submitted her	of law that I have personal ein and based on my inquir	ly examined and am familia y of those individuals imme	r with the	эндините 01	a responsible Official (Authorized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe the that there are significant pe	ne submitted information is enalties for submitting false	true, accurate				2019-08- 16 15:08

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 242 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume									
PARAMETER CODE	74062	74063									
UNITS	No./Month	Million Gallons									
FREQUENCY	When Disch.	When Disch.	hen Disch.								
SAMPLING TYPE	Total	24hr Total									
2019-07-01											
2019-07-02											
2019-07-03											
2019-07-04											
2019-07-05											
2019-07-06											
2019-07-07											
2019-07-08											
2019-07-09											
2019-07-10											
2019-07-11											
2019-07-12											
2019-07-13											
2019-07-14											
2019-07-15											
2019-07-16											
2019-07-17											
2019-07-18											
2019-07-19											
2019-07-20	1	4.9468									
2019-07-21											
2019-07-22											
2019-07-23											
2019-07-24											
2019-07-25											
2019-07-26											
2019-07-27											
2019-07-28											
2019-07-29											
2019-07-30											
2019-07-31											
Minimum	1.0	4.9468									
Maximum	1.0	4.9468									
Average	1	4.9468									
Count	1	1									
Name of Responsible Official or Authorized Representative		y of law that I have personall		ar with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time				
Kevin Zebrowski	responsible for obtaining and complete. I am awar	erein and based on my inquiry the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate			2019-08- 16 15:08				

SUBMISSION ID: 878026 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 258 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume								
PARAMETER	Occurrence	Volume			\rightarrow			 		
CODE	74062	74063								
UNITS	No./Month	Million Gallons								
FREQUENCY	When Disch.	When Disch.								
SAMPLING TYPE	Total	24hr Total								
2019-07-01										
2019-07-02										
2019-07-03										
2019-07-04										
2019-07-05										
2019-07-06										
2019-07-07										
2019-07-08										
2019-07-09										
2019-07-10										
2019-07-11										
2019-07-12										
2019-07-13										
2019-07-14										
2019-07-15										
2019-07-16										
2019-07-17										
2019-07-18										
2019-07-19										
2019-07-20										
2019-07-21										
2019-07-22										
2019-07-23										
2019-07-24										
2019-07-25										
2019-07-26										
2019-07-27										
2019-07-28										
2019-07-29										
2019-07-30										
2019-07-31										
Minimum										
Maximum										
Average		ļ								
Count Name of Responsible Official or	Ļ				61	ture of Dornor-ibl- Off 1	on Authorized D	<u> </u>	Subm-!!-	
Authorized Representative	I certify under the penalt	y of law that I have personall erein and based on my inquir	ly examined and am familia	r with the	Signa	ture of Responsible Official	or Authorized Representative		Submission Date/Time	
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2019-08- 16 15:08	

FACILITY: LOCATION: Northeast Ohio Regional SD PERMIT NUMBER:

3826 Euclid Ave

PERIOD:

3PA00002*HD **MONITORING** <u>2019-07-01</u> To: <u>2019-07-31</u>

Cleveland, OH 44115

GENERAL REPORT COMMENT:

Sampling required two times per year.

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
232	Overflow Occurrence per Year	51709	2019- 07-01	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-02	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-03	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-04	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-05	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-06	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-07	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-08	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-09	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-10	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-11	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-12	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-13	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

232	Overflow Occurrence per Year	51709	2019- 07-14	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-15	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-16	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-17	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-18	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-19	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-20	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-21	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-22	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-23	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-24	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-25	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-26	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-27	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-28	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-29	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-30	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 07-31	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-01	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-02	Million Gallons	

					CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-03	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-04	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-05	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-06	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-07	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-08	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-09	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-10	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-11	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-12	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-13	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-14	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-15	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-16	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-17	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-18	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-19	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-20	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-21	Million Gallons	

					CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-22	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-23	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-24	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-25	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-26	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-27	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-28	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-29	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-30	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 07-31	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

SUBMISSION ID: 886350 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD LOCATION: 3826 Fuclid Ave STATION CODE: 007

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 007

 Claveland OH 44115
 MONITORING
 2019-08-01 To: 2019-08-31

Cleveland, OH 44115

COUNTY:

Cuvahoga

Cleveland, OH 44115

PERIOD:

REPORTING LAB:

NEORSD

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

	Collection						
PARAMETER	System Visit						
	Core Person ID						
PARAMETER	79859						
CODE						-	
UNITS	Number						
FREQUENCY	When Disch.					+	
SAMPLING TYPE	Grab			1			
2019-08-01	1082236						
2019-08-02	1045496						
2019-08-03							
2019-08-04	1002226					-	
2019-08-05	1082236						
2019-08-06	1082236						
2019-08-07	1082236						
2019-08-08	1082236						
2019-08-09	1082236						
2019-08-10							
2019-08-11							
2019-08-12	1082236						
2019-08-13	1061676						
2019-08-14	1082236	ı					
2019-08-15	1082236						
2019-08-16	1119033						
2019-08-17							
2019-08-18							
2019-08-19	1112170						
2019-08-20	1144715						
2019-08-21	1065043						
2019-08-22	1141895						
2019-08-23	1046036						
2019-08-24							
2019-08-25							
2019-08-26	1046042						
2019-08-27	1144715						
2019-08-28	1095749						
2019-08-29	1112170						
2019-08-30	1141895					1	
2019-08-31						1	
Minimum	1045496.0				T T	Ť	
Maximum	1144715.0					1	
Average	1091670.86364						
Count	22						
Name of Responsible Official or Authorized Representative		of law that I have personal			Signature of Responsible Offici	al or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	ein and based on my inquir the information, I believe th that there are significant pe f fine and imprisonment.	ne submitted information is	true, accurate			2019-09- 17 15:09
	•					Page	1

SUBMISSION ID: 886350 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD

STATION CODE: LOCATION: 3826 Euclid Ave 025 <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

INDICATOR:

PARAMETER	Overflow	Overflow						
	Occurrence	Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-08-01								
2019-08-02								
2019-08-03								
2019-08-04								
2019-08-05								
2019-08-06								
2019-08-07								
2019-08-08								
2019-08-09								
2019-08-10								
2019-08-11								
2019-08-12								
2019-08-13								
2019-08-14								
2019-08-15								
2019-08-16								
2019-08-17								
2019-08-18								
2019-08-19								
2019-08-20					-			
2019-08-21								
2019-08-22								
2019-08-23								
2019-08-24								
2019-08-25					-			
2019-08-26					$\neg \neg$			
2019-08-27					$\neg \neg$			
2019-08-28					\dashv			
2019-08-29					$\neg \neg$			
2019-08-30					\dashv			
2019-08-31					\dashv			
Minimum		 						
Maximum								
Average								
Count								
Name of Responsible Official or Authorized Representative	I certify under the penalty	y of law that I have personal	y examined and am familia	ar with the	Signa	nture of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am award	rein and based on my inquir the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 035 <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

		IND	icator:					
PARAMETER	Overflow Occurrence	Overflow Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-08-01								
2019-08-02								
2019-08-03								
2019-08-04								
2019-08-05								
2019-08-06	1	0.2843						
2019-08-07								
2019-08-08								
2019-08-09								
2019-08-10								
2019-08-11								
2019-08-12								
2019-08-13								
2019-08-14								
2019-08-15	1	0.0996						
2019-08-16		0.0770						
2019-08-17								
2019-08-17	1	0.1402						
2019-08-19	1	0.0789						
2019-08-19	1	0.0789						
2019-08-20				<u> </u>				
2019-08-21								
2019-08-22								
2019-08-23								
2019-08-25								
2019-08-26								
2019-08-27								
2019-08-28								
2019-08-29								
2019-08-30 2019-08-31								
	1.0	0.0700		 		 		
Minimum Maximum	1.0	0.0789 0.2843				-		
Average	1.0	0.2843						
Count	4	0.13073						
Name of Responsible Official or	<u>'</u>		hammania da da C	idi el	Sign	ature of Responsible Official	I or Authorized Representative	
Authorized Representative Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am aware	y of law that I have personall rein and based on my inquir- the information, I believe th e that there are significant pe of fine and imprisonment.	y of those individuals imme e submitted information is	ediately true, accurate			· · · · · · · · · · · · · · · · · · ·	2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD

STATION CODE: LOCATION: 3826 Euclid Ave 038 <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

INDICATOR:

PARAMETER	Overflow	Overflow							
	Occurrence	Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-08-01									
2019-08-02									
2019-08-03									
2019-08-04									
2019-08-05									
2019-08-06									
2019-08-07									
2019-08-08									
2019-08-09									
2019-08-10									
2019-08-11									
2019-08-12									
2019-08-13									
2019-08-14									
2019-08-15									
2019-08-16									
2019-08-17									
2019-08-18									
2019-08-19									
2019-08-20									
2019-08-21									
2019-08-22									
2019-08-23									
2019-08-24									
2019-08-25									
2019-08-26									
2019-08-27									
2019-08-28									
2019-08-29									
2019-08-30									
2019-08-31									
Minimum									
Maximum									
Average									
Count	<u> </u>			<u> </u>		(
Name of Responsible Official or Authorized Representative	information submitted he	y of law that I have personal rein and based on my inquir	y of those individuals imme	diately	Signa	ature of Responsible Official	or Authorized Representative	I	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					019-09- 7 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

040 LOCATION: <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

	T . 10 1 1	Nitrogen,		NIC TO			0 0
PARAMETER	Total Suspended Solids	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
2019-08-01							
2019-08-02							
2019-08-03							
2019-08-04							
2019-08-05							
2019-08-06							1
2019-08-07							
2019-08-08							
2019-08-09							
2019-08-10							
2019-08-11							
2019-08-12							
2019-08-13							
2019-08-14							
2019-08-15							1
2019-08-16							
2019-08-17							
2019-08-18							1
2019-08-19							1
2019-08-20							1
2019-08-21							
2019-08-22							1
2019-08-23							
2019-08-24							
2019-08-25							
2019-08-26							
2019-08-27							
2019-08-28							
2019-08-29							
2019-08-30							
2019-08-31							
Minimum							1.0
Maximum							1.0
Average							1
Count	Ļ						6
Name of Responsible Official or Authorized Representative	information submitted her	ein and based on my inqui	lly examined and am familia ry of those individuals imme	ediately	gnature of Responsible Official	or Authorized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe to that there are significant p	he submitted information is enalties for submitting false	true, accurate			2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 040

LOCATION: **MONITORING** <u>2019-08-01</u> To: <u>2019-08-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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							
2019-08-01									
2019-08-02									
2019-08-03									
2019-08-04									
2019-08-05									
2019-08-06	1.7503								
2019-08-07									
2019-08-08									
2019-08-09									
2019-08-10									
2019-08-11									
2019-08-12									
2019-08-13									
2019-08-14									
2019-08-15	0.2370								
2019-08-16									
2019-08-17									
2019-08-18	0.6590								
2019-08-19	0.2156								
2019-08-20	0.1237								
2019-08-21									
2019-08-22	0.1102								
2019-08-23									
2019-08-24									
2019-08-25									
2019-08-26									
2019-08-27									
2019-08-28									
2019-08-29									
2019-08-30									
2019-08-31									
Minimum	0.1102								
Maximum	1.7503								
Average	0.51597								
Count	6								
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am familia	r with the	Signa	ture of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	he information, I believe that there are significant pe	ry of those individuals imme ne submitted information is enalties for submitting false	true, accurate					2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 044

LOCATION: 3826 Euclid Ave <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

INDICATOR:

		IND	icator:					
PARAMETER	Overflow Occurrence	Overflow Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-08-01								
2019-08-02								
2019-08-03								
2019-08-04								
2019-08-05								
2019-08-06								
2019-08-07								
2019-08-08								
2019-08-09								
2019-08-10								
2019-08-11								
2019-08-12								
2019-08-12		 						
2019-08-13								
2019-08-15								
2019-08-15								
2019-08-17								
2019-08-17								
2019-08-19		 						
		-						
2019-08-20								
2019-08-21								
2019-08-22								
2019-08-23								
2019-08-24								
2019-08-25								
2019-08-26								
2019-08-27								
2019-08-28								
2019-08-29								
2019-08-30								
2019-08-31								
Minimum								
Maximum								
Average								
Count	<u> </u>							<u> </u>
Name of Responsible Official or Authorized Representative	I certify under the penalty	y of law that I have personal	ly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	rein and based on my inquir the information, I believe the that there are significant peof fine and imprisonment.	e submitted information is	true, accurate				2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 045

LOCATION: <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume							
PARAMETER	74062	74063							
CODE UNITS	No./Month	Million Gallons			\dashv				
FREQUENCY	When Disch.	When Disch.						 	
SAMPLING TYPE	Total	24hr Total			_			 	
2019-08-01	Total	Z III Total							
2019-08-02					_				
2019-08-03									
2019-08-04									
2019-08-05									
2019-08-06									
2019-08-07									
2019-08-08									
2019-08-09									
2019-08-10									
2019-08-11									
2019-08-12									
2019-08-13									
2019-08-14									
2019-08-15									
2019-08-16									
2019-08-17									
2019-08-18	1	0.0001							
2019-08-19	1	0.0002							
2019-08-20									
2019-08-21									
2019-08-22									
2019-08-23									
2019-08-24									
2019-08-25									
2019-08-26									
2019-08-27									
2019-08-28									
2019-08-29		<u> </u>							
2019-08-30							1		
2019-08-31		 			-		1		
Minimum	1.0	1.0E-4					Ï		
Maximum	1.0	2.0E-4			$\overline{}$		ĺ		
Average	1	0.00015							
Count	2	2							
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	ar with the	Signature	of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	erein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate					2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 056

LOCATION: <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume							
PARAMETER	74062	74063							
CODE UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.			-				
SAMPLING TYPE	Total	24hr Total							
2019-08-01	Total	24111 101411							
2019-08-02					-				
2019-08-03								_	
2019-08-04									
2019-08-05									
2019-08-06	1	1.2381							
2019-08-07		5.2001							
2019-08-08		 							
2019-08-09		 							
2019-08-10		 							
2019-08-11									
2019-08-12									
2019-08-13									
2019-08-14									
2019-08-15	1	0.0104							
2019-08-16									
2019-08-17					-				
2019-08-18	1	0.6829							
2019-08-19	1	0.1441							
2019-08-20									
2019-08-21									
2019-08-22					-				
2019-08-23		i i							
2019-08-24									
2019-08-25									
2019-08-26									
2019-08-27									
2019-08-28									
2019-08-29									
2019-08-30									
2019-08-31									
Minimum	1.0	0.0104							
Maximum	1.0	1.2381							
Average	1	0.51888							
Count	4	4							
Name of Responsible Official or Authorized Representative		y of law that I have personall			Signa	ture of Responsible Official	or Authorized Representative	e T	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	rein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate					2019-09- 17 15:09

 SUBMISSION ID:
 886350
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 058

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 058

 Cleveland OH 44115
 MONITORING
 2019-08-01 To: 2019-08-31

Cleveland, OH 44115 **MONITORING PERIOD**:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

PARAMETER	Overflow	Overflow						
	Occurrence	Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-08-01								
2019-08-02								
2019-08-03								
2019-08-04								
2019-08-05								
2019-08-06	1	6.6893						
2019-08-07								
2019-08-08								
2019-08-09								
2019-08-10								
2019-08-11								
2019-08-12								
2019-08-13								
2019-08-14								
2019-08-15	1	2.9074						
2019-08-16								
2019-08-17								
2019-08-18	1	7.3742						
2019-08-19	1	4.2687						
2019-08-20								
2019-08-21								
2019-08-22								
2019-08-23								
2019-08-24								
2019-08-25								
2019-08-26								
2019-08-27								
2019-08-28								
2019-08-29								
2019-08-30								
2019-08-31								
Minimum	1.0	2.9074					,	
Maximum	1.0	7.3742						
Average	1	5.3099						
Count	4	4						
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	r with the	Signature	e of Responsible Official	or Authorized Representative	e Submissior Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	rein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate				2019-09 17 15:0

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 059

LOCATION: <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow	Overflow						
	Occurrence	Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.			$\neg \neg$			
SAMPLING TYPE	Total	24hr Total						
2019-08-01								
2019-08-02								
2019-08-03								
2019-08-04								
2019-08-05								
2019-08-06	1	0.0899						
2019-08-07								
2019-08-08								
2019-08-09								
2019-08-10								
2019-08-11								
2019-08-12								
2019-08-13								
2019-08-14								
2019-08-15								
2019-08-16								
2019-08-17								
2019-08-18								
2019-08-19	1	0.1811						
2019-08-20	-	0.1011						
2019-08-21		 						
2019-08-22		 						
2019-08-23								
2019-08-24								
2019-08-25								
2019-08-26		\vdash						
2019-08-27		 						
2019-08-28		 						
2019-08-29		 						
2019-08-29		 						
2019-08-30		 						
Minimum	1.0	0.0899						
Maximum	1.0	0.1811						
Average	1	0.1355						
Count	2	2						
Name of Responsible Official or Authorized Representative	1	y of law that I have personall	y examined and am famili	ar with the	Signat	ure of Responsible Official	or Authorized Representative	e Submissio
Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am aware	the information, I believe the that there are significant pe of fine and imprisonment.	y of those individuals imm e submitted information is	ediately true, accurate				2019-0 17 15:0

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 069

LOCATION: **MONITORING** <u>2019-08-01</u> To: <u>2019-08-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume							
PARAMETER	74062	74063			$\neg \uparrow$				
CODE UNITS	No./Month	Million Gallons			_				
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total			\rightarrow				
2019-08-01	Total	2 iii Totai							
2019-08-02					_				
2019-08-03								_	
2019-08-04					_				
2019-08-05									
2019-08-06	1	0.0707							
2019-08-07		0.07.07							
2019-08-08		 			$\neg \neg$				
2019-08-09		 			$\neg \uparrow$				
2019-08-10		 			$\neg \uparrow$				
2019-08-11									
2019-08-12									
2019-08-13									
2019-08-14									
2019-08-15									
2019-08-16									
2019-08-17									
2019-08-18									
2019-08-19									
2019-08-20									
2019-08-21									
2019-08-22									
2019-08-23									
2019-08-24									
2019-08-25									
2019-08-26									
2019-08-27									
2019-08-28									
2019-08-29									<u> </u>
2019-08-30									
2019-08-31									
Minimum	1.0	0.0707							
Maximum	1.0	0.0707							
Average	1	0.0707							
Count	1	1						L	
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	ar with the	Signati	ure of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	erein and based on my inquiry the information, I believe the e that there are significant per of fine and imprisonment.	e submitted information is	true, accurate					2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 072

LOCATION: **MONITORING** <u>2019-08-01</u> To: <u>2019-08-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-08-01							
2019-08-02							
2019-08-03							
2019-08-04							
2019-08-05							
2019-08-06							
2019-08-07	1	0.0110					
2019-08-08							
2019-08-09							
2019-08-10							
2019-08-11							
2019-08-12							
2019-08-13							
2019-08-14							
2019-08-15							
2019-08-16							
2019-08-17							
2019-08-18	1	0.0106					
2019-08-19							
2019-08-20	1	0.1614					
2019-08-21							
2019-08-22							
2019-08-23							
2019-08-24							
2019-08-25							
2019-08-26							
2019-08-27							
2019-08-28							
2019-08-29							
2019-08-30							
2019-08-31							
Minimum	1.0	0.0106					
Maximum	1.0	0.1614					
Average	1	0.061					
Count	3	3					
Name of Responsible Official or Authorized Representative		y of law that I have personall		ar with the	nature of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	trein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate			2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 080 <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

		Nitrogen,	1		1		
PARAMETER	Total Suspended Solids	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
2019-08-01							
2019-08-02							
2019-08-03							
2019-08-04							
2019-08-05							
2019-08-06							1
2019-08-07							
2019-08-08							
2019-08-09							
2019-08-10							
2019-08-11							
2019-08-12							
2019-08-13							
2019-08-14							
2019-08-15							1
2019-08-16							
2019-08-17							1
2019-08-18							1
2019-08-19							1
2019-08-20							1
2019-08-21							
2019-08-22							1
2019-08-23							-
2019-08-24							
2019-08-25							
2019-08-26							
2019-08-27							1
2019-08-28							-
2019-08-29							
2019-08-29					1		
2019-08-30					 		
Minimum							1.0
Maximum					 		1.0
Average					<u> </u>		1
Count					<u> </u>		8
Name of Responsible Official or Authorized Representative	Legrify under the negative	of law that I have nersons	lly examined and am familia	Sign	nature of Responsible Official	or Authorized Representative	-
Authorized Representative 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.							

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 080

LOCATION: **MONITORING** <u>2019-08-01</u> To: <u>2019-08-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Volume	CBOD 5 day							
PARAMETER	74063	80082							
CODE UNITS	Million Gallons	mg/l			\dashv				
FREQUENCY	When Disch.	When Disch.	-		-+				
SAMPLING TYPE	24hr Total	Grab	-		\rightarrow				
2019-08-01	2 III Total	Giuo			_				
2019-08-02					-				
2019-08-03					-			_	
2019-08-04				-	-				
2019-08-05					-				
2019-08-06	9.0758								
2019-08-07	2.4476				$\neg \uparrow$				
2019-08-08					\dashv				
2019-08-09					$\neg \uparrow$				
2019-08-10					\dashv				
2019-08-11					$\neg \uparrow$				
2019-08-12									
2019-08-13			1		$\neg \neg$				
2019-08-14					$\neg \neg$				
2019-08-15	2.3277								
2019-08-16									
2019-08-17	0.2682								
2019-08-18	3.1992								
2019-08-19	4.4448								
2019-08-20	0.0257								
2019-08-21									
2019-08-22	1.2389								
2019-08-23									
2019-08-24									
2019-08-25									
2019-08-26									
2019-08-27	0.1672								
2019-08-28									
2019-08-29									
2019-08-30									
2019-08-31									
Minimum	0.0257								
Maximum	9.0758								
Average	2.57723								
Count	9							L	
Name of Responsible Official or Authorized Representative			lly examined and am famili ry of those individuals imm		Signati	ure of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe that there are significant p	ry of those individuals imm he submitted information is enalties for submitting false	true, accurate				15	2019-09- 17 15:09

SUBMISSION ID:886350STATUS:OriginalFACILITY:Northeast Ohio Regional SDPERMIT NUMBER:3PA00002*HDLOCATION:3826 Euclid AveSTATION CODE:088

Cleveland OH 44115 MONITORING 2019-08-01 To: 2019-08-31

Cleveland, OH 44115 MONITORING PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

PARAMETER	Overflow Occurrence per Year	Overflow Volume					
PARAMETER CODE	51709	74063					
UNITS	No./Year	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-08-01							
2019-08-02							
2019-08-03							
2019-08-04							
2019-08-05							
2019-08-06	1	0.5157					
2019-08-07		0.1342					
2019-08-08							
2019-08-09							
2019-08-10							
2019-08-11							
2019-08-12							
2019-08-13							
2019-08-14							
2019-08-15	1	0.0129					
2019-08-16							
2019-08-17	1	0.0049					
2019-08-18	1	0.2232					
2019-08-19	1	0.1739					
2019-08-20	1	0.0293					
2019-08-21							
2019-08-22	1	0.0044					
2019-08-23							
2019-08-24							
2019-08-25							
2019-08-26							
2019-08-27							
2019-08-28							
2019-08-29							
2019-08-30							
2019-08-31							
Minimum	1.0	0.0044			Ť	ĺ	ĺ
Maximum	1.0	0.5157				İ	
Average	1	0.13731					
Count	7	8					
Name of Responsible Official or Authorized Representative		of law that I have personall			Signature of Responsible Offici	al or Authorized Representativ	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining	rein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate			2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 200

LOCATION: <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-08-01							
2019-08-02							
2019-08-03							
2019-08-04							
2019-08-05							
2019-08-06							1
2019-08-07							
2019-08-08							
2019-08-09							
2019-08-10							
2019-08-11							
2019-08-12							
2019-08-13							
2019-08-14							
2019-08-15							1
2019-08-16							
2019-08-17							1
2019-08-18							1
2019-08-19							
2019-08-20							
2019-08-21							
2019-08-22							1
2019-08-23							
2019-08-24							
2019-08-25							
2019-08-26							
2019-08-27							1
2019-08-28							
2019-08-29							
2019-08-30							
2019-08-31							
Minimum	i i		Ì		Î	i i	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 persona	illy examined and am familia	ar with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	he information, I believe t that there are significant p	ry of those individuals imme he submitted information is senalties for submitting false	true, accurate			2019-09 17 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 200

LOCATION: **MONITORING** <u>2019-08-01</u> To: <u>2019-08-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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						┢	
2019-08-01	2 1111 1 0 0 0 1	Grao							
2019-08-02									
2019-08-03									
2019-08-04									
2019-08-05									
2019-08-06	2.3978								
2019-08-07	37.7								
2019-08-08			1						
2019-08-09									
2019-08-10									
2019-08-11									,
2019-08-12									
2019-08-13									
2019-08-14									
2019-08-15	0.1100								
2019-08-16									
2019-08-17	0.6592								
2019-08-18	1.7845								
2019-08-19	1.9128								
2019-08-20									
2019-08-21									
2019-08-22	0.4896								
2019-08-23									
2019-08-24									
2019-08-25									
2019-08-26									
2019-08-27	0.2204								
2019-08-28									
2019-08-29									
2019-08-30									
2019-08-31									
Minimum	0.11								
Maximum	2.3978								
Average	1.08204							<u> </u>	
Count	7			L	6:	tun af D 21 000 1	Anthonios I P		Sub. 1 1
Name of Responsible Official or Authorized Representative			lly examined and am famili- ry of those individuals imm		Signa	ture of Kesponsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe that there are significant p	ry of those individuals immes submitted information is enalties for submitting false	true, accurate				10	2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 202 <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

		NT:		r			
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
2019-08-01							
2019-08-02							
2019-08-03							
2019-08-04							
2019-08-05							
2019-08-06							1
2019-08-07							
2019-08-08							
2019-08-09							
2019-08-10							
2019-08-11							
2019-08-12							
2019-08-13							
2019-08-14							
2019-08-15							
2019-08-16							
2019-08-17							
2019-08-18							1
2019-08-19							1
2019-08-20							
2019-08-21							
2019-08-21					-		1
2019-08-23							1
2019-08-24							
2019-08-25							
2019-08-25					-		
2019-08-20							1
2019-08-27					-		1
2019-08-28					 		
2019-08-29			-		-		
2019-08-30			-		-		
							1.0
Minimum Maximum	 		 	——	 	 	1.0
Average	 		-		 		1.0
Count			 		 		4
Name of Responsible Official or	Logertify under the new -1-	of law that I have man	lly avaminad and am familia	Sign	I nature of Responsible Official	or Authorized Representative	Submission
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 submitting false information, including the possibility of fine and imprisonment.							2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 202

LOCATION: **MONITORING** <u>2019-08-01</u> To: <u>2019-08-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Volume	CBOD 5 day							
PARAMETER					\rightarrow				
CODE	74063	80082							
UNITS	Million Gallons	mg/l							
FREQUENCY	When Disch.	When Disch.	ĺ						
SAMPLING TYPE	24hr Total	Grab							
2019-08-01									
2019-08-02									
2019-08-03									
2019-08-04									
2019-08-05									
2019-08-06	0.1541								
2019-08-07									
2019-08-08									
2019-08-09									
2019-08-10									
2019-08-11									
2019-08-12									
2019-08-13									
2019-08-14									
2019-08-15									
2019-08-16									
2019-08-17									
2019-08-18	2.9915								
2019-08-19	2.9635								
2019-08-20									
2019-08-21									
2019-08-22	0.0841								
2019-08-23									
2019-08-24									
2019-08-25									
2019-08-26									
2019-08-27	0.0064								
2019-08-28									
2019-08-29									
2019-08-30									
2019-08-31									
Minimum	0.0064		Î	Ï					
Maximum	2.9915		ĺ						
Average	1.23992								
Count	5								
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have persona	lly examined and am famili	ar with the	Signatu	ure of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe that there are significant p	ry of those individuals imm he submitted information is enalties for submitting false	true, accurate					2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 206

LOCATION: 3826 Euclid Ave <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-08-01							
2019-08-02							
2019-08-03							
2019-08-04							
2019-08-05							
2019-08-06							1
2019-08-07							
2019-08-08							
2019-08-09							
2019-08-10							
2019-08-11							
2019-08-12							
2019-08-13							1
2019-08-14							
2019-08-15							
2019-08-16							1
2019-08-17							
2019-08-18							1
2019-08-19							
2019-08-20							
2019-08-21							
2019-08-22							1
2019-08-23							
2019-08-24							
2019-08-25							
2019-08-26							
2019-08-27							1
2019-08-28							
2019-08-29							
2019-08-30							
2019-08-31							
Minimum							1.0
Maximum							1.0
Average							1
Count Name of Responsible Official or	<u> </u>				The state of Barrani black of the state of t	or Authorized Representative	6 Submission
Name of Responsible Official or Authorized Representative	information submitted her	ein and based on my inqui	lly examined and am familia ry of those individuals imme	ar with the ediately	ature of Responsible Official	or Authorized Representative	Date/Time
Kevin Zebrowski		that there are significant p	he submitted information is enalties for submitting false				2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD LOCATION: 3826 Euclid Ave STATION CODE: 206

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 206

 Cleveland OH 44115
 MONITORING
 2019-08-01 To: 2019-08-31

Cleveland, OH 44115 MONITORING PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

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					
2019-08-01							
2019-08-02							
2019-08-03							
2019-08-04							
2019-08-05							
2019-08-06	0.3796						
2019-08-07	0.2489						
2019-08-08							
2019-08-09							
2019-08-10							
2019-08-11							
2019-08-12							
2019-08-13	0.0167						
2019-08-14							
2019-08-15							
2019-08-16	0.0208						
2019-08-17							
2019-08-18	0.4904						
2019-08-19	0.4052						
2019-08-20							
2019-08-21							
2019-08-22	0.3351						
2019-08-23							
2019-08-24							
2019-08-25							
2019-08-26							
2019-08-27	0.0856						
2019-08-28	0.0014						
2019-08-29							
2019-08-30							
2019-08-31							
Minimum	0.0014						
Maximum	0.4904						
Average	0.22041						
Count Name of Responsible Official or	9				The state of Parks and Committee	Landa ada ada ada ada ada ada ada ada ada	
Name of Responsible Official or Authorized Representative Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inquir he information, I believe the	lly examined and am familiary of those individuals imme submitted information is	rr with the ediately true, accurate	ature of Responsible Official	or Authorized Representative	2019-09-
KeVin Zebrowski and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.							

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 211 <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume								
PARAMETER	74062	74063								
CODE UNITS	No./Month	Million Gallons			\dashv					
	When Disch.	When Disch.	L. Divi							
FREQUENCY SAMPLING TYPE	Total	24hr Total						 		
2019-08-01	Total	24III 10ta1								
2019-08-02										
2019-08-03								┢──		
2019-08-04		 						┢──		
2019-08-05		 						┢──		
2019-08-06										
2019-08-07										
2019-08-08										
2019-08-09										
2019-08-10										
2019-08-11										
2019-08-12										
2019-08-13										
2019-08-14										
2019-08-15										
2019-08-16										
2019-08-17										
2019-08-18	1	0.0011								
2019-08-19	-	0.0011								
2019-08-20										
2019-08-21										
2019-08-22										
2019-08-23										
2019-08-24										
2019-08-25										
2019-08-26										
2019-08-27										
2019-08-28										
2019-08-29		<u> </u>								
2019-08-30										
2019-08-31		 								
Minimum	1.0	0.0011								
Maximum	1.0	0.0011								
Average	1	0.0011								
Count	1	1								
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	r with the	Signa	ture of Responsible Official	or Authorized Representative	e	Submission Date/Time	
Kevin Zebrowski	responsible for obtaining and complete. I am awar	erein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate					2019-09- 17 15:09	

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 218

LOCATION: <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

		271		î .			
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
2019-08-01							
2019-08-02							
2019-08-03							
2019-08-04							
2019-08-05							
2019-08-06							1
2019-08-07							
2019-08-08							
2019-08-09							
2019-08-10							
2019-08-11							
2019-08-12							
2019-08-13							
2019-08-14							
2019-08-15							
2019-08-16							
2019-08-17							1
2019-08-18							1
2019-08-19							-
2019-08-20							
2019-08-21							
2019-08-22							1
2019-08-23							-
2019-08-24							
2019-08-25							
2019-08-26							
2019-08-27							
2019-08-28					1		
2019-08-29							
2019-08-29					1		
2019-08-30			 		1		
Minimum			-				1.0
Maximum					 		1.0
Average					<u> </u>		1
Count					<u> </u>		4
Name of Responsible Official or Authorized Representative	Certify under the nenalty	of law that I have persona	lly examined and am familia	Sign or with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inqui he information, I believe t that there are significant p	ry of those individuals imme the submitted information is enalties for submitting false	ediately true, accurate		D	2019-09- 17 15:09

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 218 <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Volume	CBOD 5 day								
PARAMETER	74063	80082								
CODE UNITS	Million Gallons	mg/l								
	777 D: 1	When Disch.								
FREQUENCY SAMPLING TYPE	When Disch. 24hr Total	Grab			-+					
2019-08-01	24111 10141	Giau			-					
2019-08-02										
2019-08-03					-					
2019-08-04			 							
2019-08-05										
2019-08-06	0.2839				_			-		
2019-08-07	0.2037				-					
2019-08-08			——							
2019-08-09					-					
2019-08-10			-							
2019-08-11					_					
2019-08-12										
2019-08-13					-					
2019-08-14					-					
2019-08-15					$\overline{}$					
2019-08-16										
2019-08-17	0.0159									
2019-08-18	0.1336				\neg					
2019-08-19	0.1246									
2019-08-20										
2019-08-21										
2019-08-22	0.0397									
2019-08-23										
2019-08-24										
2019-08-25										
2019-08-26										
2019-08-27										
2019-08-28										
2019-08-29										
2019-08-30										
2019-08-31										
Minimum	0.0159		Î	ĺ						
Maximum	0.2839									
Average	0.11954									
Count	5									
Name of Responsible Official or Authorized Representative			lly examined and am famili		Signatu	ure of Responsible Official	or Authorized Representative	e	Submission Date/Time	
Kevin Zebrowski	responsible for obtaining	the information, I believe that there are significant p	ry of those individuals imm ne submitted information is enalties for submitting false	true, accurate					2019-09- 17 15:09	

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 232

LOCATION: <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

	Overflow					<u> </u>	<u> </u>	ı
PARAMETER	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						
2019-08-01	AH	AH						
2019-08-02	AH	AH						
2019-08-03	AH	AH						
2019-08-04	AH	AH						
2019-08-05	AH	AH						
2019-08-06	AH	AH						
2019-08-07	AH	AH						
2019-08-08	AH	AH						
2019-08-09	AH	AH						
2019-08-10	AH	AH						
2019-08-11	AH	АН						
2019-08-12	AH	АН						
2019-08-13	AH	АН						
2019-08-14	AH	АН						
2019-08-15	AH	АН						
2019-08-16	AH	AH						
2019-08-17	AH	AH						
2019-08-18	AH	AH						
2019-08-19	AH	AH						
2019-08-20	AH	AH						
2019-08-21	AH	AH						
2019-08-22	AH	AH						
2019-08-23	AH	АН						
2019-08-24	AH	AH						
2019-08-25	AH	AH						
2019-08-26	AH	АН						
2019-08-27	AH	АН						
2019-08-28	AH	АН						
2019-08-29	AH	АН						
2019-08-30	АН	АН						
2019-08-31	АН	АН						
Minimum								
Maximum								
Average								
Count	I							
Name of Responsible Official or Authorized Representative		of law that I have personal			Sign	ature of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining	rein and based on my inquir the information, I believe th that there are significant pe of fine and imprisonment.	ne submitted information is	true, accurate				2019-09 17 15:09

SUBMISSION ID: 886350 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD

STATION CODE: 239 LOCATION: 3826 Euclid Ave <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

INDICATOR:

		IND	icator:						
PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite P Nitrate, T		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 Dis	sch.	When Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	Grab		Grab	Grab	Total	
2019-08-01									
2019-08-02									
2019-08-03									
2019-08-04									
2019-08-05									
2019-08-06									
2019-08-07									
2019-08-08									
2019-08-09									
2019-08-10									
2019-08-11									
2019-08-12									
2019-08-13									
2019-08-14									
2019-08-15									
2019-08-16									
2019-08-17									
2019-08-18									
2019-08-19					-				
2019-08-20									
2019-08-21			——						
2019-08-22									
2019-08-23									
2019-08-24									
2019-08-25									
2019-08-26									
2019-08-27									
2019-08-28									
2019-08-29									
2019-08-30									
2019-08-30									
			-						
Minimum Maximum									
Average									
Count					$\overline{}$				
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have persona	Ily examined and am familia	ar with the	Signa	ture of Responsible Official	or Authorized Representative	e Submission Date/Time	
Kevin Zebrowski	information submitted her responsible for obtaining t and complete. I am aware	nformation submitted herein and based on my inquiry of those individuals immediately esponsible 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, neluding the possibility of fine and imprisonment. 2019-09- 17 15:09							

SUBMISSION ID: 886350 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 239

LOCATION: 3826 Euclid Ave <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

INDICATOR:

PARAMETER	Overflow	CBOD 5 day									
	Volume	CBOD 5 day									
PARAMETER CODE	74063	80082									
UNITS	Million Gallons	mg/l									
FREQUENCY	When Disch.	When Disch.	nen Disch.								
SAMPLING TYPE	24hr Total	Grab									
2019-08-01											
2019-08-02											
2019-08-03											
2019-08-04											
2019-08-05											
2019-08-06											
2019-08-07											
2019-08-08											
2019-08-09											
2019-08-10											
2019-08-11											
2019-08-12											
2019-08-13											
2019-08-14											
2019-08-15											
2019-08-16											
2019-08-17											
2019-08-18											
2019-08-19											
2019-08-20											
2019-08-21											
2019-08-22											
2019-08-23											
2019-08-24											
2019-08-25											
2019-08-26											
2019-08-27											
2019-08-28											
2019-08-29											
2019-08-30											
2019-08-31											
Minimum											
Maximum											
Average											
Count	<u> </u>							<u> </u>			
Name of Responsible Official or Authorized Representative			lly examined and am familia		Signature of Resp	onsible Official	or Authorized Representative	e	Submission Date/Time		
Kevin Zebrowski	responsible for obtaining	the information, I believe that there are significant p	ry of those individuals immone submitted information is enalties for submitting false	true, accurate					2019-09- 17 15:09		

SUBMISSION ID: 886350 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 242 <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume								
PARAMETER CODE	74062	74063								
UNITS	No./Month	Million Gallons								
FREQUENCY	When Disch.	When Disch.	non Disch							
SAMPLING TYPE	Total	24hr Total			\rightarrow			\vdash		
2019-08-01	10141	2 III Total								
2019-08-02										
2019-08-03										
2019-08-04										
2019-08-05										
2019-08-06										
2019-08-07										
2019-08-08								┢		
2019-08-09										
2019-08-10								┢		
2019-08-11										
2019-08-12										
2019-08-13					_					
2019-08-14										
2019-08-15										
2019-08-16										
2019-08-17										
2019-08-18	1	0.9283								
2019-08-19	-	0.9203								
2019-08-20								┢		
2019-08-21										
2019-08-22										
2019-08-23					_					
2019-08-24										
2019-08-25										
2019-08-26										
2019-08-27		\vdash			-					
2019-08-28		 			-					
2019-08-29		\vdash			-					
2019-08-30		\vdash			-					
2019-08-31		\vdash			-					
Minimum	1.0	0.9283								
Maximum	1.0	0.9283			$\overline{}$			\vdash		
Average	1	0.9283								
Count	1	1								
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	ar with the	Signat	ure of Responsible Official	or Authorized Representative	e	Submission Date/Time	
Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am awar	the information, I believe the the there are significant pe of fine and imprisonment.	of those individuals imme e submitted information is	ediately true, accurate					2019-09- 17 15:09	

SUBMISSION ID: 886350 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE:

LOCATION: 3826 Euclid Ave 258 <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

INDICATOR:

PARAMETER	Overflow Occurrence	Overflow Volume							
PARAMETER	Occurrence	Volume			\rightarrow			 	
CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-08-01									
2019-08-02									
2019-08-03									
2019-08-04									
2019-08-05									
2019-08-06									
2019-08-07									
2019-08-08									
2019-08-09									
2019-08-10									
2019-08-11									
2019-08-12									
2019-08-13									
2019-08-14									
2019-08-15									
2019-08-16									
2019-08-17									
2019-08-18									
2019-08-19									
2019-08-20									
2019-08-21									
2019-08-22									
2019-08-23									
2019-08-24									
2019-08-25									
2019-08-26									
2019-08-27									
2019-08-28									
2019-08-29									
2019-08-30									
2019-08-31									
Minimum									
Maximum								<u> </u>	
Average		ļ						<u> </u>	
Count Name of Responsible Official or	Ļ				£: ·	ture of Desper-thi- Off 1	on Authorized Deserver	<u> </u>	Sub
Authorized Representative		y of law that I have personall erein and based on my inquir			Signat	ture of Responsible Official	or Authorized Representative		Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2019-09- 17 15:09

FACILITY: LOCATION: Northeast Ohio Regional SD PERMIT NUMBER:

3826 Euclid Ave

PERIOD:

3PA00002*HD MONITORING <u>2019-08-01</u> To: <u>2019-08-31</u>

Cleveland, OH 44115

GENERAL REPORT COMMENT:

Sampling required two times per year.

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
232	Overflow Occurrence per Year	51709	2019- 08-01	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-02	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-03	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-04	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-05	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-06	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-07	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-08	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-09	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-10	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-11	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-12	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-13	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

232	Overflow Occurrence per Year	51709	2019- 08-14	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-15	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-16	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-17	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-18	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-19	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-20	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-21	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-22	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-23	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-24	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-25	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-26	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-27	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-28	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-29	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-30	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 08-31	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-01	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-02	Million Gallons	

					CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-03	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-04	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-05	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-06	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-07	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-08	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-09	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-10	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-11	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-12	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-13	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-14	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-15	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-16	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-17	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-18	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-19	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-20	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-21	Million Gallons	

					CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-22	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-23	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-24	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-25	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-26	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-27	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-28	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-29	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-30	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 08-31	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

SUBMISSION ID: 891597 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD LOCATION: 3826 Euclid Ave STATION CODE: 007

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 007

 Claveland OH 44115
 MONITORING
 2019-09-01 To: 2019-09-30

Cleveland, OH 44115

COUNTY:

Cuvahoga

Cleveland, OH 44115

PERIOD:

REPORTING LAB:

NEORSD

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

	Collection							
PARAMETER	System Visit							
PARAMETER	Core Person ID							
CODE	79859							
UNITS	Number							
FREQUENCY	When Disch.							
SAMPLING TYPE	Grab							
2019-09-01								
2019-09-02								
2019-09-03	1061676							
2019-09-04	1082236							
2019-09-05	1082236							
2019-09-06	1082236							
2019-09-07	1119033							
2019-09-08								
2019-09-09	1144715							
2019-09-10	1082236							
2019-09-11	1082236							
2019-09-12	1106089							
2019-09-13	1082236							
2019-09-14								
2019-09-15								
2019-09-16	1115968							
2019-09-17	1115968							
2019-09-18	1046042							
2019-09-19	1112170							
2019-09-20	1115968							
2019-09-21								
2019-09-22								
2019-09-23	1119033							
2019-09-24	1141895							
2019-09-25	1046042							
2019-09-26	1115896							
2019-09-27	2004968							
2019-09-28								
2019-09-29								
2019-09-30	1046042							
Minimum	1046042.0							
Maximum	2004968.0							
Average	1138329.57143							
Count	21							
Name of Responsible Official or Authorized Representative		of law that I have personal			Sign	ature of Responsible Official	or Authorized Representative	e Submissio Date/Tim
Kevin Zebrowski	responsible for obtaining t	ein and based on my inquir the information, I believe th that there are significant pe f fine and imprisonment.	e submitted information is	true, accurate				2019-1 08 08:1

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 025 **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume						
PARAMETER								
CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-09-01								
2019-09-02								
2019-09-03								
2019-09-04								
2019-09-05								
2019-09-06								
2019-09-07								
2019-09-08								
2019-09-09								
2019-09-10								
2019-09-11								
2019-09-12								
2019-09-13	1	0.1388						
2019-09-14								
2019-09-15								
2019-09-16								
2019-09-17								
2019-09-18								
2019-09-19								
2019-09-20								
2019-09-21								
2019-09-22								
2019-09-23								
2019-09-24								
2019-09-25								
2019-09-26								
2019-09-27								
2019-09-28								
2019-09-29								
2019-09-30								
Minimum	1.0	0.1388						1
Maximum	1.0	0.1388						
Average	1	0.1388						
Count	1	1						
Name of Responsible Official or Authorized Representative	I certify under the penalty	y of law that I have personall	y examined and am familia	r with the	Sign	ature of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am aware	rein and based on my inquir the information, I believe th e that there are significant pe of fine and imprisonment.	y of those individuals imme e submitted information is	diately true, accurate				2019-10- 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 035 <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-09-01							
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11	1	0.0393					
2019-09-12		0.0286					
2019-09-13	1	0.7078					
2019-09-14							
2019-09-15							
2019-09-16							
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum	1.0	0.0286					
Maximum	1.0	0.7078					
Average	1	0.25857					
Count Name of Responsible Official or	2	3			gnature of Responsible Official	or Authorized Barrers C	Submission
Name of Responsible Official or Authorized Representative		y of law that I have personall erein and based on my inquir		r with the	gnature of Kesponsidie Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate		D	2019-10-08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 038 <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

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					
2019-09-01							
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11							
2019-09-12							
2019-09-13							
2019-09-14							
2019-09-15							
2019-09-16							
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum							
Maximum							
Average		ļ			ļ		
Count	ļ				(CD 71 C27 : 1	1 4 1 1 1 1 1 1 1	1 61
Name of Responsible Official or Authorized Representative		y of law that I have personall erein and based on my inquir		r with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate		, n	2019-10- 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

040 LOCATION: <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-09-01							
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11							1
2019-09-12							
2019-09-13							1
2019-09-14							
2019-09-15							
2019-09-16							
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum							1.0
Maximum							1.0
Average							1
Count							2
Name of Responsible Official or Authorized Representative				ar with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time
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 submitting false information, including the possibility of fine and imprisonment.							

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: 3PA00002*HD 040 FACILITY:

LOCATION: **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Volume	CBOD 5 day					
PARAMETER CODE	74063	80082					
UNITS	Million Gallons	mg/l					
FREQUENCY	When Disch.	When Disch.			i		
SAMPLING TYPE	24hr Total	Grab					
2019-09-01							
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11	0.4967						
2019-09-12	0.0690						
2019-09-13	AD						
2019-09-14							
2019-09-15							
2019-09-16							
2019-09-17							
2019-09-18							
2019-09-19					1		
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum	0.069						
Maximum	0.4967						
Average	0.28285						
Count	2				1		
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	ly examined and am familia y of those individuals imme	r with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining	the information, I believe the that there are significant pe	y of those individuals imme ne submitted information is enalties for submitting false	true, accurate			2019-10- 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 044 **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow	Overflow							
	Occurrence	Volume						ļ	
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-09-01									
2019-09-02									
2019-09-03									_
2019-09-04									
2019-09-05									
2019-09-06									
2019-09-07									
2019-09-08									
2019-09-09									
2019-09-10									
2019-09-11									
2019-09-12									
2019-09-13	1	0.0587							
2019-09-14									
2019-09-15									
2019-09-16									
2019-09-17									
2019-09-18									
2019-09-19									
2019-09-20									
2019-09-21									
2019-09-22									
2019-09-23									
2019-09-24									
2019-09-25									
2019-09-26									
2019-09-27									
2019-09-28									
2019-09-29									_
2019-09-30									
Minimum	1.0	0.0587		î			Î		_
Maximum	1.0	0.0587					ĺ		_
Average	1	0.0587							
Count	1	1							
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representativ	e Submis Date/T	
Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am awar	rein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	y of those individuals imme e submitted information is	ediately true, accurate				2019- 08 08	-10-

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 045

LOCATION: **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-09-01							
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11							
2019-09-12							
2019-09-13	1	2.0879					
2019-09-14							
2019-09-15							
2019-09-16							
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21		i i					
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum	1.0	2.0879					
Maximum	1.0	2.0879					
Average	1	2.0879				ļ	
Count	1	1		<u> </u>		1 4 4 1 1 7	
Name of Responsible Official or Authorized Representative Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am aware	y of law that I have personall rein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	of those individuals imme e submitted information is	rr with the ediately true, accurate	ignature of Responsible Official	or Authorized Representative	2019-10- 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 056

LOCATION: **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-09-01	Total	24III 10ta1				 	 	
2019-09-02		\vdash						
2019-09-03		\vdash						
2019-09-04								
2019-09-05		 						
2019-09-06		 						
2019-09-07								
2019-09-08		\vdash						
2019-09-09								
2019-09-10		\vdash						
2019-09-11								
2019-09-12								
2019-09-13	1	0.3907						
2019-09-14	<u> </u>	0.5707						
2019-09-15								
2019-09-16								
2019-09-17								
2019-09-18								
2019-09-19								
2019-09-20								
2019-09-21								
2019-09-22								
2019-09-23								
2019-09-24								
2019-09-25								
2019-09-26		$\overline{}$						
2019-09-27								
2019-09-28		 						
2019-09-29		 						
2019-09-30		\vdash						
Minimum	1.0	0.3907						
Maximum	1.0	0.3907						
Average	1	0.3907						
Count	1	1						
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall erein and based on my inquiry	y examined and am familia	r with the	Sign	ature of Responsible Official	or Authorized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				2019-10- 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 058

LOCATION: **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

DADAMETED	Overflow	Overflow						
PARAMETER	Occurrence	Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-09-01								
2019-09-02								
2019-09-03								
2019-09-04								
2019-09-05								
2019-09-06								
2019-09-07								
2019-09-08								
2019-09-09								
2019-09-10								
2019-09-11								
2019-09-12								
2019-09-13	AD	AD						
2019-09-14								
2019-09-15								
2019-09-16								
2019-09-17								
2019-09-18								
2019-09-19								
2019-09-20								
2019-09-21								
2019-09-22								
2019-09-23								
2019-09-24								
2019-09-25								
2019-09-26								
2019-09-27								
2019-09-28								
2019-09-29								
2019-09-30								
Minimum				ĺ		ĺ		ĺ
Maximum								
Average								
Count								
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personal	y examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e Submissio Date/Tim
Kevin Zebrowski	responsible for obtaining and complete. I am awar	rein and based on my inquir the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				2019-1 08 08:1

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 059

LOCATION: **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow	Overflow						
	Occurrence	Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-09-01								
2019-09-02								
2019-09-03								
2019-09-04								
2019-09-05								
2019-09-06								
2019-09-07								
2019-09-08								
2019-09-09								
2019-09-10								
2019-09-11								
2019-09-12								
2019-09-13	1	1.1416						
2019-09-14								
2019-09-15								
2019-09-16								
2019-09-17								
2019-09-18								
2019-09-19								
2019-09-20								
2019-09-21								
2019-09-22								
2019-09-23								
2019-09-24								
2019-09-25								
2019-09-26								
2019-09-27								
2019-09-28								
2019-09-29								
2019-09-30								
Minimum	1.0	1.1416						
Maximum	1.0	1.1416						
Average	1	1.1416						
Count	1	1						
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e Submission Date/Tim
Kevin Zebrowski	responsible for obtaining and complete. I am awar	rein and based on my inquiry the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				2019-1 08 08:

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 069

LOCATION: <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

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							
2019-09-01									
2019-09-02									
2019-09-03									
2019-09-04									
2019-09-05									
2019-09-06									
2019-09-07									
2019-09-08									
2019-09-09									
2019-09-10									
2019-09-11									
2019-09-12									
2019-09-13									
2019-09-14									
2019-09-15									
2019-09-16									
2019-09-17									
2019-09-18									
2019-09-19									
2019-09-20									
2019-09-21									
2019-09-22									
2019-09-23									
2019-09-24									
2019-09-25									
2019-09-26									
2019-09-27									
2019-09-28									
2019-09-29									
2019-09-30									
Minimum		 				Î			
Maximum		<u> </u>							
Average									
Count									
Name of Responsible Official or Authorized Representative		y of law that I have personall			Sign	ature of Responsible Official	or Authorized Representative		mission te/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	rein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate				201	19-10- 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 072

LOCATION: **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-09-01							
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11							
2019-09-12							
2019-09-13	1	0.7433					
2019-09-14							
2019-09-15							
2019-09-16							
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum	1.0	0.7433					
Maximum	1.0	0.7433					
Average	1	0.7433					
Count Name of Responsible Official or	1	1			nature of Responsible Official	or Authorized Deserved	e Submission
Name of Responsible Official or Authorized Representative		y of law that I have personall erein and based on my inquir		ir with the	guature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate		D.	2019-10- 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 080

LOCATION: <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Nitrate,		Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	0063	30	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/	1	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When I	Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Gra	b	Grab	Grab	Total
2019-09-01								1
2019-09-02								
2019-09-03								
2019-09-04								
2019-09-05								
2019-09-06								
2019-09-07								
2019-09-08								
2019-09-09								
2019-09-10								
2019-09-11								1
2019-09-12								
2019-09-13								1
2019-09-14								
2019-09-15								
2019-09-16								
2019-09-17								
2019-09-18								
2019-09-19			1					
2019-09-20								
2019-09-21								
2019-09-22								
2019-09-23								
2019-09-24								
2019-09-25								
2019-09-26								
2019-09-27			1					
2019-09-28								
2019-09-29								
2019-09-30								
Minimum								1.0
Maximum								1.0
Average								1
Count								3
Name of Responsible Official or Authorized Representative			lly examined and am familia		Signa	nture of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe that there are significant p	ry of those individuals imme he submitted information is enalties for submitting false	true, accurate				2019-10- 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 080

LOCATION: **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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					
2019-09-01	0.2642						
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11	1.1226						
2019-09-12	2.3098						
2019-09-13	9.1570						
2019-09-14							
2019-09-15							
2019-09-16							
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum	0.2642						
Maximum	9.157				<u> </u>		
Average	3.2134				-		
Count Name of Responsible Official or	4			C:	nature of Responsible Official	or Authorized Panesantative	Submission
Authorized Representative	information submitted her	ein and based on my inquir	ly examined and am familia y of those individuals imme	r with the	or responsible Official		Date/Time
Kevin Zebrowski	responsible for obtaining t	he information, I believe the that there are significant pe	e submitted information is enalties for submitting false	true, accurate		D.	2019-10- 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 088

LOCATION: <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence per Year	Overflow Volume					
PARAMETER CODE	51709	74063					
UNITS	No./Year	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-09-01	1	0.0001					
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11	1	0.0473					
2019-09-12		0.2438					
2019-09-13	1	1.9265					
2019-09-14							
2019-09-15							
2019-09-16							
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum	1.0	1.0E-4					
Maximum	1.0	1.9265					
Average	1	0.55443					
Count	3	4					
Name of Responsible Official or Authorized Representative	information submitted her	of law that I have personall rein and based on my inquiry the information, I believe the	y of those individuals imme	ediately	nature of Responsible Official	or Authorized Representativ	Submission Date/Time 2019-10-
Kevin Zebrowski		that there are significant pe				Page	08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 200 <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-09-01							1
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11							1
2019-09-12							
2019-09-13							1
2019-09-14							
2019-09-15							
2019-09-16							1
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26			1				
2019-09-27							
2019-09-28			1				
2019-09-29			1				
2019-09-30							
Minimum			ï				1.0
Maximum			ĺ				1.0
Average			ĺ				1
Count							4
Name of Responsible Official or Authorized Representative			lly examined and am familia	ar with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski 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.							

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 200

LOCATION: **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow	CBOD 5 day						
	Volume	CBOD 3 day						
PARAMETER CODE	74063	80082						
UNITS	Million Gallons	mg/l						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	24hr Total	Grab						
2019-09-01	0.1104							
2019-09-02								
2019-09-03								
2019-09-04								
2019-09-05								
2019-09-06								
2019-09-07								
2019-09-08								
2019-09-09								
2019-09-10								
2019-09-11	1.1226							
2019-09-12	0.8594							
2019-09-13	1.3736							
2019-09-14								
2019-09-15								
2019-09-16	0.0204							
2019-09-17								
2019-09-18								
2019-09-19								
2019-09-20								
2019-09-21								
2019-09-22								
2019-09-23								
2019-09-24								
2019-09-25								
2019-09-26								
2019-09-27								
2019-09-28								
2019-09-29								
2019-09-30								
Minimum	0.0204		i e					
Maximum	1.3736							
Average	0.69728		ĺ					
Count	5							
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am famili	ar with the	Sign	ature of Responsible Official	or Authorized Representativ	e Submission Date/Time
Kevin Zebrowski	information submitted her responsible for obtaining	ein and based on my inqui the information, I believe that that there are significant p	ry of those individuals imm ne submitted information is enalties for submitting false	ediately true, accurate				2019-1- 08 08:1

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 202

LOCATION: <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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			
2019-09-01										
2019-09-02										
2019-09-03										
2019-09-04										
2019-09-05										
2019-09-06										
2019-09-07										
2019-09-08										
2019-09-09										
2019-09-10										
2019-09-11							1			
2019-09-12										
2019-09-13							1			
2019-09-14										
2019-09-15										
2019-09-16							1			
2019-09-17										
2019-09-18										
2019-09-19										
2019-09-20										
2019-09-21										
2019-09-22										
2019-09-23										
2019-09-24										
2019-09-25										
2019-09-26										
2019-09-27										
2019-09-28										
2019-09-29										
2019-09-30										
Minimum							1.0			
Maximum							1.0			
Average							1			
Count Name of Responsible Official or			ļ	Cim	ature of Responsible Official	or Authorized Penresentative	Submission			
Authorized Representative Kevin Zebrowski	information submitted her responsible for obtaining	rein and based on my inquit the information, I believe the	Ily examined and am familia ry of those individuals immo- ne submitted information is enalties for submitting false	ar with the ediately true, accurate	active of responsible Official	o. Annaorized Representative	2019-10-			
Keviii Zeuluwski	including the possibility o		chances for submitting false	miomation,		Page	08 08:10			

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 202

LOCATION: **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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					
2019-09-01							
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11	1.1551						
2019-09-12	1.0254						
2019-09-13	2.1347						
2019-09-14							
2019-09-15							
2019-09-16	0.0292						
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum	0.0292						
Maximum	2.1347				<u> </u>		
Average	1.0861				-		
Count Name of Responsible Official or	4		<u> </u>	1 6:-	nature of Responsible Official	or Authorized Ponyssont-ti-	e Submission
Authorized Representative	I certify under the penalty information submitted her	of law that I have personal ein and based on my inquis	lly examined and am familia y of those individuals imme	ir with the	nature of Responsible Official	or Audiorized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining	the information, I believe the that there are significant po	ne submitted information is enalties for submitting false	true, accurate		D.	2019-10-08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 206 <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-09-01							1
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11							1
2019-09-12							
2019-09-13							1
2019-09-14							
2019-09-15							
2019-09-16							1
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum							1.0
Maximum							1.0
Average							1
Count	L.						4
Name of Responsible Official or Authorized Representative			lly examined and am familia	ar with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski nformation 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.							

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 206 **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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					
2019-09-01	0.0145						
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11	0.0061						
2019-09-12	0.7107						
2019-09-13	0.4529						
2019-09-14	0.0464						
2019-09-15							
2019-09-16	0.0802						
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum	0.0061						
Maximum	0.7107						
Average	0.21847						
Count	6				(D 71 627 :	1 4 1 1 1 1 1 1 1	
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	ly examined and am familia y of those individuals imme	r with the	nature of Responsible Official	or Autnorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining	he information, I believe the that there are significant pe	ne submitted information is enalties for submitting false	true, accurate		D.	2019-10- 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 211 <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume						
PARAMETER	Occurrence	Volume						
CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-09-01								
2019-09-02								
2019-09-03								
2019-09-04								
2019-09-05								
2019-09-06								
2019-09-07								
2019-09-08								
2019-09-09								
2019-09-10								
2019-09-11	1	0.0014						
2019-09-12		0.0991						
2019-09-13	1	0.7039						
2019-09-14								
2019-09-15								
2019-09-16								
2019-09-17								
2019-09-18								
2019-09-19								
2019-09-20								
2019-09-21								
2019-09-22								
2019-09-23								
2019-09-24								
2019-09-25								
2019-09-26								
2019-09-27								
2019-09-28								
2019-09-29								
2019-09-30								
Minimum	1.0	0.0014				,		ĺ
Maximum	1.0	0.7039						
Average	1	0.26813						
Count	2	3						
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	ar with the	Signa	nture of Responsible Official	or Authorized Representative	e Submissie Date/Tin
Kevin Zebrowski	responsible for obtaining and complete. I am awar	rein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate				2019-1 08 08:

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 218 <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-09-01							
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11							1
2019-09-12							
2019-09-13							1
2019-09-14							
2019-09-15							
2019-09-16							
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum							1.0
Maximum							1.0
Average							1
Count	<u> </u>						2
Name of Responsible Official or Authorized Representative			lly examined and am familia	ar with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski Kevin Zebrowski Information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, 1 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.							

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 218 **MONITORING** <u>2019-09-01</u> To: <u>2019-09-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Volume	CBOD 5 day					
PARAMETER CODE	74063	80082					
UNITS	Million Gallons	mg/l					
FREQUENCY	When Disch.	When Disch.				ĺ	
SAMPLING TYPE	24hr Total	Grab					
2019-09-01							
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11	0.1946						
2019-09-12	0.1736						
2019-09-13	0.4819						
2019-09-14							
2019-09-15							
2019-09-16							
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum	0.1736						
Maximum	0.4819						
Average	0.28337				ļ		
Count Name of Responsible Official or	3			1 6:	nature of Responsible Official	or Authorized B	e Submission
Authorized Representative	I certify under the penalty information submitted her	of law that I have personal	ly examined and am familia y of those individuals imme	ir with the	nature of Responsible Official	or Authorized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining	he information, I believe the that there are significant pe	ne submitted information is enalties for submitting false	true, accurate		D	2019-10- 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 232

LOCATION: <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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					
2019-09-01	AH	AH					
2019-09-02	AH	АН					
2019-09-03	AH	АН					
2019-09-04	AH	АН					
2019-09-05	АН	АН					
2019-09-06	AH	АН					
2019-09-07	AH	АН					
2019-09-08	AH	АН					
2019-09-09	AH	АН					
2019-09-10	AH	AH					
2019-09-11	AH	АН					
2019-09-12	AH	АН					
2019-09-13	AH	АН					
2019-09-14	AH	AH					
2019-09-15	AH	АН					
2019-09-16	AH	AH					
2019-09-17	AH	АН					
2019-09-18	AH	AH					
2019-09-19	AH	AH					
2019-09-20	AH	AH					
2019-09-21	AH	AH					
2019-09-22	AH	АН					
2019-09-23	AH	AH					
2019-09-24	AH	AH					
2019-09-25	AH	AH					
2019-09-26	AH	АН					
2019-09-27	AH	AH					
2019-09-28	AH	AH					
2019-09-29	AH	AH					
2019-09-30	AH	AH					
Minimum							
Maximum							
Average							
Count	ļ						
Name of Responsible Official or Authorized Representative	information submitted he	of law that I have personall	y of those individuals imme	r with the	ature of Responsible Official	or Authorized Representative	Date/Time
Kevin Zebrowski		the information, I believe the that there are significant per of fine and imprisonment.				Page	2019-10- 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 239 <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO REPORTING LAB: NEORSD NEORSD DISTRICT: ANALYST: AL

NO DISCHARGE

	INDICATOR:													
PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plu Nitrate, To	1 1	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 Disc	h. When Disch.	When Disch.	When Disch.							
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total							
2019-09-01														
2019-09-02														
2019-09-03														
2019-09-04														
2019-09-05														
2019-09-06														
2019-09-07														
2019-09-08														
2019-09-09														
2019-09-10														
2019-09-11														
2019-09-12														
2019-09-13														
2019-09-14														
2019-09-15														
2019-09-16														
2019-09-17														
2019-09-18														
2019-09-19														
2019-09-20														
2019-09-21														
2019-09-22														
2019-09-23														
2019-09-24														
2019-09-25														
2019-09-26														
2019-09-27														
2019-09-28														
2019-09-29														
2019-09-30			 											
Minimum			1			1	1							
Maximum						 	1							
Average			1			1								
Count						ĺ	ĺ							
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have persona	ally examined and am familia	nr with the	Signature of Responsible Official	or Authorized Representativ	e Submission Date/Time							
Kevin Zebrowski	responsible for obtaining t	he information, I believe t that there are significant p	ry of those individuals immore the submitted information is enalties for submitting false	true, accurate			2019-10- 08 08:10							

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 239

LOCATION: <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO REPORTING LAB: NEORSD NEORSD DISTRICT: ANALYST:

NO DISCHARGE AL

			ı					r
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						
2019-09-01								
2019-09-02								
2019-09-03								
2019-09-04								
2019-09-05								
2019-09-06								
2019-09-07								
2019-09-08								
2019-09-09								
2019-09-10								
2019-09-11								
2019-09-12								
2019-09-13								
2019-09-14								
2019-09-15								
2019-09-16								
2019-09-17								
2019-09-18								
2019-09-19								
2019-09-20								
2019-09-21								
2019-09-22								
2019-09-23								
2019-09-24								
2019-09-25								
2019-09-26								
2019-09-27								
2019-09-28								
2019-09-29								
2019-09-30								
Minimum	i i		ĺ					
Maximum								
Average								
Count								
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe the that there are significant po	y of those individuals immore submitted information is enalties for submitting false	true, accurate				2019-10 08 08:10

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 242 <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow	Overflow						
	Occurrence	Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-09-01								
2019-09-02								
2019-09-03								
2019-09-04								
2019-09-05								
2019-09-06								
2019-09-07								
2019-09-08								
2019-09-09								
2019-09-10								
2019-09-11								
2019-09-12	1	2.6064						
2019-09-13	1	1.0656						
2019-09-14		0.6370						
2019-09-15								
2019-09-16								
2019-09-17								
2019-09-18								
2019-09-19								
2019-09-20								
2019-09-21								
2019-09-22								
2019-09-23								
2019-09-24								
2019-09-25								
2019-09-26								
2019-09-27								
2019-09-28								
2019-09-29								
2019-09-30								
Minimum	1.0	0.637						
Maximum	1.0	2.6064						
Average	1	1.43633						
Count	2	3						
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representativ	e Submissi Date/Tin
Kevin Zebrowski	responsible for obtaining and complete. I am awar	rein and based on my inquire the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				2019- 08 08:

SUBMISSION ID: 891597 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 258 <u>2019-09-01</u> To: <u>2019-09-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO REPORTING LAB: NEORSD NEORSD DISTRICT: ANALYST:

NO DISCHARGE AL

	Overflow	Overflow		1				<u> </u>	
PARAMETER	Occurrence	Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-09-01									
2019-09-02									
2019-09-03									
2019-09-04									
2019-09-05									
2019-09-06									
2019-09-07									
2019-09-08									
2019-09-09									
2019-09-10									
2019-09-11									
2019-09-12									
2019-09-13									
2019-09-14									
2019-09-15									
2019-09-16									
2019-09-17									
2019-09-18									
2019-09-19									
2019-09-20									
2019-09-21									
2019-09-22									
2019-09-23									
2019-09-24									
2019-09-25									
2019-09-26									
2019-09-27									
2019-09-28									
2019-09-29									
2019-09-30									
Minimum									
Maximum									
Average									
Count									
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e Subi Date	mission e/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	rein and based on my inquir the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				201	9-10- 08:10

FACILITY: LOCATION: Northeast Ohio Regional SD PERMIT NUMBER:

3826 Euclid Ave

MONITORING <u>2019-09-01</u> To: <u>2019-09-30</u> **PERIOD:**

3PA00002*HD

Cleveland, OH 44115

GENERAL REPORT COMMENT:

Sampling required two times per year.

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
040	Overflow Volume	74063	2019- 09-13	Million Gallons	There are two weirs (SO-08 and SO-08A) and two bubblers at this location. Both bubblers indicate an Overflow Occurrence. However, the Overflow Volume cannot be estimated because the bubbler for SO-08 was out of service for part of the rain event. Bubbler for SO-08 was returned to operation on 09/16/19.
058	Overflow Occurrence	74062	2019- 09-13	No./Month	The bubbler was out of service during a major storm event. An overflow cannot be confirmed. The bubbler was returned to operation on 09/14/19.
058	Overflow Volume	74063	2019- 09-13	Million Gallons	The bubbler was out of service during a major storm event. An overflow cannot be confirmed. The bubbler was returned to operation on 09/14/19.
232	Overflow Occurrence per Year	51709	2019- 09-01	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-02	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-03	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-04	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-05	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-06	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-07	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-08	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-09	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-10	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

232	Overflow Occurrence per Year	51709	2019- 09-11	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-12	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-13	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-14	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-15	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-16	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-17	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-18	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-19	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-20	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-21	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-22	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-23	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-24	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-25	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-26	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-27	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-28	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 09-29	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232		51709	2019- 09-30	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

	Overflow Occurrence per Year				
232	Overflow Volume	74063	2019- 09-01	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-02	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-03	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-04	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-05	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-06	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-07	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-08	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-09	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-10	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-11	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-12	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-13	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-14	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-15	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-16	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-17	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-18	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-19	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-20	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-21	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-22	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-23	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-24	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-25	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 09-26	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

232	Overflow Volume	74063		CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063		CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063		CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063		CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

902285 SUBMISSION ID: Northeast Ohio Regional SD PERMIT NUMBER: FACILITY:

3826 Euclid Ave LOCATION:

STATION CODE: Cleveland, OH 44115

MONITORING

007 <u>2019-10-01</u> To: <u>2019-10-31</u>

Original 3PA00002*HD

Cuyahoga NEDO

COUNTY:

DISTRICT:

PERIOD: REPORTING LAB: ANALYST:

NEORSD NEORSD

PARAMETER	Collection System Visit Core Person ID						
PARAMETER CODE	79859						
UNITS	Number						
FREQUENCY	When Disch.						
SAMPLING TYPE	Grab						
2019-10-01	1095749						
2019-10-02	1082236						
2019-10-03	1082236						
2019-10-04	1082236						
2019-10-05							
2019-10-06							
2019-10-07	1102263						
2019-10-08	1014433						
2019-10-09	1082236						
2019-10-10	1014433						
2019-10-11	1082236						
2019-10-12							
2019-10-13							
2019-10-14	1061676						
2019-10-15	1045496						
2019-10-16	1115968						
2019-10-17	1102263						
2019-10-18	1119033						
2019-10-19							
2019-10-20							
2019-10-21	1065043						
2019-10-22	1102263						
2019-10-23	1045496						
2019-10-24	1115968						
2019-10-25	2004968						
2019-10-26							
2019-10-27							
2019-10-28	1103938						
2019-10-29	1082236						
2019-10-30	1014433						
2019-10-31	1046042						
Minimum	1014433.0						
Maximum	2004968.0						
Average	1115777.43478						
Count	23						
Name of Responsible Official or Authorized Representative		of law that I have personall		ir with the	ature of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	ein and based on my inquir the information, I believe th that there are significant pe f fine and imprisonment.	e submitted information is	true, accurate		Раде	2019-11- 13 16:11

 SUBMISSION ID:
 902285
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 025

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 025

 Cleveland OH 44115
 MONITORING
 2019-10-01 To: 2019-10-31

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

NO DISCHARGE AL

PARAMETER	Overflow	Overflow							
	Occurrence	Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-10-01									
2019-10-02									
2019-10-03									
2019-10-04									
2019-10-05									
2019-10-06									
2019-10-07									
2019-10-08									
2019-10-09									
2019-10-10									
2019-10-11									
2019-10-12									
2019-10-13									
2019-10-14									
2019-10-15									
2019-10-16									
2019-10-17									
2019-10-18									
2019-10-19									
2019-10-20									
2019-10-21									
2019-10-22									
2019-10-23									
2019-10-24									
2019-10-25									
2019-10-26									
2019-10-27									
2019-10-28									
2019-10-29									
2019-10-30									
2019-10-31									
Minimum									
Maximum									
Average									
Count						(<u> </u>	61
Name of Responsible Official or Authorized Representative	information submitted he	y of law that I have personall rein and based on my inquir	y of those individuals imme	diately	Sign	ature of Kesponsible Official	or Authorized Representative		Submission Date/Time
Kevin Zebrowski	and complete. I am award	the information, I believe the that there are significant pe of fine and imprisonment.							2019-11- 13 16:11

SUBMISSION ID:902285STATUS:OriginalFACILITY:Northeast Ohio Regional SDPERMIT NUMBER:3PA00002*HDLOCATION:3826 Euclid AveSTATION CODE:035

Cleveland OH 44115 MONITORING 2019-10-01 To: 2019-10-31

Cleveland, OH 44115

COUNTY:

Cleveland, OH 44115

PERIOD:

REPORTING LAB:

NEORS'

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

PARAMETER	Overflow	Overflow						
	Occurrence	Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-10-01								
2019-10-02								
2019-10-03								
2019-10-04								
2019-10-05								
2019-10-06								
2019-10-07								
2019-10-08								
2019-10-09								
2019-10-10								
2019-10-11								
2019-10-12								
2019-10-13								
2019-10-14								
2019-10-15								
2019-10-16	1	0.0017						
2019-10-17								
2019-10-18								
2019-10-19								
2019-10-20								
2019-10-21								
2019-10-22								
2019-10-23								
2019-10-24								
2019-10-25								
2019-10-26		$oxed{\Box}$						
2019-10-27								
2019-10-28		$oxed{\Box}$						
2019-10-29								
2019-10-30								
2019-10-31	1	0.0314						
Minimum	1.0	0.0017						
Maximum	1.0	0.0314						
Average	1	0.01655						
Count Name of Responsible Official or	2	2			Signatur	re of Responsible Official	or Authorized Representative	Submission
Authorized Representative	I certify under the penalt information submitted he	y of law that I have personall rein and based on my inquiry	y examined and am familia of those individuals imme	r with the	Signatui	re or responsible Official	or Admoraced Representative	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE:

LOCATION: 3826 Euclid Ave 038 <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow					
	Occurrence	Volume			+		
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-10-01							
2019-10-02							
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10							
2019-10-11							
2019-10-12							
2019-10-13							
2019-10-14							
2019-10-15							
2019-10-16							
2019-10-17							
2019-10-18							
2019-10-19							
2019-10-20							
2019-10-21							
2019-10-22							
2019-10-23							
2019-10-24							
2019-10-25							
2019-10-26							
2019-10-27							
2019-10-28							
2019-10-29							
2019-10-30							
2019-10-31						<u> </u>	
Minimum		ļ				ļ	
Maximum		ļ			+	ļ	
Average		 			+		
Count Name of Responsible Official or	1			1 6	ignature of Responsible Official	or Authorized Representative	Submission
Authorized Representative	I certify under the penalt information submitted he	y of law that I have personall erein and based on my inquir	ly examined and am familia y of those individuals imme	ir with the	Summer of Responsible Official	oaorizcu representative	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate			2019-11 13 16:11

SUBMISSION ID: 902285 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 040

LOCATION: **MONITORING** <u>2019-10-01</u> To: <u>2019-10-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-10-01							
2019-10-02							
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10							
2019-10-11							
2019-10-12							
2019-10-13							
2019-10-14							
2019-10-15							
2019-10-16							1
2019-10-17							
2019-10-18							
2019-10-19							
2019-10-20							
2019-10-21							
2019-10-22							
2019-10-23							
2019-10-24							
2019-10-25							
2019-10-26							
2019-10-27							
2019-10-28							
2019-10-29							
2019-10-30							
2019-10-31							1
Minimum							1.0
Maximum							1.0
Average							1
Count	<u> </u>						2
Name of Responsible Official or Authorized Representative	information submitted her	ein and based on my inqui	lly examined and am familia ry of those individuals imme	ediately	ature of Responsible Official	or Authorized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining t and complete. I am aware including the possibility o	that there are significant p	he submitted information is enalties for submitting false	true, accurate information,			2019-11- 13 16:11

SUBMISSION ID:902285STATUS:OriginalFACILITY:Northeast Ohio Regional SDPERMIT NUMBER:3PA00002*HDLOCATION:3826 Euclid AveSTATION CODE:040

Cleveland OH 44115 MONITORING 2019-10-01 To: 2019-10-31

Cleveland, OH 44115

COUNTY:

Cuvahoga

Cleveland, OH 44115

PERIOD:
REPORTING LAB:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

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						
2019-10-01								
2019-10-02								
2019-10-03								
2019-10-04								
2019-10-05								
2019-10-06								
2019-10-07								
2019-10-08								
2019-10-09								
2019-10-10								
2019-10-11								
2019-10-12								
2019-10-13								
2019-10-14								
2019-10-15								
2019-10-16	1.1304							
2019-10-17								
2019-10-18								
2019-10-19								
2019-10-20								
2019-10-21								
2019-10-22								
2019-10-23								
2019-10-24								
2019-10-25								
2019-10-26								
2019-10-27								
2019-10-28								
2019-10-29								
2019-10-30								
2019-10-31	2.9758							
Minimum	1.1304							
Maximum	2.9758				-			
Average	2.0531							
Count Name of Responsible Official or	2				Signature of D	esnonsible Offici-1	or Authorized Representative	Submission
Authorized Representative	information submitted her	ein and based on my inquir	ly examined and am familia y of those individuals imme	diately	Signature of Re	caponamie Official (o Admorized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining t and complete. I am aware including the possibility o	that there are significant pe	e submitted information is enalties for submitting false	true, accurate information,				2019-11 13 16:1

SUBMISSION ID: 902285 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 044

LOCATION: 3826 Euclid Ave <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow						
	Occurrence	Volume			\longrightarrow			
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-10-01								
2019-10-02								
2019-10-03								
2019-10-04								
2019-10-05								
2019-10-06								
2019-10-07								
2019-10-08								
2019-10-09								
2019-10-10								
2019-10-11								
2019-10-12								
2019-10-13								
2019-10-14								
2019-10-15								
2019-10-16								
2019-10-17								
2019-10-18								
2019-10-19								
2019-10-20								
2019-10-21								
2019-10-22								
2019-10-23								
2019-10-24								
2019-10-25								
2019-10-26								
2019-10-27								
2019-10-28								
2019-10-29								
2019-10-30								
2019-10-31								
Minimum]			
Maximum					\rightarrow			
Average								
Count Name of Responsible Official or	<u> </u>				Siena	sture of Responsible Official	or Authorized Representative	Submission
Authorized Representative	I certify under the penalty information submitted he	y of law that I have personall rein and based on my inquir	y examined and am familia y of those individuals imme	r with the	oigna	tere of Responsible Official	or Authorized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 045

LOCATION: <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST: AL

NO DISCHARGE

PARAMETER	Overflow Occurrence	Overflow Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-10-01							
2019-10-02							
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10							
2019-10-11							
2019-10-12							
2019-10-13							
2019-10-14							
2019-10-15							
2019-10-16							
2019-10-17							
2019-10-18							
2019-10-19							
2019-10-20							
2019-10-21							
2019-10-22							
2019-10-23							
2019-10-24							
2019-10-25		ļ			<u> </u>		
2019-10-26		<u> </u>					
2019-10-27		ļ					
2019-10-28							
2019-10-29		ļ					
2019-10-30		ļ					
2019-10-31		ļļ			<u> </u>		
Minimum							
Maximum		 			-		
Average Count					-		
Name of Responsible Official or	L			Sign	 ature of Responsible Official	or Authorized Representative	
Authorized Representative	information submitted he responsible for obtaining	y of law that I have personall rein and based on my inquiry the information, I believe the	y of those individuals imme e submitted information is	rr with the ediately true, accurate	-	-	2019-11-
Kevin Zebrowski		e that there are significant pe of fine and imprisonment.	nalties for submitting false	information,		Page	13 16:11

SUBMISSION ID:902285STATUS:OriginalFACILITY:Northeast Ohio Regional SDPERMIT NUMBER:3PA00002*HDLOCATION:3826 Euclid AveSTATION CODE:056

Cleveland, OH 44115 **MONITORING** 2019-10-01 To: 2019-10-31 **PERIOD**:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

PARAMETER	Overflow Occurrence	Overflow Volume			Т				
PARAMETER	74062	74063							
CODE	74002				\rightarrow			<u> </u>	
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-10-01									
2019-10-02									
2019-10-03									
2019-10-04									
2019-10-05									
2019-10-06									
2019-10-07									
2019-10-08									
2019-10-09									
2019-10-10									
2019-10-11									
2019-10-12									
2019-10-13									
2019-10-14									
2019-10-15									
2019-10-16									
2019-10-17									
2019-10-18									
2019-10-19									
2019-10-20									
2019-10-21									
2019-10-22									
2019-10-23									
2019-10-24									
2019-10-25									
2019-10-26									
2019-10-27									
2019-10-28									
2019-10-29									
2019-10-30									
2019-10-31	1	0.0012							
Minimum	1.0	0.0012						<u> </u>	
Maximum	1.0	0.0012			\longrightarrow			<u> </u>	
Average	1	0.0012						<u> </u>	
Count Name of Responsible Official or	1	1		<u> </u>	Simotor	re of Desnancible Offi-:-1	or Authorized Representative		Submission
Authorized Representative	I certify under the penalt information submitted be	y of law that I have personall erein and based on my inquir	ly examined and am familia	r with the	Signatur	re or Kesponsible Official	or Authorized Representative		Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original
FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD
LOCATION: 3826 Euclid Ave STATION CODE: 058

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 058

 Cleveland OH 44115
 MONITORING
 2019-10-01 To: 2019-10-31

Cleveland, OH 44115 MONITORIN PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

					i				
PARAMETER	Overflow Occurrence	Overflow Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.		 				 	
SAMPLING TYPE	Total	24hr Total							
2019-10-01									
2019-10-02									
2019-10-03									
2019-10-04									
2019-10-05									
2019-10-06									
2019-10-07									
2019-10-08									
2019-10-09									
2019-10-10									
2019-10-11									
2019-10-12									
2019-10-13									
2019-10-14									
2019-10-15									
2019-10-16	1	5.4485							
2019-10-17									
2019-10-18									
2019-10-19									
2019-10-20									
2019-10-21									
2019-10-22									
2019-10-23									
2019-10-24									
2019-10-25									
2019-10-26	1	2.4033							
2019-10-27		0.0316							
2019-10-28									
2019-10-29									
2019-10-30									
2019-10-31	1	AD							
Minimum	1.0	0.0316						Î	
Maximum	1.0	5.4485							
Average	1	2.6278							
Count	3	3							
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am famili	ar with the	Signature of Res	sponsible Official o	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	erein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate					2019-11- 13 16:11

 SUBMISSION ID:
 902285
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 059

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 059

 Cleveland OH 44115
 MONITORING
 2019-10-01 To: 2019-10-31

Cleveland, OH 44115 MONITORIN PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

NO DISCHARGE AL

PARAMETER	Overflow	Overflow						
	Occurrence	Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-10-01								
2019-10-02								
2019-10-03								
2019-10-04								
2019-10-05								
2019-10-06								
2019-10-07								
2019-10-08								
2019-10-09								
2019-10-10								
2019-10-11								
2019-10-12								
2019-10-13								
2019-10-14								
2019-10-15								
2019-10-16								
2019-10-17								
2019-10-18								
2019-10-19								
2019-10-20								
2019-10-21								
2019-10-22								
2019-10-23								
2019-10-24								
2019-10-25								
2019-10-26								
2019-10-27								
2019-10-28								
2019-10-29								
2019-10-30								
2019-10-31								
Minimum								
Maximum								
Average								
Count						(CD	1 4 1 12	 61
Name of Responsible Official or Authorized Representative	information submitted he	y of law that I have personall rein and based on my inquir	y of those individuals imme	diately	Signa	nure of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	and complete. I am award	the information, I believe the that there are significant pe of fine and imprisonment.						2019-11- 13 16:11

 SUBMISSION ID:
 902285
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 069

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 069

 Cleveland OH 44115
 MONITORING
 2019-10-01 To: 2019-10-31

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

NO DISCHARGE AL

PARAMETER	Overflow	Overflow							
	Occurrence	Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-10-01									
2019-10-02									
2019-10-03									
2019-10-04									
2019-10-05									
2019-10-06									
2019-10-07									
2019-10-08									
2019-10-09									
2019-10-10									
2019-10-11									
2019-10-12									
2019-10-13									
2019-10-14									
2019-10-15									
2019-10-16									
2019-10-17									
2019-10-18									
2019-10-19									
2019-10-20									
2019-10-21									
2019-10-22									
2019-10-23									
2019-10-24									
2019-10-25									
2019-10-26									
2019-10-27									
2019-10-28									
2019-10-29									
2019-10-30									
2019-10-31									
Minimum		ļ							
Maximum									
Average									
Count Name of Responsible Official or					Sions	ature of Responsible Official	or Authorized Representative	e Sub	mission
Name of Responsible Official or Authorized Representative	information submitted he	y of law that I have personall rein and based on my inquir	y of those individuals imme	diately	o-gna	orpointside Onicial		Dat	e/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	the information, I believe the that there are significant peof fine and imprisonment.	e submitted information is	true, accurate					19-11- 16:11

SUBMISSION ID: 902285 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE:

LOCATION: 3826 Euclid Ave 072 <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

		I (D)	icator:					
PARAMETER	Overflow Occurrence	Overflow Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-10-01								
2019-10-02								
2019-10-03								
2019-10-04								
2019-10-05								
2019-10-06								
2019-10-07								
2019-10-08								
2019-10-09								
2019-10-10								
2019-10-11								
2019-10-12								
2019-10-13								
2019-10-14								
2019-10-15								
2019-10-16								
2019-10-17								
2019-10-18								
2019-10-19								
2019-10-20								
2019-10-21								
2019-10-22								
2019-10-23								
2019-10-24								
2019-10-25								
2019-10-26								
2019-10-27								
2019-10-28								
2019-10-29								
2019-10-29								
2019-10-30								
Minimum								
Maximum								
Average								
Count								
Name of Responsible Official or Authorized Representative	I certify under the nenalty	y of law that I have personal	ly examined and am familia	r with the	Sign	ature of Responsible Official	or Authorized Representative	
Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am award	rein and based on my inquir the information, I believe the that there are significant pe of fine and imprisonment.	y of those individuals imme e submitted information is	diately true, accurate				2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD

STATION CODE: LOCATION: 3826 Euclid Ave 080 <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

		NT:4	1	Γ	1		
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
2019-10-01							
2019-10-02							1
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10							
2019-10-11							
2019-10-12							1
2019-10-13							
2019-10-14							
2019-10-15							
2019-10-16							1
2019-10-17							
2019-10-18							
2019-10-19							
2019-10-20							
2019-10-21							
2019-10-22							1
2019-10-23							
2019-10-24							
2019-10-25							
2019-10-26							1
2019-10-27							
2019-10-28							
2019-10-29							
2019-10-29							1
2019-10-31			 		1		1
Minimum			1		1		1.0
Maximum			 		 		1.0
Average			İ		1		1
Count			ĺ		1		6
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have persona	lly examined and am familia	Sign with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
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.							2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original
FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD
LOCATION: 3826 Euclid Ave STATION CODE: 080

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 080

 Gleveland, OH 44115
 MONITORING
 2019-10-01 To: 2019-10-31

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

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							
2019-10-01									
2019-10-02	0.6135								
2019-10-03									
2019-10-04									
2019-10-05									
2019-10-06									
2019-10-07									
2019-10-08									
2019-10-09									
2019-10-10									
2019-10-11									
2019-10-12	0.4191								
2019-10-13									
2019-10-14									
2019-10-15									
2019-10-16	6.4921								
2019-10-17									
2019-10-18									
2019-10-19									
2019-10-20									
2019-10-21									
2019-10-22	0.0232								
2019-10-23									
2019-10-24									
2019-10-25									
2019-10-26	2.4959								
2019-10-27	0.0271								
2019-10-28									,
2019-10-29									
2019-10-30	0.5215								
2019-10-31	9.6452								
Minimum	0.0232		ĺ	,				Î	
Maximum	9.6452								
Average	2.5297								
Count	8								
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am familia	r with the	Signa	nture of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	he information, I believe that there are significant pe	ry of those individuals imme ne submitted information is enalties for submitting false	true, accurate					2019-11- 13 16:11

 SUBMISSION ID:
 902285
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 088

Cleveland, OH 44115 MONITORING 2019-10-01 To: 2019-10-31

Cleveland, OH 44115

PERIOD:
COUNTY: Cuyahoga REPORTING LAB: NEORSD
DISTRICT: NEDO ANALYST: NEORSD

PARAMETER	Overflow Occurrence per Year	Overflow Volume							
PARAMETER CODE	51709	74063							
UNITS	No./Year	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-10-01									
2019-10-02	1	0.0040							
2019-10-03									
2019-10-04									
2019-10-05									
2019-10-06									
2019-10-07									
2019-10-08									
2019-10-09									
2019-10-10									
2019-10-11									
2019-10-12	1	0.0012							
2019-10-13									
2019-10-14									
2019-10-15									
2019-10-16	1	0.1087							
2019-10-17									
2019-10-18									
2019-10-19									
2019-10-20									
2019-10-21									
2019-10-22									
2019-10-23									
2019-10-24									
2019-10-25									
2019-10-26	1	0.0135							
2019-10-27									
2019-10-28									
2019-10-29									
2019-10-30									
2019-10-31	1	0.1719							
Minimum	1.0	0.0012							
Maximum	1.0	0.1719						<u> </u>	
Average	1	0.05986							
Count	5	5							
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personall	ly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e :	Submission Date/Time
Kevin Zebrowski	information submitted her responsible for obtaining	rein and based on my inquir the information, I believe th that there are significant pe	y of those individuals imme e submitted information is	ediately true, accurate				2	019-11- 3 16:11

SUBMISSION ID: 902285 STATUS: Original
FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD
LOCATION: 3826 Euclid Ave STATION CODE: 200

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 200

 MONITORING
 2019-10-01 To: 2019-10-31

 PERIOD :
 PERIOD :

Cleveland, OH 44115

PERIOD:
COUNTY: Cuyahoga REPORTING LAB: NEORSD
DISTRICT: NEDO ANALYST: NEORSD

		Nitrogen,	1		1		
PARAMETER	Total Suspended Solids	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
2019-10-01							
2019-10-02							1
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10							
2019-10-11							
2019-10-12			1				1
2019-10-13							
2019-10-14							
2019-10-15							
2019-10-16							1
2019-10-17							
2019-10-18							
2019-10-19							
2019-10-20							
2019-10-21							
2019-10-22							
2019-10-23							
2019-10-24							
2019-10-25							
2019-10-26							1
2019-10-27							
2019-10-28							
2019-10-29							
2019-10-30							1
2019-10-31			1				
Minimum			ï		1		1.0
Maximum			ĺ		1		1.0
Average			ĺ				1
Count							5
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have persona	lly examined and am familia ry of those individuals imme	ar with the	ignature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe to that there are significant p	he submitted information is enalties for submitting false	true, accurate			2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: LOCATION: 3826 Euclid Ave 200

MONITORING <u>2019-10-01</u> To: <u>2019-10-31</u> Cleveland, OH 44115

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE INDICATOR:

PERIOD:

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						
2019-10-01								
2019-10-02	0.3253							
2019-10-03	0.0018							
2019-10-04								
2019-10-05								
2019-10-06								
2019-10-07								
2019-10-08								
2019-10-09								
2019-10-10								
2019-10-11								
2019-10-12	0.3240							
2019-10-13								
2019-10-14								
2019-10-15								
2019-10-16	1.6698							
2019-10-17								
2019-10-18								
2019-10-19								
2019-10-20								
2019-10-21								
2019-10-22								
2019-10-23								
2019-10-24								
2019-10-25								
2019-10-26	0.7699							
2019-10-27	0.1327							
2019-10-28								
2019-10-29								
2019-10-30	0.2699							
2019-10-31	2.0210							
Minimum	0.0018							
Maximum	2.021							
Average	0.6893							
Count	8			L				
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am familia ry of those individuals imme	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe the that there are significant po	ry of those individuals imme ne submitted information is enalties for submitting false	true, accurate				2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 202 <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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	
2019-10-01								
2019-10-02							1	
2019-10-03								
2019-10-04								
2019-10-05								
2019-10-06								
2019-10-07								
2019-10-08								
2019-10-09								
2019-10-10								
2019-10-11								
2019-10-12							1	
2019-10-13								
2019-10-14								
2019-10-15								
2019-10-16							1	
2019-10-17								
2019-10-18								
2019-10-19								
2019-10-20								
2019-10-21								
2019-10-22								
2019-10-23								
2019-10-24								
2019-10-25								
2019-10-26							1	
2019-10-27								
2019-10-28								
2019-10-29								
2019-10-30							1	
2019-10-31								
Minimum					Î		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 personal	ly examined and am familia	ar with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time	
Kevin Zebrowski 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.								
						Page	10	

 SUBMISSION ID:
 902285
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 202

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 202

 Cleveland OH 44115
 MONITORING
 2019-10-01 To: 2019-10-31

Cleveland, OH 44115 MONITORIN PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

		11,12							
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							
2019-10-01									
2019-10-02	0.1259								
2019-10-03	0.0664								
2019-10-04									
2019-10-05									
2019-10-06									
2019-10-07									
2019-10-08									
2019-10-09									
2019-10-10									
2019-10-11									
2019-10-12	0.0464								
2019-10-13									
2019-10-14									
2019-10-15									
2019-10-16	0.1878								
2019-10-17									
2019-10-18									
2019-10-19									
2019-10-20									
2019-10-21									
2019-10-22									
2019-10-23									
2019-10-24									
2019-10-25									
2019-10-26	0.0720								
2019-10-27	0.0795								
2019-10-28									
2019-10-29									
2019-10-30	0.0773								
2019-10-31	0.4414								
Minimum	0.0464		1						
Maximum	0.4414		ĺ						
Average	0.13709		ĺ						
Count	8								
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inquir the information, I believe the that there are significant po	ry of those individuals imme he submitted information is enalties for submitting false	ediately true, accurate					2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE:

LOCATION: 3826 Euclid Ave 206 <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-10-01							
2019-10-02							1
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10							
2019-10-11							
2019-10-12							1
2019-10-13							
2019-10-14							
2019-10-15							
2019-10-16							1
2019-10-17							
2019-10-18							
2019-10-19							
2019-10-20							
2019-10-21							
2019-10-22							1
2019-10-23							
2019-10-24							
2019-10-25							
2019-10-26							1
2019-10-27							
2019-10-28							
2019-10-29			1				
2019-10-30			1				1
2019-10-31							
Minimum	i i		Ì		Î	i i	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 persona	ally examined and am familia	ar with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inqui he information, I believe t that there are significant p	ry of those individuals imme he submitted information is senalties for submitting false	ediately true, accurate			2019-11 13 16:1

 SUBMISSION ID:
 902285
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 206

Cleveland, OH 44115 **MONITORING** 2019-10-01 To: 2019-10-31 **PERIOD**:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

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							
2019-10-01									
2019-10-02	0.3172								
2019-10-03	0.1808								
2019-10-04									
2019-10-05									
2019-10-06									
2019-10-07									
2019-10-08									
2019-10-09									
2019-10-10									
2019-10-11									
2019-10-12	0.5595								
2019-10-13									
2019-10-14									
2019-10-15									
2019-10-16	1.0376								
2019-10-17	0.4107								
2019-10-18									
2019-10-19									
2019-10-20									
2019-10-21									
2019-10-22	0.0061								
2019-10-23									
2019-10-24									
2019-10-25									
2019-10-26	0.4003								
2019-10-27	1.0422								
2019-10-28									
2019-10-29									_
2019-10-30	0.6659				$\neg \neg$				
2019-10-31	2.5558								
Minimum	0.0061								
Maximum	2.5558								
Average	0.71761								
Count	10								
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am familia	r with the	Signa	ture of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	he information, I believe that there are significant pe	ry of those individuals immore ne submitted information is enalties for submitting false	true, accurate					2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 211

LOCATION: 3826 Euclid Ave **MONITORING** <u>2019-10-01</u> To: <u>2019-10-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST: AL

NO DISCHARGE

PARAMETER	Overflow	Overflow					
	Occurrence	Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-10-01							
2019-10-02							
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10							
2019-10-11							
2019-10-12							
2019-10-13							
2019-10-14							
2019-10-15							
2019-10-16							
2019-10-17							
2019-10-18							
2019-10-19							
2019-10-20							
2019-10-21							
2019-10-22							
2019-10-23							
2019-10-24							
2019-10-25							
2019-10-26							
2019-10-27							
2019-10-28							
2019-10-29							
2019-10-30							
2019-10-31							
Minimum							
Maximum							
Average		ļ					
Count Name of Responsible Official or	<u> </u>				Signature -f D "	le Official or Authorized Repres	sentative Submission
Authorized Representative	information submitted he	y of law that I have personall rein and based on my inquir	y of those individuals imme	diately	orgnature of Kesponsib	ic Oniciai or Authorized Repres	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	the information, I believe the that there are significant peof fine and imprisonment.	e submitted information is	true, accurate			2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 218

LOCATION: <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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	
2019-10-01								
2019-10-02								
2019-10-03								
2019-10-04								
2019-10-05								
2019-10-06								
2019-10-07								
2019-10-08								
2019-10-09								
2019-10-10								
2019-10-11								
2019-10-12							1	
2019-10-13								
2019-10-14								
2019-10-15								
2019-10-16							1	
2019-10-17								
2019-10-18								
2019-10-19								
2019-10-20								
2019-10-21								
2019-10-22								
2019-10-23								
2019-10-24								
2019-10-25								
2019-10-26							1	
2019-10-27								
2019-10-28								
2019-10-29								
2019-10-30								
2019-10-31							1	
Minimum	Ì		Î		Î		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 persona	lly examined and am familia	ar with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time	
Kevin Zebrowski information submitted herein and based on my inquiry of those individuals immediately esponsible 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.								
						Page	2.4	

 SUBMISSION ID:
 902285
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 218

Cleveland, OH 44115 **MONITORING** 2019-10-01 To: 2019-10-31 **PERIOD**:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

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						
2019-10-01								
2019-10-02								
2019-10-03								
2019-10-04								
2019-10-05								
2019-10-06								
2019-10-07								
2019-10-08								
2019-10-09								
2019-10-10								
2019-10-11								
2019-10-12	0.0311							
2019-10-13								
2019-10-14								
2019-10-15								
2019-10-16	0.3131							
2019-10-17								
2019-10-18								
2019-10-19								
2019-10-20								
2019-10-21								
2019-10-22								
2019-10-23								
2019-10-24								
2019-10-25								
2019-10-26	0.0655							
2019-10-27								
2019-10-28								
2019-10-29								
2019-10-30								
2019-10-31	0.5990							
Minimum	0.0311							
Maximum	0.599							
Average	0.25218							
Count	4			<u> </u>		CD	4.0.1.15	
Name of Responsible Official or Authorized Representative	information submitted her	ein and based on my inquir	ly examined and am familia y of those individuals imme	diately	Signati	ure of Kesponsible Official	or Authorized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe the that there are significant pe	e submitted information is enalties for submitting false	true, accurate				2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 232

LOCATION: **MONITORING** <u>2019-10-01</u> To: <u>2019-10-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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					
2019-10-01	AH	AH					
2019-10-02	AH	AH					
2019-10-03	AH	АН					
2019-10-04	AH	АН					
2019-10-05	AH	АН					<u> </u>
2019-10-06	AH	АН					<u> </u>
2019-10-07	AH	AH					
2019-10-08	AH	AH					ļ
2019-10-09	AH	АН					<u> </u>
2019-10-10	AH	АН					
2019-10-11	AH	АН					
2019-10-12	AH	АН					
2019-10-13	AH	АН					
2019-10-14	AH	АН					
2019-10-15	AH	AH					
2019-10-16	AH	AH					
2019-10-17	AH	AH					
2019-10-18	AH	AH					
2019-10-19	AH	AH					
2019-10-20	AH	AH					
2019-10-21	AH	AH					
2019-10-22	AH	AH					
2019-10-23	AH	AH					
2019-10-24	AH	AH					
2019-10-25	AH	АН					ļ
2019-10-26	AH	АН					ļ
2019-10-27	AH	АН					
2019-10-28	AH	AH					
2019-10-29	AH	АН					
2019-10-30	AH	AH					
2019-10-31	AH	АН			<u> </u>		ļ
Minimum							
Maximum					-		
Average					-		
Count Name of Responsible Official or	<u> </u>			Sic	nature of Responsible Official	or Authorized Representativ	e Submission
Name of Responsible Official or Authorized Representative Kevin Zebrowski	information submitted he responsible for obtaining	of law that I have personall rein and based on my inquir- the information, I believe the that there are significant pe	y of those individuals imme e submitted information is	ediately true, accurate	, , , , , , , , , , , , , , , ,		2019-11-
Keviii Zeotowski	including the possibility of	of fine and imprisonment.	mandes for submitting false	momation,			13 16:11

SUBMISSION ID: 902285 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 239

LOCATION: 3826 Euclid Ave <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST: AL

NO DISCHARGE

INDICATOR:											
PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plus Nitrate, Tota		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				
2019-10-01											
2019-10-02											
2019-10-03											
2019-10-04											
2019-10-05											
2019-10-06											
2019-10-07											
2019-10-08											
2019-10-09											
2019-10-10											
2019-10-11											
2019-10-12			1								
2019-10-13											
2019-10-14											
2019-10-15											
2019-10-16											
2019-10-17											
2019-10-18											
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2019-10-21											
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2019-10-23											
2019-10-24											
2019-10-25											
2019-10-26											
2019-10-27											
2019-10-28											
2019-10-29											
2019-10-30											
2019-10-31					1						
Minimum			ï	î T	Ť	ï					
Maximum			ĺ		1	ĺ					
Average			ĺ		1	ĺ					
Count											
Name of Responsible Official or Authorized Representative	I certify under the penalty information submitted her	of law that I have persona ein and based on my inqui	lly examined and am familia ry of those individuals imme	ar with the	Signature of Responsible Official	or Authorized Representativ	Date/Time				
Kevin Zebrowski	responsible for obtaining t	the information, I believe to that there are significant p	he submitted information is enalties for submitting false	true, accurate			2019-11- 13 16:11				

SUBMISSION ID: 902285 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 239

LOCATION: 3826 Euclid Ave <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

		IND.	icator:					
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						
2019-10-01								
2019-10-02								
2019-10-03								
2019-10-04								
2019-10-05								
2019-10-06								
2019-10-07								
2019-10-08								
2019-10-09								
2019-10-10								
2019-10-11								
2019-10-12								
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2019-10-20								
2019-10-21								
2019-10-22								
2019-10-23								
2019-10-24								
2019-10-25								
2019-10-26								
2019-10-27								
2019-10-28								
2019-10-29								
2019-10-30								
2019-10-31								
Minimum								
Maximum								
Average								
Count								
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	information submitted her responsible for obtaining	rein and based on my inquir the information, I believe the that there are significant pe	y of those individuals imme ne submitted information is enalties for submitting false	ediately true, accurate				2019-11- 13 16:11

SUBMISSION ID: 902285 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 242

LOCATION: 3826 Euclid Ave <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow							
	Occurrence	Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-10-01									
2019-10-02									
2019-10-03									
2019-10-04									
2019-10-05									
2019-10-06									
2019-10-07									
2019-10-08									
2019-10-09									
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2019-10-25									
2019-10-26									
2019-10-27									
2019-10-28									
2019-10-29									
2019-10-30									
2019-10-31									
Minimum									
Maximum									
Average		ļ							
Count	1			<u> </u>	6:	At the second se	And benind December 1		
Name of Responsible Official or Authorized Representative	information submitted he	y of law that I have personall rein and based on my inquir	y of those individuals imme	ediately	Signa	iture of Responsible Official	or Authorized Representative	D	abmission ate/Time
Kevin Zebrowski	and complete. I am award	the information, I believe the that there are significant pe of fine and imprisonment.)19-11- 3 16:11

SUBMISSION ID: 902285 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 258

LOCATION: <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER Overflow								
CODE	PARAMETER							
No. Month FREQUENCY When Disch. When Disch.		74062	74063					
SAMPLING TYPE	UNITS	No./Month	Million Gallons					
SAMPLING TYPE	FREQUENCY	When Disch.	When Disch.					
2019-10-02 2019-10-03 2019-10-04 2019-10-05 2019-10-07 2019-10-07 2019-10-08 2019-10-10 2019-10-10 2019-10-11 2019-10-12 2019-10-13 2019-10-15 2019-10-15 2019-10-18 2019-10-18 2019-10-19 2019-10-19 2019-10-19 2019-10-19 2019-10-20 2019-10-20 2019-10-20 2019-10-27 2019-10-28 2019-10-25 2019-10-26 2019-10-27 2019-10-28 2019-10-28 2019-10-28 2019-10-29 2019-10-28 2019-10-29 2019-10-31 Minimum Maximum Maximum Maximum Minimum Maximum Minimum SAMPLING TYPE	Total	24hr Total						
2019-10-03 2019-10-05 2019-10-06 2019-10-08 2019-10-08 2019-10-10 2019-10-10 2019-10-11 2019-10-12 2019-10-13 2019-10-14 2019-10-15 2019-10-16 2019-10-18 2019-10-19 2019-10-20 2019-10-20 2019-10-20 2019-10-20 2019-10-20 2019-10-22 2019-10-23 2019-10-23 2019-10-25 2019-10-25 2019-10-25 2019-10-28 2019-10-26 2019-10-27 2019-10-28 2019-10-29 2019-10-29 2019-10-31 Minimum Maximum Max	2019-10-01							
2019-10-06 2019-10-06 2019-10-07 2019-10-08 2019-10-10 2019-10-10 2019-10-10 2019-10-11 2019-10-12 2019-10-13 2019-10-13 2019-10-15 2019-10-15 2019-10-18 2019-10-19 2019-10-19 2019-10-19 2019-10-19 2019-10-20 2019-10-21 2019-10-22 2019-10-23 2019-10-25 2019-10-25 2019-10-25 2019-10-26 2019-10-27 2019-10-28 2019-10-28 2019-10-29 2019-10-29 2019-10-30 2019-10-30 2019-10-30 2019-10-30 2019-10-30 2019-10-30 2019-10-30 2019-10-30 2019-10-30 2019-10-30 2019-10-30 2019-10-30 2019-10-30 2019-10-30 2019-10-31 Minimum Maximum Maxi								
2019-10-06 2019-10-08 2019-10-08 2019-10-10 2019-10-10 2019-10-11 2019-10-12 2019-10-13 2019-10-15 2019-10-15 2019-10-18 2019-10-18 2019-10-19 2019-10-19 2019-10-19 2019-10-20 2019-10-20 2019-10-21 2019-10-21 2019-10-22 2019-10-23 2019-10-24 2019-10-25 2019-10-25 2019-10-26 2019-10-27 2019-10-28 2019-10-28 2019-10-29 2019-10-29 2019-10-29 2019-10-29 2019-10-29 2019-10-29 2019-10-29 2019-10-29 2019-10-29 2019-10-30								
2019-10-06	2019-10-04							
2019-10-07 2019-10-10 2019-10-11 2019-10-12 2019-10-13 2019-10-15 2019-10-16 2019-10-16 2019-10-17 2019-10-18 2019-10-19 2019-10-20 2019-10-21 2019-10-22 2019-10-23 2019-10-24 2019-10-25 2019-10-25 2019-10-26 2019-10-27 2019-10-28 2019-10-29 2019-10-29 2019-10-29 2019-10-29 2019-10-29 2019-10-30 2019-10-31 Minimum Maximum Average Count Named Representative and a superior and superior and a sup								
2019-10-08								
2019-10-10 2019-10-11 2019-10-12 2019-10-13 2019-10-15 2019-10-16 2019-10-16 2019-10-17 2019-10-18 2019-10-19 2019-10-20 2019-10-20 2019-10-21 2019-10-23 2019-10-23 2019-10-23 2019-10-24 2019-10-25 2019-10-25 2019-10-26 2019-10-27 2019-10-28 2019-10-28 2019-10-29 2019-10-29 2019-10-29 2019-10-30								
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2019-10-11 2019-10-12 2019-10-13 2019-10-15 2019-10-15 2019-10-16 2019-10-16 2019-10-17 2019-10-18 2019-10-19 2019-10-19 2019-10-20 2019-10-20 2019-10-21 2019-10-22 2019-10-22 2019-10-23 2019-10-25 2019-10-26 2019-10-26 2019-10-26 2019-10-28 2019-10-28 2019-10-28 2019-10-29 2019-10-30 201								
2019-10-12								
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2019-10-15								
2019-10-15								
2019-10-16 2019-10-17 2019-10-18 2019-10-19 2019-10-20 2019-10-20 2019-10-22 2019-10-22 2019-10-23 2019-10-25 2019-10-25 2019-10-26 2019-10-27 2019-10-28 2019-10-27 2019-10-28 2019-10-29 2019-10-30 2019-10-31 201								
2019-10-17 2019-10-18								
2019-10-18								
2019-10-20								
2019-10-20 2019-10-22 2019-10-23 2019-10-24 2019-10-25 2019-10-26 2019-10-27 2019-10-28 2019-10-29 2019-10-30 2019-10-30 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Information submitted herein and based on my inquiry of those individuals immediately responsible of obtaining the information, In-blieve the submitted information, including the possibility of fine and imprisonment. Signature of Responsible Official or Authorized Representative Information is true, accurate and complete. Lam aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.								
2019-10-22 2019-10-23 2019-10-24 2019-10-25 2019-10-26 2019-10-27 2019-10-28 2019-10-29 2019-10-30 2019-10-30 Minimum Maximum Average Count Name of Repansible Official or Authorized Representative Count								
2019-10-23 2019-10-24 2019-10-25 2019-10-26 2019-10-27 2019-10-28 2019-10-29 2019-10-30 2019-10-30 2019-10-31 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Kevin Zebrowski Lectify 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, including the possibility of fine and imprisonment. Signature of Responsible Official or Authorized Representative Signature of Responsible Official or Authorized Representative 2019-11- 13 16:11								
2019-10-23 2019-10-24 2019-10-25 2019-10-26 2019-10-27 2019-10-28 2019-10-29 2019-10-30 2019-10-30 2019-10-31 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Name of Responsible Official or Authorized Representative Count Official or Authorized Representative Count Official or Authorized Representative Count Official or Authorized Representative Count Official or Authorized Representative Count Official or Authorized Representativ								
2019-10-25 2019-10-26 2019-10-27 2019-10-28 2019-10-29 2019-10-30 2019-10-31 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Nevin Zebrowski Kevin Zebrowski Kevin Zebrowski Minimum Name of 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.								
2019-10-26 2019-10-27 2019-10-28 2019-10-29 2019-10-30 2019-10-31 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Modernia 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, neluding the possibility of fine and imprisonment. Signature of Responsible Official or Authorized Representative Signature of Responsible Official or Authorized Representative Submission Date/Time 2019-11- 13 16:11								
2019-10-26 2019-10-27 2019-10-28 2019-10-29 2019-10-30 2019-10-31 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Kevin Zebrowski Kevin Zebrowski 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 waver that there are significant penalties for submitting false information, i believe the submitting false information, i cluding the possibility of fine and imprisonment. Signature of Responsible Official or Authorized Representative Signature of Responsible Official or Authorized Representative 2019-11- 13 16:11								
2019-10-28 2019-10-29 2019-10-30 2019-10-31 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Kevin Zebrowski Kevin Zebrowski Cunt Name of Responsible official or Authorized Representative Minimum Average Count Name of Responsible Official or Authorized Representative Submission Date/Time Signature of Responsible Official or Authorized Representative Submission Date/Time 2019-11- 13 16:11								
2019-10-28 2019-10-30 2019-10-31 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Kevin Zebrowski Kevin Zebrowski Cunt Name of Responsible official or Authorized Representative Menomation 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.								
2019-10-30 2019-10-31 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Authorized Representative Kevin Zebrowski Kevin Zebrowski Kevin Jebrowski Kevin Zebrowski								
2019-10-31 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Merind Zebrowski Lecrtify 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 exponsible 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.	1							
Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Kevin Zebrowski Certify under the penalty of law that I have personally examined and am familiar with the information as ubmitted herein and based on my inquiry of those individuals immediately exponsible 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. I and complete information is true, accurate and complete. I am aware that there are significant penalties for submitting false information. I all 16:11								
Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Name of Responsible Official or Authorized Representative Kevin Zebrowski 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 esponsible for obtaining the information, I believe the submitting financian including the possibility of fine and imprisonment. Signature of Responsible Official or Authorized Representative Submission Date/Time								
Maximum Average Count Name of Responsible Official or Authorized Representative Authorized Representative Including the possibility of fine and imprisonment. Kevin Zebrowski Signature of Responsible Official or Authorized Representative Submission Date/Time Signature of Responsible Official or Authorized Representative Authorized Representative Including the possibility of fine and imprisonment. Signature of Responsible Official or Authorized Representative Submission Date/Time 2019-11- 13 16:11						ļ		
Average Count Name of Responsible Official or Authorized Representative Authorized Representative Kevin Zebrowski Kevin Zebrowski Kevin Jebrowski Kevin Zebrowski			ļļ					
Count Name of Responsible Official or Authorized Representative Authorized Representative Submission Date/Time Kevin Zebrowski Kevin Zebrowski Representative Authorized Representative Authorized Representative Including the possibility of fine and imprisonment. Signature of Responsible Official or Authorized Representative Submission Date/Time Signature of Responsible Official or Authorized Representative Authorized Representative Submission Date/Time 2019-11- 13 16:11								
Name of Responsible Official or Authorized Representative Authorized Representative Kevin Zebrowski Kevin jerich including the possibility of fine and imprisonment. Signature of Responsible Official or Authorized Representative Submission Date/Time Signature of Responsible Official or Authorized Representative Submission Date/Time Submission Date/Time 2019-11- 13 16:11			 					
Authorized Representative 1 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.		<u> </u>			Sion	ature of Responsible Official	or Authorized Representative	Submission
Kevin Zebrowski 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.	Authorized Representative	I certify under the penalt information submitted he	y of law that I have personall rein and based on my inquire	y examined and am familia y of those individuals imme	ir with the		representative	Date/Time
	Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the that there are significant per	e submitted information is	true, accurate			13 16:11

FACILITY: LOCATION: Northeast Ohio Regional SD PERMIT NUMBER:

3826 Euclid Ave

PERIOD:

3PA00002*HD **MONITORING** <u>2019-10-01</u> To: <u>2019-10-31</u>

Cleveland, OH 44115

GENERAL REPORT COMMENT:

Sampling required two times per year.

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
058	Overflow Volume	74063	2019- 10-31	Million Gallons	The bubbler was out of service during a portion of a storm event. The overflow occurrence can be confirmed, but the estimated overflow volume cannot be calculated. The bubbler was returned to operation on 10/31/19.
232	Overflow Occurrence per Year	51709	2019- 10-01	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-02	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-03	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-04	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-05	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-06	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-07	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-08	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-09	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-10	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-11	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-12	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

232	Overflow Occurrence per Year	51709	2019- 10-13	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-14	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-15	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-16	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-17	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-18	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-19	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-20	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-21	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-22	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-23	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-24	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-25	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-26	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-27	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-28	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-29	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-30	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 10-31	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-01	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

232	Overflow Volume	74063	2019- 10-02	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-03	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-04	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-05	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-06	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-07	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-08	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-09	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-10	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-11	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-12	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-13	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-14	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-15	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-16	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-17	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-18	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-19	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-20	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-21	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-22	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-23	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-24	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-25	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-26	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-27	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 10-28	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232		74063	1		

	Overflow Volume		1	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063		Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063		Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD LOCATION: 3826 Euclid Ave STATION CODE: 007

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 007

 MONITORING
 2019-11-01 To: 2019-11-30

Cleveland, OH 44115

PERIOD:

Cuvahoga

Cuvahoga

NONTIORING

2019-11-01

PERIOD:

REPORTING LAB:

NEORS

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

	Collection								
PARAMETER	System Visit								
DADAMETED	Core Person ID			ļ					
PARAMETER CODE	79859								
UNITS	Number								
FREQUENCY	When Disch.								
SAMPLING TYPE	Grab								
2019-11-01	1112170								
2019-11-02									
2019-11-03									
2019-11-04	1082236								
2019-11-05	1082236								
2019-11-06	1046036								
2019-11-07	1082236								
2019-11-08	1082236								
2019-11-09									
2019-11-10									
2019-11-11	1112170								
2019-11-12	1061676								
2019-11-13	1119033								
2019-11-14	1141895								
2019-11-15	1046036								
2019-11-16									
2019-11-17									
2019-11-18	2004968.3								
2019-11-19	1106089								
2019-11-20	1141895								
2019-11-21	1061676								
2019-11-22	1119033								
2019-11-23									
2019-11-24									
2019-11-25	1082236								
2019-11-26	1082236								
2019-11-27	1082236								
2019-11-28									
2019-11-29	1141895								
2019-11-30	1011512								
Minimum	1011512.0								
Maximum	2004968.3								
Average	1133416.01429								
Count	21								
Name of Responsible Official or Authorized Representative		of law that I have personal			Sign	ature of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining	ein and based on my inquir the information, I believe th that there are significant pe f fine and imprisonment.	e submitted information is	true, accurate					2019-12- 20 08:12

 SUBMISSION ID:
 912462
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 025

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 025

 Cleveland OH 44115
 MONITORING
 2019-11-01 To: 2019-11-30

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

NO DISCHARGE 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					
2019-11-01							
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11							
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27							
2019-11-28							
2019-11-29							
2019-11-30					<u> </u>		
Minimum							
Maximum							
Average							
Count Name of Responsible Official or				6:	ature of Responsible Official	or Authorized Papeasantative	Submission
Authorized Representative	information submitted he	y of law that I have personall rein and based on my inquir	y of those individuals imme	r with the	or recopolisione Official	o. Adminized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the that there are significant peof fine and imprisonment.	e submitted information is	true, accurate		D.	2019-12-20 08:12

912462 SUBMISSION ID: STATUS: Original Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD FACILITY: STATION CODE: 035

LOCATION: 3826 Euclid Ave 2019-11-01 To: 2019-11-30

MONITORING Cleveland, OH 44115 **PERIOD:**

Count Name of Responsible Official or Authorized Representative

Kevin Zebrowski

COUNTY: Cuyahoga REPORTING LAB: **NEORSD** DISTRICT: NEDO ANALYST: **NEORSD** AL

NO DISCHARGE **INDICATOR:**

Overflow Overflow **PARAMETER** Occurrence Volume **PARAMETER** 74062 74063 **CODE** Million Gallons UNITS No./Month FREQUENCY When Disch. When Disch. SAMPLING TYPE Total 24hr Total 2019-11-01 2019-11-02 2019-11-03 2019-11-04 2019-11-05 2019-11-06 2019-11-07 2019-11-08 2019-11-09 2019-11-10 2019-11-11 2019-11-12 2019-11-13 2019-11-14 2019-11-15 2019-11-16 2019-11-17 2019-11-18 2019-11-19 2019-11-20 2019-11-21 2019-11-22 2019-11-23 2019-11-24 2019-11-25 2019-11-26 2019-11-27 2019-11-28 2019-11-29 2019-11-30 Minimum Maximum Average

> 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. Date/Time 2019-12-20 08:12

Signature of Responsible Official or Authorized Representative

 SUBMISSION ID:
 912462
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 038

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 038

 Cleveland OH 44115
 MONITORING
 2019-11-01 To: 2019-11-30

Cleveland, OH 44115 MONITORIN PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

NO DISCHARGE 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				-		
2019-11-01	Total	24111 10141						
2019-11-01						1		
2019-11-02								
2019-11-03								
2019-11-04								
2019-11-05								
2019-11-07								
2019-11-07						-		
2019-11-08								
2019-11-09								
2019-11-11						<u> </u>		
2019-11-12								
2019-11-13								
2019-11-14								
2019-11-15								
2019-11-16								
2019-11-17								
2019-11-18								
2019-11-19								
2019-11-20								
2019-11-21								
2019-11-22								
2019-11-23								
2019-11-24								
2019-11-25								
2019-11-26								
2019-11-27								
2019-11-28								
2019-11-29								
2019-11-30								
Minimum								
Maximum								
Average								
Count								
Name of Responsible Official or Authorized Representative	information submitted he	y of law that I have personall rein and based on my inquir	y of those individuals imme	diately	Sign	nature of Responsible Official	or Authorized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am award	the information, I believe the that there are significant peof fine and imprisonment.	e submitted information is	true, accurate				2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE:

LOCATION: 3826 Euclid Ave 040 <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER T		Mituo						
PARAMETER	Fotal Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Nitrate,		Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	0063	30	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/	1	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When D	Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Gra	b	Grab	Grab	Total
2019-11-01								
2019-11-02								
2019-11-03								
2019-11-04	Î							
2019-11-05								
2019-11-06	Î							
2019-11-07								
2019-11-08	Î							
2019-11-09								
2019-11-10								
2019-11-11								1
2019-11-12								
2019-11-13								
2019-11-14								
2019-11-15								
2019-11-16								
2019-11-17								
2019-11-18								
2019-11-19								
2019-11-20								
2019-11-21								
2019-11-22								
2019-11-23								
2019-11-24								
2019-11-25	Î							
2019-11-26	Î							
2019-11-27								
2019-11-28								
2019-11-29								
2019-11-30								
Minimum								1.0
Maximum								1.0
Average								1
Count								1
Name of Responsible Official or Authorized Representative			lly examined and am familia		Signa	ture of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	he information, I believe the that there are significant po	ry of those individuals imme ne submitted information is enalties for submitting false	true, accurate				2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 040

LOCATION: **MONITORING** <u>2019-11-01</u> To: <u>2019-11-30</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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					
2019-11-01	0.0025						
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11	0.0098						
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27							
2019-11-28							
2019-11-29							
2019-11-30					<u> </u>		
Minimum	0.0025						
Maximum	0.0098				-		
Average	0.00615				-		
Count Name of Responsible Official or	2			Sign	nature of Responsible Official	or Authorized Representative	e Submission
Authorized Representative	information submitted her	ein and based on my inquir	ly examined and am familia y of those individuals imme	r with the	Carangana omem		Date/Time
Kevin Zebrowski	responsible for obtaining	the information, I believe the that there are significant pe	e submitted information is enalties for submitting false	true, accurate		D.	2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE:

LOCATION: 3826 Euclid Ave 044 <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO REPORTING LAB: NEORSD NEORSD DISTRICT: ANALYST:

NO DISCHARGE 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							
2019-11-01									
2019-11-02									
2019-11-03									
2019-11-04									
2019-11-05									
2019-11-06									
2019-11-07									
2019-11-08									
2019-11-09									
2019-11-10									
2019-11-11									
2019-11-12									
2019-11-13									
2019-11-14									
2019-11-15									
2019-11-16									
2019-11-17									$\overline{}$
2019-11-18									$\overline{}$
2019-11-19									
2019-11-20									
2019-11-21									
2019-11-22									
2019-11-23									
2019-11-24									
2019-11-25									
2019-11-26									
2019-11-27									
2019-11-28									
2019-11-29									
2019-11-30									
Minimum		 				Î		,	
Maximum									
Average									
Count									
Name of Responsible Official or Authorized Representative		y of law that I have personall			Sign	ature of Responsible Official	or Authorized Representative		omission te/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	rein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate				20	19-12- 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE:

LOCATION: 3826 Euclid Ave 045 <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE 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							
2019-11-01									
2019-11-02									
2019-11-03									
2019-11-04									
2019-11-05									
2019-11-06									
2019-11-07									
2019-11-08									
2019-11-09									
2019-11-10									
2019-11-11									
2019-11-12									
2019-11-13									
2019-11-14									
2019-11-15									
2019-11-16									
2019-11-17									
2019-11-18									
2019-11-19									
2019-11-20									
2019-11-21									
2019-11-22									
2019-11-23									
2019-11-24									
2019-11-25									
2019-11-26									
2019-11-27									
2019-11-28									
2019-11-29									
2019-11-30									
Minimum									
Maximum									
Average									
Count									
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall rein and based on my inquir	ly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative		bmission ite/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				I .	19-12- 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 056

LOCATION: 3826 Euclid Ave <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE 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							
2019-11-01									
2019-11-02									
2019-11-03									
2019-11-04									
2019-11-05									
2019-11-06									
2019-11-07									
2019-11-08									
2019-11-09									
2019-11-10									
2019-11-11									
2019-11-12									
2019-11-13									
2019-11-14									
2019-11-15									
2019-11-16									
2019-11-17									
2019-11-18									
2019-11-19									
2019-11-20									
2019-11-21									
2019-11-22									
2019-11-23									
2019-11-24									
2019-11-25									
2019-11-26									
2019-11-27									
2019-11-28									
2019-11-29									
2019-11-30									
Minimum									
Maximum									
Average									
Count				<u> </u>					
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall rein and based on my inquir	ly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative		ıbmission ate/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				I .)19-12-) 08:12

SUBMISSION ID: 912462 STATUS: Original
FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD
LOCATION: 3826 Euclid Ave STATION CODE: 058

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 058

 Cleveland OH 44115
 MONITORING
 2019-11-01 To: 2019-11-30

Cleveland, OH 44115 MONITORIN PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

PARAMETER	Overflow Occurrence	Overflow Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-11-01							
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11	1	9.3913					
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27							
2019-11-28							
2019-11-29							
2019-11-30							
Minimum	1.0	9.3913					
Maximum	1.0	9.3913			ļ		
Average	1	9.3913			-		
Count Name of Responsible Official or	1	1			nature of Responsible Official	or Authorized Papeasantative	Submission
Authorized Representative	information submitted he	y of law that I have personall erein and based on my inquiry	of those individuals imme	r with the	or recopolisione Official	o. Adminized Representative	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate		D.	2019-12-20 08:12

 SUBMISSION ID:
 912462
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 059

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 059

 Cleveland OH 44115
 MONITORING
 2019-11-01 To: 2019-11-30

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

NO DISCHARGE 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							
2019-11-01									
2019-11-02									
2019-11-03									
2019-11-04									
2019-11-05									
2019-11-06									
2019-11-07									
2019-11-08									
2019-11-09									
2019-11-10									
2019-11-11									
2019-11-12									
2019-11-13									
2019-11-14									
2019-11-15									
2019-11-16									
2019-11-17									
2019-11-18									
2019-11-19									
2019-11-20									
2019-11-21									
2019-11-22									
2019-11-23									
2019-11-24									
2019-11-25									
2019-11-26									
2019-11-27									
2019-11-28									
2019-11-29									
2019-11-30									
Minimum									
Maximum									
Average									
Count								<u> </u>	
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall rein and based on my inquir	y examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original
FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD
LOCATION: 3826 Euclid Ave STATION CODE: 069

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 069

 Cleveland, OH 44115
 MONITORING
 2019-11-01 To: 2019-11-30

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

NO DISCHARGE AL

							i
PARAMETER	Overflow Occurrence	Overflow Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total			ĺ		
2019-11-01					Ì		
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11							
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27							
2019-11-28							
2019-11-29							
2019-11-30							
Minimum							
Maximum							
Average							
Count	<u> </u>				()	1 4 1 1 1 1 1 1 1 1	
Name of Responsible Official or Authorized Representative		y of law that I have personall rein and based on my inquiry		r with the	nature of Responsible Official	or Autnorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate		D	2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD

STATION CODE: LOCATION: 3826 Euclid Ave 072 <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO REPORTING LAB: NEORSD NEORSD DISTRICT: ANALYST:

NO DISCHARGE 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							
2019-11-01									
2019-11-02									
2019-11-03									
2019-11-04									
2019-11-05									
2019-11-06									
2019-11-07									
2019-11-08									
2019-11-09									
2019-11-10									
2019-11-11									
2019-11-12									
2019-11-13									
2019-11-14									
2019-11-15									
2019-11-16									
2019-11-17									
2019-11-18									
2019-11-19									
2019-11-20									
2019-11-21									
2019-11-22									
2019-11-23									
2019-11-24									
2019-11-25									
2019-11-26									
2019-11-27									
2019-11-28									
2019-11-29									
2019-11-30									
Minimum									
Maximum									
Average									
Count				<u> </u>				<u> </u>	
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall rein and based on my inquir	ly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 080

LOCATION: 3826 Euclid Ave <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Nitrate,		Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	0063	30	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/	1	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When I	Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Gra	b	Grab	Grab	Total
2019-11-01								
2019-11-02								
2019-11-03								
2019-11-04								
2019-11-05								
2019-11-06								
2019-11-07								
2019-11-08								
2019-11-09								
2019-11-10								
2019-11-11								1
2019-11-12								
2019-11-13								
2019-11-14								
2019-11-15								
2019-11-16								
2019-11-17								
2019-11-18								
2019-11-19								
2019-11-20								
2019-11-21								
2019-11-22								
2019-11-23								
2019-11-24								
2019-11-25								
2019-11-26								
2019-11-27								1
2019-11-28								
2019-11-29								
2019-11-30								
Minimum	i i		Î					1.0
Maximum								1.0
Average								1
Count								2
Name of Responsible Official or Authorized Representative			lly examined and am familia		Signa	ature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe that there are significant p	ry of those individuals imme the submitted information is enalties for submitting false	true, accurate				2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original
FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD
LOCATION: 3826 Euclid Ave STATION CODE: 080

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 080

 Gleveland OH 44115
 MONITORING
 2019-11-01 To: 2019-11-30

Cleveland, OH 44115 MONITORIN PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

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					
2019-11-01	2.9658						
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11	3.4998						
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27	0.0413						
2019-11-28							
2019-11-29							
2019-11-30						ļļ	
Minimum	0.0413				+		
Maximum	3.4998 2.16897				+	 	
Average Count	3				+	 	
Name of Responsible Official or	<u>'</u>	61 4 77			Signature of Responsible Official	or Authorized Representative	
Authorized Representative	information submitted her responsible for obtaining	ein and based on my inquir the information, I believe th	ly examined and am familia y of those individuals imme e submitted information is	r with the ediately true, accurate	-	-	Date/Time 2019-12-
Kevin Zebrowski	and complete. I am aware including the possibility o	that there are significant pe f fine and imprisonment.	enalties for submitting false	information,		D	20 08:12

SUBMISSION ID: 912462 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 088 <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence per Year	Overflow Volume					
PARAMETER CODE	51709	74063					
UNITS	No./Year	Million Gallons					
FREQUENCY	When Disch.	When Disch.			ĺ		
SAMPLING TYPE	Total	24hr Total					
2019-11-01		0.0087					
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11	1	0.0239					
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27							
2019-11-28							
2019-11-29							
2019-11-30							
Minimum	1.0	0.0087					
Maximum	1.0	0.0239					
Average	1	0.0163					
Count	1	2					
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personall	y examined and am familia	ir with the	nature of Responsible Official	or Authorized Representativ	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	rein and based on my inquiry the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate			2019-12- 20 08:12
						Page	16

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE:

LOCATION: 3826 Euclid Ave 200 <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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				
2019-11-01											
2019-11-02											
2019-11-03											
2019-11-04											
2019-11-05											
2019-11-06											
2019-11-07							1				
2019-11-08											
2019-11-09											
2019-11-10											
2019-11-11							1				
2019-11-12											
2019-11-13											
2019-11-14											
2019-11-15											
2019-11-16											
2019-11-17											
2019-11-18											
2019-11-19											
2019-11-20											
2019-11-21											
2019-11-22							1				
2019-11-23											
2019-11-24											
2019-11-25											
2019-11-26											
2019-11-27							1				
2019-11-28											
2019-11-29											
2019-11-30											
Minimum							1.0				
Maximum							1.0				
Average							1				
Count	<u> </u>						4				
Name of Responsible Official or Authorized Representative			lly examined and am familia ry of those individuals imme	ar with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time				
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.											

 SUBMISSION ID:
 912462
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 200

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 200

 Cleveland OH 44115
 MONITORING
 2019-11-01 To: 2019-11-30

Cleveland, OH 44115 MONITORING PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

			icator:				
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					
2019-11-01	0.7768						
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07	0.2455						
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11	0.7072						
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22	0.0004						
2019-11-23							
2019-11-24							
2019-11-25					<u> </u>		
2019-11-26	0.0705				<u> </u>		
2019-11-27	0.0785						
2019-11-28					 		
2019-11-29 2019-11-30					 		
	4.05.4				<u> </u>		
Minimum Maximum	4.0E-4 0.7768				-		-
Average	0.7768						
Count	5						
Name of Responsible Official or	<u>'</u>	of law that I have necessal	ly examined and am familia	Sign	1 nature of Responsible Official	or Authorized Representativ	e Submission
Authorized Representative Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inquir the information, I believe the that there are significant pe	ry examined and am Tamini y of those individuals imme ie submitted information is enalties for submitting false	diately true, accurate		Раде	2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 202

LOCATION: 3826 Euclid Ave <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Nitrate,		Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	0063	30	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/	1	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When D	isch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Gra	b	Grab	Grab	Total
2019-11-01								
2019-11-02								
2019-11-03								
2019-11-04								
2019-11-05								
2019-11-06								
2019-11-07								
2019-11-08								
2019-11-09								
2019-11-10								
2019-11-11								1
2019-11-12								
2019-11-13								
2019-11-14								
2019-11-15								
2019-11-16								
2019-11-17								
2019-11-18								
2019-11-19								
2019-11-20								
2019-11-21								
2019-11-22								
2019-11-23								
2019-11-24								
2019-11-25								
2019-11-26								
2019-11-27								
2019-11-28								
2019-11-29								
2019-11-30								
Minimum			ĺ					1.0
Maximum								1.0
Average								1
Count								1
Name of Responsible Official or Authorized Representative			lly examined and am familia		Signa	ture of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	he information, I believe that there are significant p	ry of those individuals imme ne submitted information is enalties for submitting false	true, accurate				2019-12- 20 08:12
	including the possibility o	i iiie and imprisonment.						20 00.12

 SUBMISSION ID:
 912462
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 202

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 202

 Cleveland OH 44115
 MONITORING
 2019-11-01 To: 2019-11-30

Cleveland, OH 44115 MONITORING PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

			icator:				
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					
2019-11-01	0.0085						
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11	0.0099						
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27							
2019-11-28							
2019-11-29							
2019-11-30					ļ		
Minimum	0.0085				-		
Maximum	0.0099				-		
Average Count	0.0092				 		
Name of Responsible Official or	<u> </u>	01 1 17		Sign	ature of Responsible Official	I or Authorized Representative	e Submission
Authorized Representative Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inquir the information, I believe the that there are significant pe	ly examined and am familia y of those individuals imme he submitted information is enalties for submitting false	r with the diately true, accurate	- '	Раде	2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD

STATION CODE: LOCATION: 3826 Euclid Ave 206 <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Nitrate,		Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	0063	30	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/	1	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When I	Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Gra	.b	Grab	Grab	Total
2019-11-01								
2019-11-02								
2019-11-03								
2019-11-04								
2019-11-05								
2019-11-06								
2019-11-07								
2019-11-08								
2019-11-09								
2019-11-10								
2019-11-11								
2019-11-12								
2019-11-13								
2019-11-14								
2019-11-15								
2019-11-16								
2019-11-17								
2019-11-18								
2019-11-19								
2019-11-20								
2019-11-21								
2019-11-22								
2019-11-23								
2019-11-24								
2019-11-25								
2019-11-26								
2019-11-27								
2019-11-28								
2019-11-29								
2019-11-30								
Minimum			ĺ					
Maximum								
Average								
Count								
Name of Responsible Official or Authorized Representative			lly examined and am familia		Sign	ature of Responsible Official	or Authorized Representativ	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining	the information, I believe that there are significant p	ry of those individuals imme the submitted information is enalties for submitting false	true, accurate				2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original
FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD
LOCATION: 3826 Euclid Ave STATION CODE: 206

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 206

 Cleveland OH 44115
 MONITORING
 2019-11-01 To: 2019-11-30

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

	l o a						Γ		
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							
2019-11-01	2.4884								
2019-11-02	1.4211								
2019-11-03	1.9265								
2019-11-04	1.3640								
2019-11-05	1.5946								
2019-11-06	1.6732								
2019-11-07	2.0862								
2019-11-08	1.8878								
2019-11-09	1.6389								
2019-11-10	1.8243								
2019-11-11	2.2320								
2019-11-12	1.9122								
2019-11-13	1.7494								
2019-11-14	1.7664								
2019-11-15	0.8438								
2019-11-16									
2019-11-17									
2019-11-18									
2019-11-19									
2019-11-20									
2019-11-21									
2019-11-22									
2019-11-23									
2019-11-24									
2019-11-25									
2019-11-26									
2019-11-27									
2019-11-28									
2019-11-29									
2019-11-30									
Minimum	0.8438								
Maximum	2.4884								
Average	1.76059								
Count	15								
Name of Responsible Official or Authorized Representative			lly examined and am famili		Signa	nture of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining	the information, I believe the that there are significant po	ry of those individuals imm ne submitted information is enalties for submitting false	true, accurate					2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD

STATION CODE: LOCATION: 3826 Euclid Ave 211 <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO REPORTING LAB: NEORSD NEORSD DISTRICT: ANALYST:

NO DISCHARGE 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							
2019-11-01									
2019-11-02									
2019-11-03									
2019-11-04									
2019-11-05									
2019-11-06									
2019-11-07									
2019-11-08									
2019-11-09									
2019-11-10									
2019-11-11									
2019-11-12									
2019-11-13									
2019-11-14									
2019-11-15									
2019-11-16									
2019-11-17									
2019-11-18									
2019-11-19									
2019-11-20									
2019-11-21									
2019-11-22									
2019-11-23									
2019-11-24									
2019-11-25									
2019-11-26									
2019-11-27									
2019-11-28									
2019-11-29									
2019-11-30									
Minimum									
Maximum									
Average									
Count								<u> </u>	
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall rein and based on my inquir	ly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD

STATION CODE: LOCATION: 3826 Euclid Ave 218 <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Nitrate,		Phosphorus, Total (P)	E. coli	Overflow Occurrence
PARAMETER CODE	00530	00610	00625	0063	30	00665	31648	74062
UNITS	mg/l	mg/l	mg/l	mg/	1	mg/l	#/100 ml	No./Month
FREQUENCY	When Disch.	When Disch.	When Disch.	When D	Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Gra	b	Grab	Grab	Total
2019-11-01								
2019-11-02								
2019-11-03								
2019-11-04								
2019-11-05								
2019-11-06								
2019-11-07								
2019-11-08								
2019-11-09								
2019-11-10								
2019-11-11								1
2019-11-12								
2019-11-13								
2019-11-14								
2019-11-15								
2019-11-16								
2019-11-17								
2019-11-18								
2019-11-19								
2019-11-20								
2019-11-21								
2019-11-22								
2019-11-23								
2019-11-24								
2019-11-25								
2019-11-26								
2019-11-27								
2019-11-28								
2019-11-29								
2019-11-30								
Minimum			ĺ	ĺ		,		1.0
Maximum								1.0
Average								1
Count								1
Name of Responsible Official or Authorized Representative			lly examined and am familia		Signa	ature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe that there are significant p	ry of those individuals immone submitted information is enalties for submitting false	true, accurate				2019-12- 20 08:12

 SUBMISSION ID:
 912462
 STATUS:
 Original

 FACILITY:
 Northeast Ohio Regional SD
 PERMIT NUMBER:
 3PA00002*HD

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 218

OCATION: 3826 Euclid Ave STATION CODE: 218

Cleveland, OH 44115 MONITORING 2019-11-01 To: 2019-11-30

Cleveland, OH 44115 MONITORING PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

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					
2019-11-01	0.0301						
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11	0.0462						
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27							
2019-11-28							
2019-11-29							
2019-11-30							
Minimum	0.0301						
Maximum	0.0462						
Average	0.03815						
Count	2			<u> </u>	1	1 1 1 1 1	
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am familia y of those individuals imme	ar with the	gnature of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining	the information, I believe the that there are significant po	e submitted information is enalties for submitting false	true, accurate		D	2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD

LOCATION: 3826 Euclid Ave STATION CODE: 232

Cleveland, OH 44115 MONITORING PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

NO DISCHARGE INDICATOR:

<u>2019-11-01</u> To: <u>2019-11-30</u>

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						
2019-11-01	AH	AH						
2019-11-02	AH	AH						
2019-11-03	AH	AH						
2019-11-04	AH	AH						
2019-11-05	AH	AH						
2019-11-06	AH	AH						
2019-11-07	AH	AH						
2019-11-08	AH	AH						
2019-11-09	AH	AH						
2019-11-10	AH	АН						
2019-11-11	AH	АН						
2019-11-12	AH	АН						
2019-11-13	AH	АН						
2019-11-14	AH	АН						
2019-11-15	AH	AH						
2019-11-16	AH	АН						
2019-11-17	AH	AH						
2019-11-18	AH	AH						
2019-11-19	AH	АН						
2019-11-20	AH	АН						
2019-11-21	AH	AH						
2019-11-22	AH	АН						
2019-11-23	AH	АН						
2019-11-24	AH	AH						
2019-11-25	AH	AH						
2019-11-26	AH	AH						
2019-11-27	AH	AH						
2019-11-28	AH	АН						
2019-11-29	AH	АН						
2019-11-30	AH	АН						
Minimum	Ï					ĺ	,	
Maximum								
Average								
Count								
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personall	ly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	rein and based on my inquir the information, I believe the that there are significant pe of fine and imprisonment.	ne submitted information is	true, accurate				2019-12 20 08:1

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD 239

STATION CODE: LOCATION: 3826 Euclid Ave <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO REPORTING LAB: NEORSD NEORSD DISTRICT: ANALYST: AL

NO DISCHARGE

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
2019-11-01							
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11							
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22			——				
2019-11-23							
2019-11-24			——				
2019-11-25							
2019-11-26							
2019-11-20			——		———		
2019-11-27							
2019-11-28			——		———		
2019-11-29							
Minimum			 		 		
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	certify under the nenalty	of law that I have nersonal	lly examined and am familia	Sign with the	ature of Responsible Official	or Authorized Representative	
Kevin Zebrowski	information submitted her responsible for obtaining	ein and based on my inqui the information, I believe that that there are significant p	ry of those individuals imme the submitted information is enalties for submitting false	ediately true, accurate		D	2019-12- 20 08:12

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 239

LOCATION: 3826 Euclid Ave <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO REPORTING LAB: NEORSD NEORSD DISTRICT: ANALYST:

NO DISCHARGE 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					
2019-11-01							
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11							
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27							
2019-11-28							
2019-11-29							
2019-11-30							
Minimum							
Maximum							
Average							
Count	<u> </u>						
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	ly examined and am familia	ar with the	ature of Responsible Official	or Authorized Representativ	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe the that there are significant po	y of those individuals immore submitted information is enalties for submitting false	true, accurate			2019-12- 20 08:12
	*					Page	28

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD

STATION CODE: LOCATION: 3826 Euclid Ave 242 <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO REPORTING LAB: NEORSD NEORSD DISTRICT: ANALYST:

NO DISCHARGE AL

				i		1	
PARAMETER	Overflow Occurrence	Overflow Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-11-01							
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11							
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27							
2019-11-28							
2019-11-29							
2019-11-30							
Minimum							
Maximum							
Average							
Count	ļ						
Name of Responsible Official or Authorized Representative		y of law that I have personal		ar with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	rein and based on my inquir the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate			2019-12- 20 08:12
						Dogo	20

SUBMISSION ID: 912462 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 258

LOCATION: 3826 Euclid Ave <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO REPORTING LAB: NEORSD NEORSD DISTRICT: ANALYST:

NO DISCHARGE 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							
2019-11-01									
2019-11-02									
2019-11-03									
2019-11-04									
2019-11-05									
2019-11-06									
2019-11-07									
2019-11-08									
2019-11-09									
2019-11-10									
2019-11-11									
2019-11-12									
2019-11-13									
2019-11-14									
2019-11-15									
2019-11-16									
2019-11-17									
2019-11-18									
2019-11-19									
2019-11-20									
2019-11-21									
2019-11-22									
2019-11-23									
2019-11-24									
2019-11-25									
2019-11-26									
2019-11-27									
2019-11-28									
2019-11-29									
2019-11-30									
Minimum									
Maximum									
Average									
Count				<u> </u>				<u> </u>	
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personal	y examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	rein and based on my inquir the information, I believe th the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2019-12- 20 08:12

FACILITY: LOCATION:

Northeast Ohio Regional SD 3826 Euclid Ave

Cleveland, OH 44115

PERMIT NUMBER:
MONITORING
PERIOD:

3PA00002*HD2019-11-01 To: 2019-11-30

GENERAL REPORT COMMENT:

Sampling required two times per year. The overflow event at CSO-206 starting 10/30/19 and continuing through 11/15/19 was unusually long because maintenance on a bar rack located immediately upstream of regulating structure L-44 could not be performed due to construction activities related to the completion of the Dugway Storage Tunnel. This resulted in L-44 catching and holding water from a storm event that occurred on 10/30/19 and was followed by a number of subsequent smaller storm events. This stored water slowly leaked over the weir wall in L-44 and discharged to the environment via CSO-206 during the timeframe of 10/30/19 to 11/15/19. Once construction activities were completed, the bar rack was cleaned and the gate in L-44 that directs flows to the Euclid Creek Tunnel was

re-opened, thereby allowing L-44 to resume draining completely to the tunnel instead of discharging to CSO-206.

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
232	Overflow Occurrence per Year	51709	2019- 11-01	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-02	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-03	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-04	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-05	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-06	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-07	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-08	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-09	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-10	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-11	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-12	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-13	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-14	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-15	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

232	Overflow Occurrence per Year	51709	2019- 11-16	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-17	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-18	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-19	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-20	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-21	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-22	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-23	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-24	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-25	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-26	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-27	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-28	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-29	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 11-30	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-01	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-02	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-03	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-04	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-05	Million Gallons	

					CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-06	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-07	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-08	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-09	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-10	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-11	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-12	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-13	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-14	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-15	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-16	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-17	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-18	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-19	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-20	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-21	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-22	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-23	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-24	Million Gallons	

					CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-25	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-26	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-27	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-28	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-29	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 11-30	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

SUBMISSION ID: 918027 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD LOCATION: 3826 Euclid Ave STATION CODE: 007

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 007

 Claveland OH 44115
 MONITORING
 2019-12-01 To: 2019-12-31

Cleveland, OH 44115
PERIOD:
REPORTING LAB:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

PARAMETER	Overflow Occurrence per Year	Overflow Volume	Collection System Visit Core Person ID						
PARAMETER CODE	51709	74063	79859						
UNITS	No./Year	Million Gallons	Number						
FREQUENCY	When Disch.	When Disch.	When Disch.						
SAMPLING TYPE	Total Estimate	Total Estimate	Grab						
2019-12-01									
2019-12-02			1082236						
2019-12-03			1046036						
2019-12-04			1082236						
2019-12-05			1082236						
2019-12-06			1061676						
2019-12-07									
2019-12-08									
2019-12-09			1082236						
2019-12-10			2004968.3						
2019-12-11			1141895						
2019-12-12			1106089						
2019-12-13			1119033						
2019-12-14									
2019-12-15									
2019-12-16			1112170						
2019-12-17			1046036						
2019-12-18			1046042						
2019-12-19			1115896						
2019-12-20			1046042						
2019-12-21									
2019-12-22									
2019-12-23			1082236						
2019-12-24			1082236						
2019-12-25									
2019-12-26			1082236						
2019-12-27			1082236						
2019-12-28			1112170						
2019-12-29			2004968.3						
2019-12-30			1082236					—	
2019-12-31			1082236						
Minimum			1046036.0				L	 	
Maximum			2004968.3						
Average			1164581.8087						
Count			23						
Name of Responsible Official or Authorized Representative	certify under the nenalty	of law that I have nersonal	ly examined and am familia	r with the	Signature of Resp	onsible Official	or Authorized Representativ		
Kevin Zebrowski	information submitted he responsible for obtaining	rein and based on my inquir the information, I believe the that there are significant po	y of those individuals imme are submitted information is t enalties for submitting false	diately rue, accurate					7 <u>Time</u> 0-01- 1:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 025 **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow						
	Occurrence	Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-12-01								
2019-12-02								
2019-12-03								
2019-12-04								
2019-12-05								
2019-12-06								
2019-12-07								
2019-12-08								
2019-12-09								
2019-12-10								
2019-12-11								
2019-12-12								
2019-12-13								
2019-12-14								
2019-12-15								
2019-12-16								
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2019-12-18								
2019-12-19								
2019-12-20								
2019-12-21								
2019-12-22								
2019-12-23								
2019-12-24								
2019-12-25								
2019-12-26								
2019-12-27								
2019-12-28								
2019-12-29								
2019-12-30								
2019-12-31								
Minimum								
Maximum								
Average					-			
Count Name of Responsible Official or	<u> </u>				Signature	e of Resnonsible Official	or Authorized Representative	Submission
Authorized Representative	information submitted he	y of law that I have personall rein and based on my inquir	y of those individuals imme	diately	Signature	or responsible Official C		Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 035

LOCATION: <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow							
	Occurrence	Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-12-01									
2019-12-02									
2019-12-03									
2019-12-04									
2019-12-05									
2019-12-06									
2019-12-07									
2019-12-08									
2019-12-09									
2019-12-10									
2019-12-11									
2019-12-12									
2019-12-13									
2019-12-14									
2019-12-15									
2019-12-16									
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2019-12-23									
2019-12-24									
2019-12-25									
2019-12-26									
2019-12-27									
2019-12-28									
2019-12-29									
2019-12-30									
2019-12-31									
Minimum									
Maximum		ļ							
Average									
Count	<u> </u>			<u> </u>	Siene	ature of Responsible Official	or Authorized Representative	<u> </u>	Submission
Name of Responsible Official or Authorized Representative		y of law that I have personall rein and based on my inquir			orgin	nare or responsible Official	o. Authorized representative		Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am award	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2020-01- 4 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 038 <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow						
	Occurrence	Volume						_
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-12-01								
2019-12-02								П
2019-12-03								
2019-12-04								
2019-12-05								
2019-12-06								
2019-12-07								
2019-12-08								
2019-12-09								
2019-12-10								
2019-12-11								
2019-12-12								
2019-12-13								\Box
2019-12-14								
2019-12-15								
2019-12-16								
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2019-12-19								
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2019-12-21								
2019-12-22								
2019-12-23								
2019-12-24								
2019-12-25								
2019-12-26								
2019-12-27								
2019-12-28								_
2019-12-29								
2019-12-30								
2019-12-31								
Minimum								
Maximum		ļ						
Average								
Count Name of Responsible Official or	<u> </u>			<u> </u>	Signature of Dornardh	le Official or Authorized Repre	sentative Submissio	
Authorized Representative	information submitted he	y of law that I have personall rein and based on my inquir	y of those individuals imme	diately	organistic of reciponsin	Authorized Repre	Date/Tim	ie
Kevin Zebrowski	responsible for obtaining and complete. I am aware	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate			2020-0 14 11:0	

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 040

LOCATION: **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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 Gallon
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
2019-12-01						1	0.5635
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08			1				
2019-12-09			1				
2019-12-10			1				
2019-12-11							
2019-12-12							
2019-12-13							
2019-12-14						1	0.0049
2019-12-15						-	0.00.5
2019-12-16			 				
2019-12-17							
2019-12-18			 				
2019-12-19			-				
2019-12-20			-				
2019-12-20			 				
2019-12-21			 				
2019-12-23			 				
2019-12-24			 				
2019-12-25							
2019-12-26			 				
2019-12-27			 				
2019-12-27			 				
2019-12-28			 		l	1	0.0773
2019-12-29			 		l	1	0.0773
2019-12-30			-				
			 		 	1.0	0.0040
Minimum	 		-			1.0	0.0049 0.5635
Maximum Average	 		+		-	1.0	0.3633
Count			+		-	3	3
Name of Responsible Official or Authorized Representative	<u> </u>	A		Sign	ature of Responsible Official		ve Submission
Authorized Representative Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inqui the information, I believe t that there are significant p	ally examined and am familia iry of those individuals imme the submitted information is benalties for submitting false	ediately true, accurate			2020-01- 14 11:01

SUBMISSION ID:918027STATUS:OriginalFACILITY:Northeast Ohio Regional SDPERMIT NUMBER:3PA00002*HDLOCATION:3826 Euclid AveSTATION CODE:040

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 040

 Cleveland OH 44115
 MONITORING
 2019-12-01 To: 2019-12-31

Cleveland, OH 44115 MONITORING PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

PARAMETER CODE 80082								
CODE SUUNTS mg/l	PARAMETER	CBOD 5 day						
UNITS mg/l		80082						
FREQUENCY When Disch.	UNITS	mg/l						
SAMPLING TYPE Grab		When Disch.						
2019-12-02	SAMPLING TYPE							
2019-12-03								
2019-12-06	2019-12-02							
2019-12-05	2019-12-03							
2019-12-06	2019-12-04							
2019-12-06	2019-12-05							
2019-12-07 2019-12-08 2019-12-10 2019-12-11 2019-12-12 2019-12-13 2019-12-15 2019-12-16 2019-12-16 2019-12-17 2019-12-18 2019-12-18 2019-12-18 2019-12-19 2019-12-19 2019-12-20 201								
2019-12-10	2019-12-07							
2019-12-10	2019-12-08							
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2019-12-26 2019-12-28 2019-12-29 2019-12-30 2019-12-31 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Lectify 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 esponsible for obtaining the information, I believe the submitted information is true, accurate and am aware that there are significant penalties for submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information is true, accurate and am familiar with the information is not provided by the submitted information is true, accurate and an aware that there are significant penalties for submitting false information, I believe the submitting false information, accurate and an aware that there are significant penalties for mortain on is true, accurate and an aware that there are significant penalties for mortain on its rue, accurate and accurate and an aware that there are significant penalties for mortain on its rue, accurate and accurate and an aware that there are significant penalties for mortain on its rue, accurate and accu								
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2019-12-31 Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Authorized Representative Lectify 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 exponsible for obtaining the information, I believe the submitted information is true, accurate and an an aware that there are significant penalties for submitting false information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitted information is true, accurate and an an aware that there are significant penalties for submitting false information, I believe the submitted information, I believe the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true, accurate and the submitted information is true.								
Minimum Maximum Maximum Average Count								
Minimum Maximum Average Count Name of Responsible Official or Authorized Representative Lecrify 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 exponsible 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, and complete. I am aware that there are significant penalties for submitting false information, and complete. I am aware that there are significant penalties for submitting false information, and complete. I am aware that there are significant penalties for submitting false information, and complete. I am aware that there are significant penalties for submitting false information, and complete. I am aware that there are significant penalties for submitting false information, and complete. I am aware that there are significant penalties for submitting false information, and complete. I am aware that there are significant penalties for submitting false information, and complete. I am aware that there are significant penalties for submitting false information, and complete it am aware that there are significant penalties for submitting false information, and complete it am aware that there are significant penalties for submitting false information, and complete it am aware that there are significant penalties for submitting false information, and complete it am aware that there are significant penalties for submitting false information, and complete it am aware that there are significant penalties for submitting false information, and complete it am aware that there are significant penalties for submitting false information, and complete it am aware that there are significant penalties for submitting false information, and complete it am aware that there are significant penalties for submitting false information, and complete it am aware that there are significa								
Maximum Average Count Name of Responsible Official or Authorized Representative Information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, 1 believe the submitted information is true, accurate responsible for obtaining the information, 1 believe the submitted information is true, accurate reasonable for obtaining the information, 1 believe the submitted information, 1 believe the submitted information, 1 believe the submitted information is true, accurate reasonable for obtaining the information, 1 believe the submitted information, 1 believe the submitted information, 1 believe the submitted information, 1 believe the submitted information, 1 believe the submitted information is true, accurate reasonable for obtaining the information, 1 believe the submitted information is true, accurate reasonable for obtaining the information, 1 believe the submitted information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for obtaining the information is true, accurate reasonable for						Ì		
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 omplete. I am aware that there are significant penalties for formation, I believe the submitting false information, I am aware that there are significant penalties for formation, I am aware that there are significant penalties for formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am aware that there are significant penalties formation, I am a sum aware that there are significant penalties formation, I am a sum aware that there are significant penalties formation, I am a sum aware that there are significant penalties for the sum and the sum and the sum aware that the sum aware that there are significant penalties for the sum aware that the sum aware tha								
Count Name of Responsible Official or Authorized Representative Lecrtify 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 exponsible for obtaining the information, I believe the submitted information is true, accurate exponsible for obtaining the information, I believe the submitted information, I believe the submitted information, I believe the submitted information, I believe the submitting false information, I believe the submitting false information, I believe the submitting false information, I believe the submitting false information, I believe the submitting false information, I believe the submitting false information, I believe the submitting false information, I believe the submitting false information, I believe the submitting false information, I believe the submitting false information, I believe the submitting false information, I believe the submitted information is true, accurate and the								
Authorized Representative 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 Kevin Zebrowski and complete. I am aware that there are significant penalties for submitting false information,	Count							
responsible for obtaining the information, I believe the submitted information is true, accurate 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, I	Name of Responsible Official or Authorized Representative				r with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time
		responsible for obtaining and complete. I am aware	the information, I believe the that there are significant pe	e submitted information is	true, accurate			2020-01-

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 044

LOCATION: <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow					
	Occurrence	Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-12-01							
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09							
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2019-12-30							
2019-12-31							
Minimum		ļ				ļ	
Maximum							
Average		 				+	
Count Name of Responsible Official or	<u> </u>				Signature of Responsible Offici	al or Authorized Representative	e Submission
Authorized Representative	I certify under the penalt information submitted he	y of law that I have personall erein and based on my inquir	ly examined and am familia y of those individuals imme	r with the		Aminormed representative	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate			2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 045 <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow							
	Occurrence	Volume						 	
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-12-01									
2019-12-02									
2019-12-03									
2019-12-04									
2019-12-05									
2019-12-06									
2019-12-07									
2019-12-08									
2019-12-09									
2019-12-10									
2019-12-11									
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2019-12-19								<u> </u>	
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2019-12-22									
2019-12-23									
2019-12-24								<u> </u>	
2019-12-25									
2019-12-26								<u> </u>	
2019-12-27								<u> </u>	
2019-12-28								-	
2019-12-29									
2019-12-30									
2019-12-31		ļ						ļ	
Minimum								<u> </u>	
Maximum								 	
Average		 						 	
Count Name of Responsible Official or					Signature of Respo	nsible Official	or Authorized Representative	<u>l</u>	Submission
Authorized Representative	I certify under the penalt information submitted he	y of law that I have personall erein and based on my inquir	ly examined and am familia y of those individuals imme	r with the	-ge or recapo	Jineali (representativ		Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 056

LOCATION: **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume							
PARAMETER	74062	74063			\neg				
CODE UNITS	No./Month	Million Gallons			\dashv				
FREQUENCY	When Disch.	When Disch.			\rightarrow			 	
SAMPLING TYPE	Total	24hr Total			\rightarrow			\vdash	
2019-12-01	1	0.3300							
2019-12-02	1	0.1453			-				
2019-12-03	<u> </u>	0.11.23							
2019-12-04		\vdash							
2019-12-05									
2019-12-06									
2019-12-07									
2019-12-08									
2019-12-09	1	0.2264							
2019-12-10		V.=_V.							
2019-12-11									
2019-12-12									
2019-12-13									
2019-12-14									
2019-12-15									
2019-12-16									
2019-12-17									
2019-12-18									
2019-12-19					-				
2019-12-20		 						┢──	
2019-12-21		 						┢──	
2019-12-22		 						┢──	
2019-12-23					-+				
2019-12-24		 						┢──	
2019-12-25		 			_			┢──	
2019-12-26					_				
2019-12-27		 							
2019-12-28		 			+				
2019-12-29	1	0.2296							
2019-12-29	<u> </u>	0.1180							
2019-12-30		0.1100							
Minimum	1.0	0.118					1		
Maximum	1.0	0.33			- 			\vdash	
Average	1	0.20986			$\overline{}$				
Count	4	5			$\overline{}$				
Name of Responsible Official or Authorized Representative	1	y of law that I have personall	y examined and am famili	ar with the	Signatu	re of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am awar	the information, I believe the thethe there are significant peof fine and imprisonment.	y of those individuals imme e submitted information is	ediately true, accurate					2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 058 **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence	Overflow Volume			Τ				
PARAMETER	74062	74063							
CODE UNITS	No./Month	Million Gallons			$\overline{}$				
		Wil D: 1						ļ	
FREQUENCY SAMPLING TYPE	When Disch. Total	When Disch. 24hr Total			\rightarrow			 	
2019-12-01	Total	24111 10121			_				
2019-12-01					_				
2019-12-02								-	
2019-12-04									
2019-12-05								-	
2019-12-06					-				
2019-12-07					-			┢──	
2019-12-08		\vdash							
2019-12-09	1	1.7777							
2019-12-10	-	217777							
2019-12-11									
2019-12-12									
2019-12-13									
2019-12-14	1	11.1603							
2019-12-15									
2019-12-16									
2019-12-17									
2019-12-18									
2019-12-19									
2019-12-20									
2019-12-21									
2019-12-22									
2019-12-23									
2019-12-24									
2019-12-25									
2019-12-26									
2019-12-27									
2019-12-28									
2019-12-29	1	0.0074							
2019-12-30		1.9245							
2019-12-31									
Minimum	1.0	0.0074							
Maximum	1.0	11.1603							
Average	1	3.71748							
Count	3	4							
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	ar with the	Signatu	re of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	erein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate					2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 059

LOCATION: <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow					
	Occurrence	Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-12-01							
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09							
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2019-12-11							
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2019-12-27							
2019-12-28							
2019-12-29							
2019-12-30							
2019-12-31							
Minimum							
Maximum							
Average		ļ					
Count Name of Responsible Official or	<u> </u>				Signature of Dosno:L	le Official or Authorized Represent	ative Submission
Authorized Representative	I certify under the penalty information submitted he	y of law that I have personall rein and based on my inquir	y examined and am familia y of those individuals imme	r with the	orginature of Responsible	Conciai of Authorized Represent	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am aware	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate			2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 069

LOCATION: **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

		I (D)	icator:					
PARAMETER	Overflow Occurrence	Overflow Volume						
PARAMETER CODE	74062	74063						
UNITS	No./Month	Million Gallons						
FREQUENCY	When Disch.	When Disch.						
SAMPLING TYPE	Total	24hr Total						
2019-12-01								
2019-12-02								
2019-12-03								
2019-12-04								
2019-12-05								
2019-12-06								
2019-12-07								
2019-12-08								
2019-12-09								
2019-12-10								
2019-12-11								
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2019-12-23								
2019-12-24								
2019-12-25								
2019-12-26								
2019-12-27								
2019-12-28								
2019-12-29								
2019-12-30								
2019-12-31								
Minimum								<u> </u>
Maximum								
Average								
Count								
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personal	ly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am award	rein and based on my inquir the information, I believe the that there are significant pe of fine and imprisonment.	y of those individuals imme e submitted information is	ediately true, accurate				2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 072 <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow							
	Occurrence	Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-12-01									
2019-12-02									
2019-12-03									
2019-12-04									
2019-12-05									
2019-12-06									
2019-12-07									
2019-12-08									
2019-12-09									
2019-12-10									
2019-12-11									
2019-12-12									
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2019-12-25									
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2019-12-28									
2019-12-29									
2019-12-30									
2019-12-31									
Minimum									
Maximum		ļ						<u> </u>	
Average								<u> </u>	
Count	<u> </u>				Sieme	ature of Responsible Official	or Authorized Representative	<u> </u>	Submission
Name of Responsible Official or Authorized Representative		y of law that I have personall rein and based on my inquir			orgin	nare or responsible Official		_	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am award	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 080 **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-12-01						1	1.7755
2019-12-02						1	0.0481
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09						1	1.0248
2019-12-10							
2019-12-11							
2019-12-12					1		
2019-12-13							
2019-12-14						1	2.8766
2019-12-15							2.0700
2019-12-16							
2019-12-17							
2019-12-18							
2019-12-19							
2019-12-19					1		-
2019-12-21			 				
2019-12-21			-				
2019-12-23							
2019-12-24							
2019-12-24	-		-			<u> </u>	-
2019-12-26	-		-		-		-
2019-12-26	 		-	l	-	 	-
	 		-		 	 	-
2019-12-28			-		 	1	0.7(02
2019-12-29			-		-	1	0.7693
2019-12-30			-			ļ	0.3673
2019-12-31			ļ	ļ	ļ	1.0	0.0401
Minimum			ļ			1.0	0.0481
Maximum	 		-			1.0	2.8766
Average	 		 		 	5	1.1436
Count Name of Responsible Official or	<u> </u>			Sign	ature of Responsible Official		6 ve Submission
Name of Responsible Official or Authorized Representative Kevin Zebrowski	information submitted her responsible for obtaining	ein and based on my inqui the information, I believe t that there are significant p	lly examined and am familia ry of those individuals imme he submitted information is enalties for submitting false	ediately true, accurate			Date/Time 2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD LOCATION: 080

MONITORING <u>2019-12-01</u> To: <u>2019-12-31</u> Cleveland, OH 44115

PERIOD: COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB:

DISTRICT: ANALYST: NO DISCHARGE

		11(D)	ICATOR:				
PARAMETER	CBOD 5 day						
PARAMETER CODE	80082						
UNITS	mg/l						
FREQUENCY	When Disch.						
SAMPLING TYPE	Grab						
2019-12-01							
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
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2019-12-26		 					
2019-12-27		 					
2019-12-28		 					
2019-12-29		 					
2019-12-30		 					
2019-12-31		 					
Minimum		-					
Maximum		+					
Average		1					
Count							
Name of Responsible Official or	Legrify under the negal	y of law that I have personal	ly examined and am familia	Sign	ature of Responsible Official	or Authorized Representativ	e Submission
Authorized Representative Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am awar	rein and based on my inquir the information, I believe the that there are significant poof fine and imprisonment.	y of those individuals imme ne submitted information is	ediately true, accurate			2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 088 **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

PARAMETER	Overflow Occurrence per Year	Overflow Volume							
PARAMETER CODE	51709	74063							
UNITS	No./Year	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-12-01	1	0.0256							
2019-12-02									
2019-12-03									
2019-12-04									
2019-12-05									
2019-12-06									
2019-12-07									
2019-12-08									
2019-12-09	1	0.0012							
2019-12-10									
2019-12-11									
2019-12-12									
2019-12-13									
2019-12-14	1	0.0186							
2019-12-15									
2019-12-16									
2019-12-17									
2019-12-18									
2019-12-19									
2019-12-20									
2019-12-21									
2019-12-22									
2019-12-23									
2019-12-24									
2019-12-25									
2019-12-26									
2019-12-27									
2019-12-28									
2019-12-29	1	0.0028							
2019-12-30									
2019-12-31									
Minimum	1.0	0.0012							
Maximum	1.0	0.0256							
Average	1	0.01205							
Count	4	4							
Name of Responsible Official or Authorized Representative		of law that I have personall			Sign	ature of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	information submitted her responsible for obtaining	rein and based on my inquiry the information, I believe the that there are significant pe	y of those individuals imme e submitted information is	diately true, accurate					2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 200 **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-12-01						1	0.4246
2019-12-02						1	0.0612
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09						1	0.2895
2019-12-10							
2019-12-11							
2019-12-12							
2019-12-13							
2019-12-14						1	0.6608
2019-12-15						1	0.0000
2019-12-16							
2019-12-17							
2019-12-17							
2019-12-19							
2019-12-19			-				
2019-12-20					<u> </u>		
2019-12-21			 				-
2019-12-23			-				-
2019-12-23			 				-
2019-12-24							
						<u> </u>	
2019-12-26 2019-12-27			-		 	 	-
			-				-
2019-12-28			-			1	0.2121
2019-12-29			-			1	0.2131
2019-12-30			-				0.0625
2019-12-31			ļ		ļ	ļ	0.0515
Minimum			ļ			1.0	0.0612
Maximum			-			1.0	0.6608
Average			-			1	0.28528
Count				Cian	ature of Responsible Official	or Authorized Representativ	6 Submission
Name of Responsible Official or Authorized Representative Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inqui he information, I believe t that there are significant p	ally examined and am familia by of those individuals imme the submitted information is senalties for submitting false	ediately true, accurate	от кезроняюе опіси	o	2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 200

LOCATION: <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

		IND	ICATOR:				
PARAMETER	CBOD 5 day						
PARAMETER CODE	80082						
UNITS	mg/l						
FREQUENCY	When Disch.						
SAMPLING TYPE	Grab						
2019-12-01							
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09							
2019-12-10							
2019-12-11							
2019-12-12							
2019-12-13							
2019-12-14							
2019-12-15							
2019-12-16							
2019-12-17							
2019-12-18							
2019-12-19							
2019-12-20							
2019-12-21							
2019-12-22							
2019-12-23							
2019-12-24							
2019-12-25							
2019-12-26		 					
2019-12-27							
2019-12-28		 					
2019-12-29		 					
2019-12-30		 					
2019-12-31							
Minimum		 					
Maximum							
Average							
Count							
Name of Responsible Official or	Legrify under the newelt	y of law that I have personal	ly examined and am familia	Sign	l ature of Responsible Official	or Authorized Representative	Submission
Authorized Representative Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am awar	you haw that I have personal rein and based on my inquir the information, I believe the e that there are significant pe of fine and imprisonment.	y of those individuals imme e submitted information is	ediately true, accurate			2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 202 **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-12-01						1	0.0077
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09							
2019-12-10							
2019-12-11							
2019-12-12							
2019-12-13							
2019-12-14							
2019-12-15							
2019-12-16							
2019-12-17							
2019-12-18							
2019-12-19							
2019-12-20							
2019-12-21							
2019-12-22							
2019-12-23							
2019-12-24							
2019-12-25							
2019-12-26							
2019-12-27							
2019-12-28							
2019-12-29							
2019-12-30							
2019-12-31							
Minimum						1.0	0.0077
Maximum						1.0	0.0077
Average						1	0.0077
Count						1	1
Name of Responsible Official or Authorized Representative			lly examined and am familia	ir with the	nature of Responsible Official	or Authorized Representativ	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining	the information, I believe t that there are significant p	ry of those individuals imme he submitted information is enalties for submitting false	true, accurate			2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 202

LOCATION: $\underline{2019\text{-}12\text{-}01}$ To: $\underline{2019\text{-}12\text{-}31}$

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

		IND	ICATOR:				
PARAMETER	CBOD 5 day						
PARAMETER CODE	80082						
UNITS	mg/l						
FREQUENCY	When Disch.						
SAMPLING TYPE	Grab						
2019-12-01							
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09							
2019-12-10							
2019-12-11							
2019-12-12							
2019-12-13							
2019-12-14							
2019-12-15							
2019-12-16							
2019-12-17		i e					
2019-12-18							
2019-12-19		i e					
2019-12-20		i e					
2019-12-21		i e					
2019-12-22							
2019-12-23							
2019-12-24							
2019-12-25							
2019-12-26							
2019-12-27							
2019-12-28							
2019-12-29							
2019-12-30							
2019-12-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or	I certify under the nenalt	y of law that I have personal	ly examined and am familia	r with the	ature of Responsible Official	or Authorized Representative	Submission
Authorized Representative Kevin Zebrowski	information submitted he responsible for obtaining and complete. I am aware	the information, I believe the that there are significant pe of fine and imprisonment.	y of those individuals imme e submitted information is	diately true, accurate		P	2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 206 **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

						1	
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
2019-12-01							
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09							
2019-12-10							
2019-12-11							
2019-12-12							
2019-12-13							
2019-12-14							
2019-12-15							
2019-12-16							
2019-12-17							
2019-12-18							
2019-12-19							
2019-12-20							
2019-12-21							
2019-12-22							
2019-12-23							
2019-12-24							
2019-12-25							
2019-12-26							
2019-12-27							
2019-12-28							1
2019-12-29							1
2019-12-30			 				
2019-12-31			 				
Minimum			i e		i		1
Maximum			 		 		1
Average			 		 		
Count			<u> </u>		<u> </u>		<u> </u>
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have persona	lly examined and am familia	ar with the Sign	nature of Responsible Official	or Authorized Representati	Ve Submission Date/Time
Kevin Zebrowski	information submitted her responsible for obtaining t	ein and based on my inqui the information, I believe t that there are significant p	ry of those individuals immore he submitted information is enalties for submitting false	ediately true, accurate			2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 206

LOCATION: 3826 Euclid Ave <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	CBOD 5 day								
PARAMETER CODE	80082								
UNITS	mg/l								
FREQUENCY	When Disch.								
SAMPLING TYPE	Grab								
2019-12-01									
2019-12-02									
2019-12-03									
2019-12-04									
2019-12-05									
2019-12-06									
2019-12-07									
2019-12-08									
2019-12-09									
2019-12-10									
2019-12-11									
2019-12-12									
2019-12-13									
2019-12-14									
2019-12-15									
2019-12-16									
2019-12-17									_
2019-12-18									
2019-12-19									
2019-12-20									
2019-12-21									
2019-12-22									
2019-12-23									
2019-12-24									
2019-12-25									
2019-12-26									_
2019-12-27									_
2019-12-28									
2019-12-29		†							_
2019-12-30		<u> </u>							_
2019-12-31		İ							_
Minimum									_
Maximum		<u> </u>							_
Average							ĺ		_
Count									
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personal erein and based on my inquir	ly examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representativ	e Submi- Date/I	ssion lime
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the that there are significant peof fine and imprisonment.	ne submitted information is	true, accurate				2020 14 11	

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD 211

LOCATION: <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow							
	Occurrence	Volume							
PARAMETER CODE	74062	74063							
UNITS	No./Month	Million Gallons							
FREQUENCY	When Disch.	When Disch.							
SAMPLING TYPE	Total	24hr Total							
2019-12-01									
2019-12-02									
2019-12-03									
2019-12-04									
2019-12-05									
2019-12-06									
2019-12-07									
2019-12-08									
2019-12-09									
2019-12-10									
2019-12-11									
2019-12-12									
2019-12-13									
2019-12-14									
2019-12-15									
2019-12-16									
2019-12-17									
2019-12-18									
2019-12-19									
2019-12-20									
2019-12-21									
2019-12-22									
2019-12-23									
2019-12-24									
2019-12-25									
2019-12-26									
2019-12-27									
2019-12-28									
2019-12-29									
2019-12-30									
2019-12-31									
Minimum								<u> </u>	
Maximum		ļ						<u> </u>	
Average								<u> </u>	
Count	<u> </u>				Sieme	ature of Responsible Official	or Authorized Representative	<u> </u>	Submission
Name of Responsible Official or Authorized Representative		y of law that I have personall rein and based on my inquir			orgin	nare or responsible Official			Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am award	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate					2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 218 **MONITORING**

 $\underline{2019\text{-}12\text{-}01}$ To: $\underline{2019\text{-}12\text{-}31}$ Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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
2019-12-01						1	0.1181
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09							
2019-12-10							
2019-12-11							
2019-12-12							
2019-12-13							
2019-12-14						1	0.0445
2019-12-14						<u> </u>	0.0443
2019-12-16			 				
2019-12-10							
2019-12-17							
2019-12-18							
2019-12-19							
2019-12-20					<u> </u>	<u> </u>	ļ
2019-12-21					<u> </u>		
					 	 	
2019-12-23							
2019-12-24 2019-12-25							
			<u> </u>		 	 	
2019-12-26			-				
2019-12-27							
2019-12-28							
2019-12-29							
2019-12-30					<u> </u>	<u> </u>	
2019-12-31			<u> </u>		<u> </u>	ļ	ļ
Minimum						1.0	0.0445
Maximum						1.0	0.1181
Average			ļ			1	0.0813
Count Name of Responsible Official or	<u> </u>		<u> </u>		ature of Posnaibl- Off	2	2 Submission
Authorized Representative			lly examined and am familia ry of those individuals imme	ir with the	active of Responsible Official	or Authorized Representativ	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	the information, I believe to that there are significant p	he submitted information is enalties for submitting false	true, accurate			2020-01- 14 11:01

SUBMISSION ID:918027STATUS:OriginalFACILITY:Northeast Ohio Regional SDPERMIT NUMBER:3PA00002*HDLOCATION:3826 Euclid AveSTATION CODE:218

 LOCATION:
 3826 Euclid Ave
 STATION CODE:
 218

 Cleveland OH 44115
 MONITORING
 2019-12-01 To: 2019-12-31

Cleveland, OH 44115 MONITORING PERIOD:

COUNTY: Cuyahoga REPORTING LAB: NEORSD DISTRICT: NEOO ANALYST: NEORSD

PARAMETER	CBOD 5 day						
PARAMETER CODE	80082						
UNITS	mg/l						
FREQUENCY	When Disch.						
SAMPLING TYPE	Grab						
2019-12-01							
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09							
2019-12-10							
2019-12-11							
2019-12-12							
2019-12-13							
2019-12-14							
2019-12-15							
2019-12-16							
2019-12-17							
2019-12-18							
2019-12-19							
2019-12-20							
2019-12-21							
2019-12-22							
2019-12-23							
2019-12-24							
2019-12-25							
2019-12-26							
2019-12-27							
2019-12-28							
2019-12-29							
2019-12-30							
2019-12-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty	y of law that I have personal	lly examined and am familia	ar with the	ature of Responsible Official	or Authorized Representative	e Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am award	rein and based on my inquir the information, I believe the that there are significant peof fine and imprisonment.	ne submitted information is	true, accurate			2020-01- 14 11:01
						Page	25

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 232 **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

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							
2019-12-01	AH	AH							
2019-12-02	AH	AH							
2019-12-03	AH	AH							
2019-12-04	AH	AH							
2019-12-05	AH	AH							
2019-12-06	AH	АН							
2019-12-07	AH	AH							
2019-12-08	AH	AH							
2019-12-09	AH	AH							
2019-12-10	AH	AH							
2019-12-11	AH	AH							
2019-12-12	AH	AH							
2019-12-13	AH	АН							
2019-12-14	AH	АН							
2019-12-15	AH	АН							
2019-12-16	AH	АН							
2019-12-17	AH	АН							
2019-12-18	AH	АН							
2019-12-19	AH	АН							
2019-12-20	AH	АН							
2019-12-21	AH	АН							
2019-12-22	AH	АН							
2019-12-23	AH	АН							
2019-12-24	AH	АН							
2019-12-25	AH	АН							
2019-12-26	AH	АН							
2019-12-27	AH	АН							
2019-12-28	AH	АН							
2019-12-29	AH	AH							•
2019-12-30	AH	АН							
2019-12-31	АН	АН							
Minimum	Ì			ĺ					
Maximum	İ								
Average	ĺ			1					
Count									
Name of Responsible Official or Authorized Representative		of law that I have personal			Sign	ature of Responsible Official	or Authorized Representative	e	Submission Date/Time
Kevin Zebrowski	responsible for obtaining	rein and based on my inquir the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate					2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 239 **MONITORING** <u>2019-12-01</u> To: <u>2019-12-31</u>

Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST: AL

NO DISCHARGE

PARAMETER	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Nitrogen Kjeldahl, Total	Nitrite Plu Nitrate, To		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 Disc	h. When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Total	24hr Total
2019-12-01							
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09							
2019-12-10							
2019-12-11							
2019-12-12							
2019-12-13							
2019-12-14							
2019-12-15							
2019-12-16							
2019-12-17							1
2019-12-18							
2019-12-19							
2019-12-20							
2019-12-21							
2019-12-22							
2019-12-23							
2019-12-24							
2019-12-25							1
2019-12-26							
2019-12-27							
2019-12-28						1	1
2019-12-29							1
2019-12-30			1			1	1
2019-12-31			1			1	1
Minimum	Ϊ		1	ĺ	Ĭ	Î	Ï
Maximum						1	1
Average							
Count							
Name of Responsible Official or Authorized Representative			illy examined and am familia		Signature of Responsible Officia	l or Authorized Representati	ve Submission Date/Time
Kevin Zebrowski	responsible for obtaining t	he information, I believe t that there are significant p	ry of those individuals imme he submitted information is senalties for submitting false	true, accurate			2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original FACILITY: Northeast Ohio Regional SD PERMIT NUMBER: 3PA00002*HD STATION CODE: 239

LOCATION: 3826 Euclid Ave <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO REPORTING LAB: NEORSD NEORSD DISTRICT: ANALYST:

NO DISCHARGE AL

			icator.					
PARAMETER	CBOD 5 day							
PARAMETER CODE	80082							
UNITS	mg/l							
FREQUENCY	When Disch.							
SAMPLING TYPE	Grab							
2019-12-01								
2019-12-02								
2019-12-03								
2019-12-04								
2019-12-05								
2019-12-06								
2019-12-07								
2019-12-08								
2019-12-09								
2019-12-10								
2019-12-11								
2019-12-12								
2019-12-13								
2019-12-14								
2019-12-15								
2019-12-16								
2019-12-17								
2019-12-18								
2019-12-19								
2019-12-20								
2019-12-21								
2019-12-22								
2019-12-23								
2019-12-24								
2019-12-25								
2019-12-26								
2019-12-27								
2019-12-28								
2019-12-29								
2019-12-30								
2019-12-31								
Minimum								
Maximum								
Average								
Count								
Name of Responsible Official or Authorized Representative		y of law that I have personal erein and based on my inquir			Signa	nture of Responsible Official	or Authorized Representative	Submission Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the e that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate				2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 242 <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE 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							
2019-12-01									
2019-12-02									
2019-12-03									
2019-12-04									
2019-12-05									
2019-12-06									
2019-12-07									
2019-12-08									
2019-12-09									
2019-12-10									
2019-12-11									
2019-12-12									
2019-12-13									
2019-12-14									
2019-12-15									
2019-12-16									
2019-12-17									
2019-12-18									
2019-12-19									
2019-12-20									
2019-12-21									
2019-12-22									
2019-12-23									
2019-12-24									
2019-12-25									
2019-12-26									
2019-12-27									
2019-12-28									
2019-12-29									
2019-12-30									
2019-12-31									
Minimum									
Maximum									
Average		 						_	
Count Name of Responsible Official or	<u> </u>			<u> </u>	Signa	ture of Responsible Official	or Authorized Representative	. 1	Submission
Authorized Representative	information submitted he	y of law that I have personall rein and based on my inquiry	y of those individuals imme	diately	o gua	or	representative		Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am awar	the information, I believe the e that there are significant per of fine and imprisonment.	e submitted information is	true, accurate					2020-01- 14 11:01

SUBMISSION ID: 918027 STATUS: Original Northeast Ohio Regional SD 3826 Euclid Ave PERMIT NUMBER: STATION CODE: FACILITY: 3PA00002*HD

LOCATION: 258 <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: Cuyahoga NEDO NEORSD NEORSD REPORTING LAB: DISTRICT: ANALYST:

NO DISCHARGE AL

PARAMETER	Overflow	Overflow					
	Occurrence	Volume					
PARAMETER CODE	74062	74063					
UNITS	No./Month	Million Gallons					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Total	24hr Total					
2019-12-01							
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09							
2019-12-10							
2019-12-11							
2019-12-12							
2019-12-13							
2019-12-14							
2019-12-15							
2019-12-16							
2019-12-17							
2019-12-18							
2019-12-19							
2019-12-20							
2019-12-21							
2019-12-22							
2019-12-23							
2019-12-24							
2019-12-25							
2019-12-26							
2019-12-27							
2019-12-28							
2019-12-29							
2019-12-30							
2019-12-31							
Minimum							
Maximum		ļ					
Average							
Count Name of Responsible Official or	<u> </u>			1	Signature of Dosnovsiki	e Official or Authorized Represent	ative Submission
Authorized Representative	information submitted he	y of law that I have personall rein and based on my inquir	y of those individuals imme	diately	organius of responsibilities	Commission Authorized Represent	Date/Time
Kevin Zebrowski	responsible for obtaining and complete. I am award	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	rue, accurate			2020-01- 14 11:01

FACILITY: LOCATION: Northeast Ohio Regional SD PERMIT NUMBER:

3826 Euclid Ave

MONITORING <u>2019-12-01</u> To: <u>2019-12-31</u> **PERIOD:**

3PA00002*HD

Cleveland, OH 44115

GENERAL REPORT COMMENT:

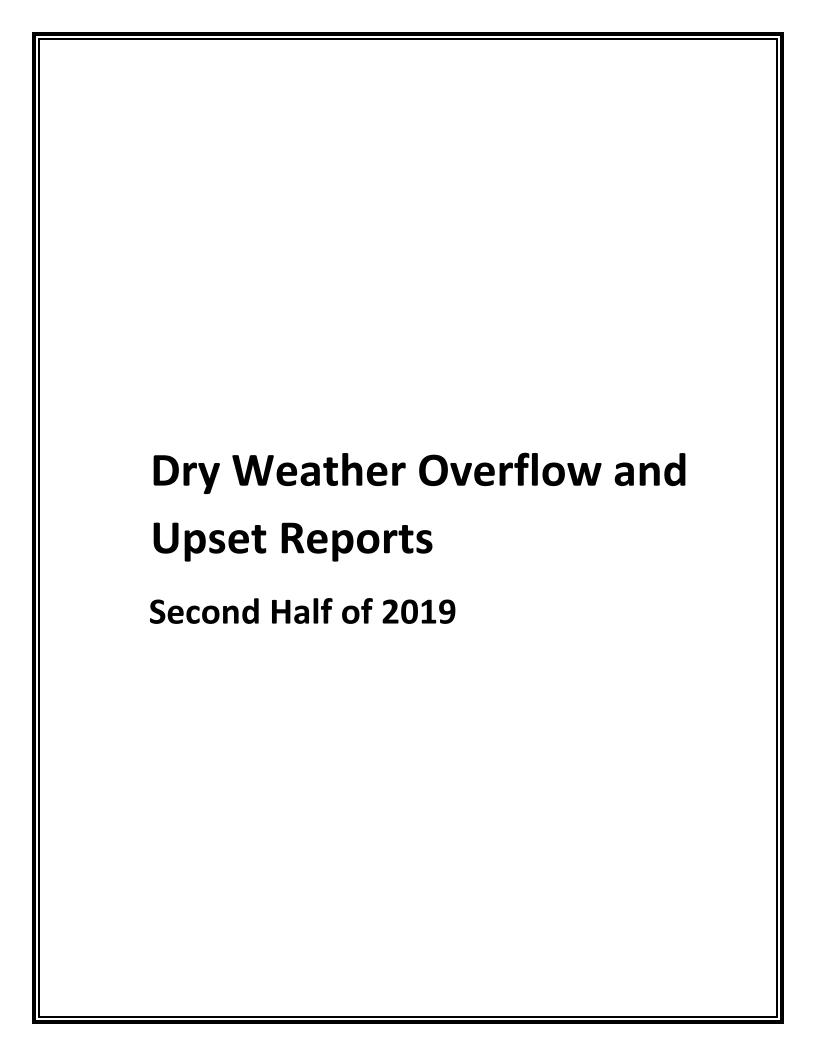
Sampling required two times per year.

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
232	Overflow Occurrence per Year	51709	2019- 12-01	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-02	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-03	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-04	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-05	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-06	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-07	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-08	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-09	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-10	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-11	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-12	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-13	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.

232	Overflow Occurrence per Year	51709	2019- 12-14	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-15	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-16	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-17	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-18	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-19	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-20	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-21	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-22	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-23	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-24	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-25	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-26	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-27	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-28	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-29	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-30	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Occurrence per Year	51709	2019- 12-31	No./Year	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-01	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-02	Million Gallons	

					CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-03	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-04	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-05	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-06	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-07	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-08	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-09	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-10	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-11	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-12	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-13	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-14	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-15	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-16	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-17	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-18	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-19	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-20	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-21	Million Gallons	

					CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-22	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-23	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-24	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-25	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-26	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-27	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-28	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-29	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-30	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.
232	Overflow Volume	74063	2019- 12-31	Million Gallons	CSO 232 was replaced with CSO 211. Reporting for CSO 211 began 1/1/2016. CSO 232 should be removed from the eDMR report.





o:	Erm Gomes	From:	David Glisic
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Ohio EPA **Date:** 8/9/2019

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

χ Initial Advisory

χ Five-Day Status Report

Structure: WR-07A JEFFERSON AVE EAST OF W 3RD ST

Date Found: 8/9/2019 **Time Found:** 9:00 AM **CSO**: CSO-240

Receiving Water: CUYAHOGA RIVER

Estimated Discharge (Gallons): 150

Cause: Grit/Sand

Proposed Remedial Action: Jet rod and vacuum

Jurisdiction: NEORSD

Contact Person: Kevin Zebrowski

Additional Information:

Date Corrected: 8/9/2019 **Time Corrected:** 11:30 AM

Duration of Discharge (Hrs):

Corrective Action: Jet rodded and vacuumed

Work Order #: 1920289-01



To: Erm Gomes From: David Glisic

Ohio EPA

Date: 8/29/2019

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

χ Initial Advisory

χ Five-Day Status Report

Structure: WR-28 W 14TH ST NORTH OF MENTOR AVE

Date Found: 8/28/2019 **TIME FOUND:** 11:00 AM **CSO:** CSO-087

Receiving Water: CUYAHOGA RIVER

Estimated Discharge (Gallons): 57,140

Cause: Grit/Leaves

Proposed Remedial Action: Jet rod and vacuum

Jurisdiction: NEORSD

Contact Person: Kevin Zebrowski

Additional Information: A notification from a level monitor at the site was received at 11:00 am and a crew arrived on site around

11:50 am. The site was overflowing when the crew arrived and the crews performed the corrective action.

The overflow duration is based on information from the level monitor.

Date Corrected: 8/28/2019 **Time Corrected:** 12:45 PM

Duration of Discharge (Hrs): 1.75

Corrective Action: Jet rodded and vacuumed

Work Order #: 1921785-01



To: Erm Gomes From: David Glisic

Ohio EPA

Date: 9/18/2019

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

χ Initial Advisory

χ Five-Day Status Report

Structure: WR-28 W 14TH ST NORTH OF MENTOR AVE

Date Found: 9/17/2019 **TIME FOUND:** 1:30 PM **CSO:** CSO-087

Receiving Water: CUYAHOGA RIVER

Estimated Discharge (Gallons): 30,674

Cause: Grit/Leaves

Proposed Remedial Action: Jet rod and vacuum

Jurisdiction: NEORSD

Contact Person: Kevin Zebrowski

Additional Information: A notification from a level monitor at the site was received at 1:30 PM and a crew arrived on site around 2:10

PM. The site was overflowing when the crew arrived and the crews performed the corrective action. The

overflow duration is based on information from the level monitor.

Date Corrected: 9/17/2019 Time Corrected: 2:25 PM

Duration of Discharge (Hrs): 0.92

Corrective Action: Jet rodded and vacuumed

Work Order #: 1923490-01



To: Erm Gomes From: David Glisic

Ohio EPA

Date: 10/9/2019

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

χ Initial Advisory

χ Five-Day Status Report

Structure: H-14 COIT AVE SOUTH OF WOODWORTH AVE

Date Found: 10/9/2019 **TIME FOUND:** 3:10 AM **CSO:** CSO-211

Receiving Water: NINE MILE CREEK

Estimated Discharge (Gallons): 32,813

Cause: Grit/Leaves

Proposed Remedial Action: Jet rod and vacuum

Jurisdiction: NEORSD

Contact Person: Kevin Zebrowski

Additional Information: A notification from a level monitor at the site was received at 3:30 AM at and a crew arrived on site around

6:45AM. The site was overflowing when the crew arrived and the crews performed the corrective action. The

time found and overflow duration is based on information from the level monitor.

Date Corrected: 10/9/2019 **Time Corrected:** 7:15 AM

Duration of Discharge (Hrs): 4.08

Corrective Action: Jet rodded and vacuumed

Work Order #: 1925435-01



To: Erm Gomes From: Michael J. Zapior

Ohio EPA

Date: 10/18/2019

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

χ Initial Advisory

χ Five-Day Status Report

Structure: WR-28 W 14TH ST NORTH OF MENTOR AVE

Date Found: 10/17/2019 **TIME FOUND:** 5:25 PM **CSO:** CSO-087

Receiving Water: CUYAHOGA RIVER

Estimated Discharge (Gallons): 50,046

Cause: Grit/Leaves

Proposed Remedial Action: Jet rod and vacuum

Jurisdiction: NEORSD

Contact Person: Kevin Zebrowski

A notification from a level monitor at the site was received at 6:04 pm and a crew arrived on site around

Additional Information:

7:45 pm. The site was overflowing when the crew arrived and the crews performed the corrective action. The

overflow duration is based on information from the level monitor. Note: Data indicates that there were two overflow events at the site. The first event was from 5:25 pm to 6:45 pm and the second event was from 7:35

pm to 8:25 pm.

Date Corrected: 10/17/2019 Time Corrected: 8:25 PM

Duration of Discharge (Hrs): 2.17

Corrective Action: Jet rodded and vacuumed

Work Order #: 1926384-01



To: Erm Gomes From: Michael J. Zapior

Ohio EPA

Date: 10/18/2019

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

χ Initial Advisory

χ Five-Day Status Report

Structure: WR-28 W 14TH ST NORTH OF MENTOR AVE

Date Found: 10/18/2019 **TIME FOUND:** 11:25 AM **CSO:** CSO-087

Receiving Water: CUYAHOGA RIVER

Estimated Discharge (Gallons): 60,753

Cause: Grit/Leaves

Proposed Remedial Action: Jet rod and vacuum

Jurisdiction: NEORSD

Contact Person: Kevin Zebrowski

Additional Information: A notification from a level monitor at the site was received at 12:01 pm and a crew arrived on site around

12:35 pm. The site was overflowing when the crew arrived and the crews performed the corrective action.

The overflow duration is based on information from the level monitor.

Date Corrected: 10/18/2019 **Time Corrected:** 1:15 PM

Duration of Discharge (Hrs): 1.83

Corrective Action: Jet rodded and vacuumed

Work Order #: 1926413-01



To: Erm Gomes From: Michael J. Zapior

Ohio EPA

****REVISED COPY****

Date: 10/19/2019

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

χ Initial Advisory

χ Five-Day Status Report

Structure: WR-28 W 14TH ST NORTH OF MENTOR AVE

Date Found: 10/18/2019 **TIME FOUND:** 11:25 AM **CSO:** CSO-087

Receiving Water: CUYAHOGA RIVER

Estimated Discharge (Gallons): 60,800

Cause: Grit/Leaves

Proposed Remedial Action: Jet rod and vacuum

Jurisdiction: NEORSD

Contact Person: Kevin Zebrowski

Additional Information: A notification from a level monitor at the site was received at 12:01 pm and a crew arrived on site around

12:35 pm. The site was overflowing when the crew arrived and the crews performed the corrective action.

The overflow duration is based on information from the level monitor.

Date Corrected: 10/18/2019 **Time Corrected:** 1:15 PM

Duration of Discharge (Hrs): 1.83

Corrective Action: Jet rodded and vacuumed

Work Order #: 1926413-01



To: Erm Gomes From: Michael J. Zapior

Ohio EPA

Date: 10/20/2019

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

χ Initial Advisory

χ Five-Day Status Report

Structure: WR-28 W 14TH ST NORTH OF MENTOR AVE

Date Found: 10/19/2019 **TIME FOUND:** 10:15 AM **CSO:** CSO-087

Receiving Water: CUYAHOGA RIVER

Estimated Discharge (Gallons): 57,946

Cause: Grit/Leaves

Proposed Remedial Action: Jet rod and vacuum

Jurisdiction: NEORSD

Contact Person: Kevin Zebrowski

A notification from a level monitor at the site was received at 10:52 am and a crew arrived on site around 1:30 pm. The site was overflowing when the crew arrived and the crews performed the corrective action. The

overflow duration is based on information from the level monitor. Note: Data indicates that there were two overflow events at the site. The first event was from 10:15 am to 11:25 am and the second event was from

1:00 pm to 3:15 pm.

Date Corrected: 10/19/2019 **Time Corrected:** 3:15 PM

Duration of Discharge (Hrs): 3.42

Corrective Action: Jet rodded and vacuumed

Work Order #: 1926486-01



To: From: **David Glisic Erm Gomes**

Ohio EPA

****REVISED COPY****

Date: 11/14/2019

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

CAR27 **BELLAIRE & KENSIGNTON CSO-056 WEIR Structure:**

Date Found: 11/13/2019 TIME FOUND: 5:30 AM CSO: CSO-056

Receiving Water: BIG CREEK

Estimated Discharge (Gallons): 1,200

Cause: Interceptor gate, downstream of the regulator structure, closing (as programmed in the PLC) due to

> a high level from a remote level monitor (bubbler) communicating with the site. An unknown blockage in the bubbler is suspected of causing the high level at the remote level monitor.

Proposed Remedial Action: Remove obstruction

Jurisdiction: **NEORSD**

Contact Person: Kevin Zebrowski

Data from a remote level monitor, a trunk level in the regulator chamber, and an interceptor gate position **Additional Information:**

was reviewed on the afternoon on 11/13. After reviewing the data, NEORSD crews followed-up with an inspection of the regulator site this morning. Crews observed evidence that an overflow event may have recently occurred at this site. Currently, the site is not overflowing and equipment at both of the sites is

functioning properly. The overflow duration is based on information from the trunk level monitor.

Date Corrected: 11/13/2019 Time Corrected: 5:35 AM

Duration of Discharge (Hrs): 0.08

Removed obstruction **Corrective Action:**

Work Order #: 1928765-01



To: Erm Gomes From: Michael J. Zapior

Ohio EPA

Date: 11/15/2019

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

χ Initial Advisory

χ Five-Day Status Report

Structure CSO-093 NORTH OF CLEVELAND FIRST ENERGY STADIUM (W. 3rd/ONTARIO OUTLET SEWER)

Date Found: 11/14/2019 **Time Found:** 12:34 PM **CSO:** CSO-093

Receiving Water: Lake Erie

Approximate Discharge (Gallons): 0 – 500

Description of Problem: Release of ethylene glycol that was discharged through CSO-093.

Community with Maintenance Responsibility: Cleveland

Contact Person: Verizon Building (Ohio EPA Emergency Reponse team has contact information)

Additional Information: A release of ethylene glycol that was discharged through CSO-093. It occurred around 10

am and it was a release from the Verizon Building's HVAC system. 0-500 gallons was released during an isolated incident. Spill hotline was contacted and the spill ID number is

1911-EPA-0001866-I001. For additional information, please contact the Ohio EPA

Emergency Reponse.

Date Corrected: 11/14/2019 Time Corrected: UNKNOWN

Duration Of Discharge: UNKNOWN

Work Order Number: NA

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).



To: Erm Gomes From: Michael J. Zapior

Ohio EPA **Date:** 12/2/2019

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

χ Initial Advisory

X Five-Day Status Report

Structure CSO-035 BURKE BROOK AT CUYAHOGA RIVER

Date Found: 12/2/2019 **Time Found:** 10:30 AM **CSO:** CSO-035

Receiving Water: Cuyahoga River

Approximate Discharge (Gallons): 5

Description of Problem: Release of diesel that was discharged through CSO-035.

Community with Maintenance Responsibility: Cleveland

Contact Person: NAT Services - 6600 Grant Ave. Cleveland, Ohio

Additional Information:

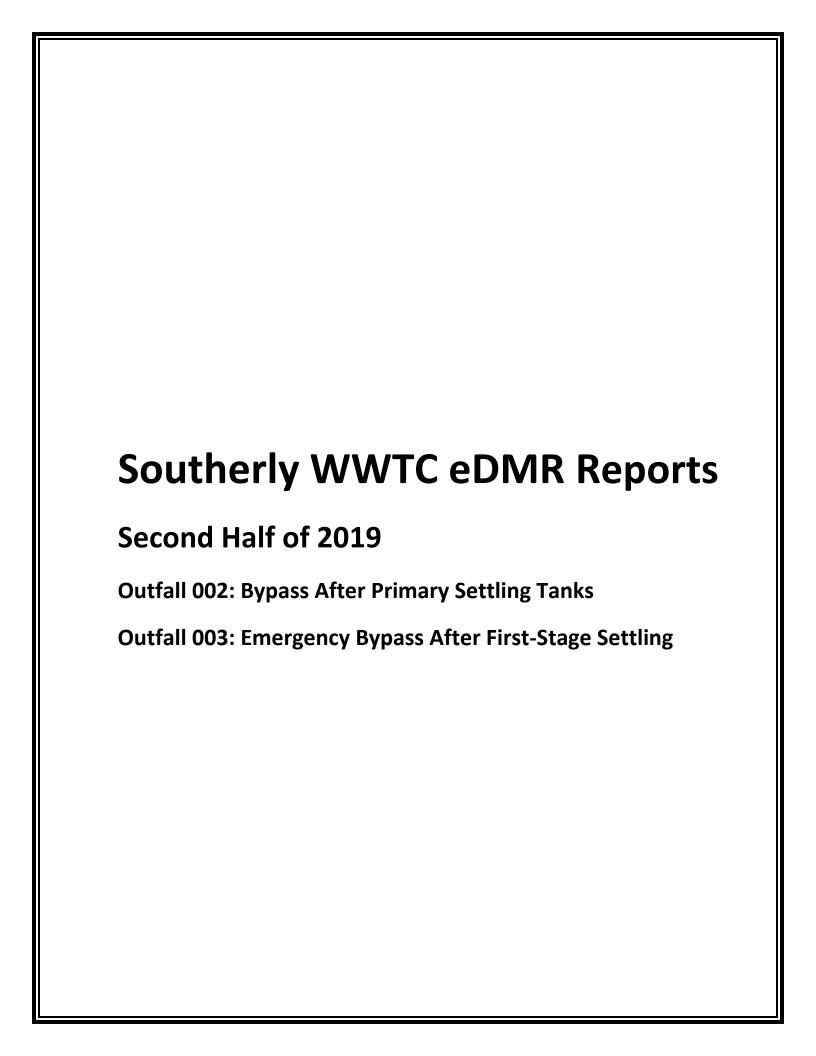
A release of diesel to collection system tributary to CSO-035. Approx. 5 gallons was released during an isolated incident. Spill hotline was contacted. For additional information, please contact the Ohio EPA Emergency Reponse (Larry Antonelli).

Date Corrected: 12/2/2019 **Time Corrected:** UNKNOWN

Duration Of Discharge: UNKNOWN

Work Order Number: NA

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).



SUBMISSION ID: 879120 STATUS: Original FACILITY: NEORSD Southerly WWTC PERMIT NUMBER: 3PF00002*ND

LOCATION: 6000 Canal Road STATION CODE: 002

Cuyahoga Heights, OH 44124 MONITORING PERIOD :

COUNTY: Cuyahoga REPORTING LAB: NEORSD Analytical Services

DISTRICT: NEDO ANALYST: Cheryl Soltis-Muth Manager of Analytical

Services

<u>2019-07-01</u> To: <u>2019-07-31</u>

NO DISCHARGE 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		
2019-07-01							
2019-07-02							
2019-07-03							
2019-07-04							
2019-07-05							
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2019-07-28							
2019-07-29							
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2019-07-31							
Minimum							
Maximum							
Average							
Count	Ļ						
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal rein and based on my inquir	ly examined and am famili	ar with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
Brian Flanagan	responsible for obtaining t	the information, I believe the that there are significant po	ne submitted information is	true, accurate			2019-08- 20 11:08

SUBMISSION ID: 879120 STATUS: Original FACILITY: NEORSD Southerly WWTC PERMIT NUMBER: 3PF00002*ND STATION CODE:

LOCATION: 6000 Canal Road 003

Cuyahoga

COUNTY:

Cuyahoga Heights, OH 44124 MONITORING PERIOD :

REPORTING LAB: NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

<u>2019-07-01</u> To: <u>2019-07-31</u>

NO DISCHARGE $\boldsymbol{A}\boldsymbol{L}$

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.	1/Month			
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total			
2019-07-01								
2019-07-02								
2019-07-03								
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2019-07-28								
2019-07-29								
2019-07-30								
2019-07-31								
Minimum								
Maximum				ļ	ļ			
Average								
Count Name of Responsible Official or			<u> </u>	Sian	ature of Responsible Official	or Authorized Representative	e Submission	
Authorized Representative	information submitted her	of law that I have personal rein and based on my inquir the information, I believe the	y of those individuals imm	ar with the ediately	or responsible Official		2019-08-	
Brian Flanagan		that there are significant pe					20 11:08	

FACILITY: LOCATION:

NEORSD Southerly WWTC PERMIT NUMBER:

6000 Canal Road

PERMIT NUMBER:
MONITORING
PERIOD:

3PF00002*ND 2019-07-01 To: 2019-07-31

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

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2019-07-07	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-07-22	mg/l	DATA NOT VALID DUE TO ANALYST ERROR
601	CBOD 5 day	80082	2019-07-07	mg/l	STANDARD DID NOT MEET QC CRITERIA

SUBMISSION ID: 886690 STATUS: Original FACILITY: NEORSD Southerly WWTC PERMIT NUMBER: 3PF00002*ND

LOCATION: 6000 Canal Road STATION CODE: 002

COUNTY:

Cuyahoga Heights, OH 44124 MONITORING PERIOD :

Cuyahoga REPORTING LAB: NEORSD Analytical Services

DISTRICT: NEDO ANALYST: Cheryl Soltis-Muth Manager of Analytical

Services

<u>2019-08-01</u> To: <u>2019-08-31</u>

NO DISCHARGE 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		
2019-08-01							
2019-08-02							
2019-08-03							
2019-08-04							
2019-08-05							
2019-08-06							
2019-08-07							
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2019-08-28							
2019-08-29							
2019-08-30							
2019-08-31							
Minimum			ĺ	ĺ			
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative		of law that I have personal		ar with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
Brian Flanagan	responsible for obtaining t	rein and based on my inquir the information, I believe the that there are significant pof fine and imprisonment.	ne submitted information is	true, accurate			2019-09- 18 12:09

SUBMISSION ID: 886690 STATUS: Original FACILITY: NEORSD Southerly WWTC PERMIT NUMBER: 3PF00002*ND STATION CODE:

LOCATION: 6000 Canal Road 003 <u>2019-08-01</u> To: <u>2019-08-31</u>

Cuyahoga Heights, OH 44124 MONITORING PERIOD :

Cuyahoga

COUNTY:

REPORTING LAB: NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

NO DISCHARGE $\boldsymbol{A}\boldsymbol{L}$

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	i	
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	1/Month	ĺ	
SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total		
2019-08-01							
2019-08-02							
2019-08-03							
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2019-08-30							
2019-08-31							
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Average					ļ		
Count			<u> </u>	1 ~	I and the second	Authorized D	Submission
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal ein and based on my inquir	lly examined and am famili	ar with the	nature of Responsible Official	or Autnorized Representative	Submission Date/Time
Brian Flanagan	responsible for obtaining	the information, I believe the that there are significant pe	ne submitted information is	true, accurate			2019-09- 18 12:09

FACILITY: LOCATION:

NEORSD Southerly WWTC PERMIT NUMBER:

6000 Canal Road

PERMIT NUMBER:
MONITORING
PERIOD:

3PF00002*ND 2019-08-01 To: 2019-08-31

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 a NELAP compliant Lab (PA DEP #68-03670).

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	Total Suspended Solids	00530	2019-08- 25	mg/l	DATA NOT VALID DUE TO ANALYTICAL ERROR
001	CBOD 5 day	80082	2019-08- 11	mg/l	SEED AND DILUTION SET DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-08- 12	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-08- 28	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-08- 30	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-08- 31	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
001	Chronic Toxicity, Pimephales promelas	61428	2019-08- 18	TUc	MAKE-UP WET TEST FOR MISSED JUNE 2019 TEST
001	Acute Toxicity, Pimephales promelas	61427	2019-08- 18	TUa	MAKE-UP WET TEST FOR MISSED JUNE 2019 TEST
601	Total Suspended Solids	00530	2019-08- 25	mg/l	DATA NOT VALID DUE TO ANALYTICAL ERROR
601	CBOD 5 day	80082	2019-08- 11	mg/l	SEED AND DILUTION SET DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-08- 12	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-08- 13	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082		mg/l	BLANKS DID NOT MEET QC CRITERIA

			2019-08- 15		
601	CBOD 5 day	80082	2019-08- 28	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-08- 30	ı -	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-08- 31		BLANKS AND STANDARD DID NOT MEET QC CRITERIA

SUBMISSION ID: 895812 STATUS: Original NEORSD Southerly WWTC PERMIT NUMBER: FACILITY: 3PF00002*ND STATION CODE:

LOCATION: 6000 Canal Road 002

Cuyahoga Heights, OH 44124 MONITORING PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

<u>2019-09-01</u> To: <u>2019-09-30</u>

NO DISCHARGE $\boldsymbol{A}\boldsymbol{L}$

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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						
2019-09-01											
2019-09-02											
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Count											
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	ly examined and am famili	ar with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time				
Brian Flanagan	information submitted her responsible for obtaining t and complete. I am aware	l 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 exponsible 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.									

SUBMISSION ID: 895812 STATUS: Original NEORSD Southerly WWTC PERMIT NUMBER: FACILITY: 3PF00002*ND STATION CODE:

LOCATION: 6000 Canal Road 003 <u>2019-09-01</u> To: <u>2019-09-30</u>

Cuyahoga Heights, OH 44124 MONITORING PERIOD :

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

NO DISCHARGE $\boldsymbol{A}\boldsymbol{L}$

Coope										
CODE	PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass Total Hours Per Day	Bypass Volume				
FREQUENCY		00530	80082	00051	00052	51428				
SAMPLING TYPE Grab Grab Grab 24hr Total 24hr Total 2019-09-01	UNITS	mg/l	mg/l	No./Day	Hrs/Day	MGAL				
SAMPLING TYPE Grab Grab Grab 24hr Total 24hr Total 2019-09-01	FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	1/Month				
2019-09-02 2019-09-03 2019-09-04 2019-09-05 2019-09-06 2019-09-07 2019-09-08 2019-09-09 2019-09-10 2019-09-11 2019-09-12 2019-09-12 2019-09-13 2019-09-14 2019-09-15 2019-09-16 2019-09-17 2019-09-18 2019-09-18 2019-09-19 2019-09-19 2019-09-20 2019-09-20 2019-09-21 2019-09-22 2019-09-25 2019-09-25 2019-09-28 2019-09-28 2019-09-29 2019-09-20 2019-09-29 2019-09-29 2019-09-30 Minimum Maximum Maximum Maximum Maximum Average Count	SAMPLING TYPE	Grab	Grab	Grab	24hr Total	24hr Total				
2019-09-03 2019-09-04 2019-09-05 2019-09-06 2019-09-07 2019-09-08 2019-09-09 2019-09-10 2019-09-11 2019-09-12 2019-09-13 2019-09-13 2019-09-14 2019-09-15 2019-09-16 2019-09-17 2019-09-18 2019-09-18 2019-09-19 2019-09-20 2019-09-20 2019-09-21 2019-09-22 2019-09-25 2019-09-26 2019-09-26 2019-09-27 2019-09-28 2019-09-28 2019-09-29 2019-09-20										
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2019-09-07 2019-09-08 2019-09-09 2019-09-10 2019-09-11 2019-09-12 2019-09-13 2019-09-13 2019-09-15 2019-09-16 2019-09-16 2019-09-17 2019-09-19 2019-09-19 2019-09-20 2019-09-20 2019-09-21 2019-09-22 2019-09-23 2019-09-24 2019-09-25 2019-09-25 2019-09-27 2019-09-28 2019-09-28 2019-09-29 2019-09-29 2019-09-29 2019-09-29 2019-09-29 2019-09-29 2019-09-29 2019-09-20 2019-09-20 2019-09-20 2019-09-25 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-30 Minimum Maximum Maximum Maximum Maximum Average Count	2019-09-05									
2019-09-08 2019-09-10 2019-09-11 2019-09-12 2019-09-13 2019-09-14 2019-09-15 2019-09-16 2019-09-17 2019-09-17 2019-09-19 2019-09-19 2019-09-20 2019-09-20 2019-09-22 2019-09-23 2019-09-24 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-28 2019-09-29 2019-09-29 2019-09-30 Minimum Maximum Average Count	2019-09-06									
2019-09-09 2019-09-10 2019-09-11 2019-09-12 2019-09-13 2019-09-14 2019-09-15 2019-09-16 2019-09-17 2019-09-18 2019-09-19 2019-09-20 2019-09-21 2019-09-22 2019-09-22 2019-09-25 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-29 2019-09-29 2019-09-29 2019-09-20 2019-09-27 2019-09-28 2019-09-29 2019-09-30 Minimum Maximum Maximum Maximum Maximum Average Count	2019-09-07									
2019-09-09 2019-09-10 2019-09-11 2019-09-12 2019-09-13 2019-09-14 2019-09-15 2019-09-16 2019-09-17 2019-09-18 2019-09-19 2019-09-20 2019-09-21 2019-09-22 2019-09-22 2019-09-25 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-29 2019-09-29 2019-09-29 2019-09-20 2019-09-27 2019-09-28 2019-09-29 2019-09-30 Minimum Maximum Maximum Maximum Maximum Average Count	2019-09-08									
2019-09-10 2019-09-11 2019-09-12 2019-09-13 2019-09-14 2019-09-15 2019-09-16 2019-09-17 2019-09-18 2019-09-19 2019-09-20 2019-09-21 2019-09-22 2019-09-22 2019-09-25 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-29 2019-09-29 2019-09-29 2019-09-29 2019-09-28 2019-09-29 2019-09-29 2019-09-30 Minimum Maximum Maximum Maximum Maximum Average Count										
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2019-09-13 2019-09-14 2019-09-15 2019-09-16 2019-09-17 2019-09-18 2019-09-19 2019-09-20 2019-09-21 2019-09-22 2019-09-23 2019-09-24 2019-09-25 2019-09-25 2019-09-26 2019-09-28 2019-09-28 2019-09-29 2019-09-29 2019-09-30 Minimum Average Count										
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2019-09-14 2019-09-15 2019-09-16 2019-09-17 2019-09-18 2019-09-19 2019-09-20 2019-09-21 2019-09-22 2019-09-22 2019-09-25 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-29 2019-09-30 Minimum Maximum Average Count										
2019-09-15 2019-09-16 2019-09-17 2019-09-18 2019-09-19 2019-09-20 2019-09-21 2019-09-21 2019-09-22 2019-09-23 2019-09-24 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-29 2019-09-30 Minimum Maximum Maximum Average Count										
2019-09-16 2019-09-18 2019-09-19 2019-09-20 2019-09-21 2019-09-22 2019-09-23 2019-09-24 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-30 Minimum Maximum Maximum Maximum Maximum Average Count										
2019-09-17 2019-09-18 2019-09-20 2019-09-21 2019-09-22 2019-09-23 2019-09-24 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-29 2019-09-30 Minimum Maximum Maximum Maximum Maximum Average Count										
2019-09-18										
2019-09-19										
2019-09-20 2019-09-21 2019-09-22 2019-09-23 2019-09-24 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-30 Minimum Maximum Average Count										
2019-09-21										
2019-09-22										
2019-09-23 2019-09-24 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-30 Minimum Maximum Average Count										
2019-09-24 2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-30 Minimum Maximum Average Count										
2019-09-25 2019-09-26 2019-09-27 2019-09-28 2019-09-29 2019-09-30 Minimum Maximum Average Count										
2019-09-26										
2019-09-27										
2019-09-28										
2019-09-29										
2019-09-30										
Minimum Maximum Average Count					1					
Maximum Average Count					1					
Average Count					 					
Count					<u> </u>					
Legrify under the penalty of law that I have personally examined and am familiar with the	Name of Responsible Official or Authorized Representative	Legrify under the penalty	of law that I have personal	ly examined and am famili	ar with the	nature of Responsible Official	or Authorized Representative	Submission Dete/Time		
responsible for obtaining the information, I believe the submitted information is true, accurate and complete. Lum suggest that there are similarly including the information is the submitted information is true, accurate and complete. Lum suggest that there are similarly reposition to produce that there are similarly reposition to produce the submitted information is true, accurate		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,								

FACILITY: LOCATION:

NEORSD Southerly WWTC PERMIT NUMBER:

6000 Canal Road

PERMIT NUMBER:
MONITORING
PERIOD:

3PF00002*ND 2019-09-01 To: 2019-09-30

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

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
601	CBOD 5 day	80082	2019-09-18	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-23	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-24	mg/l	BLANKS DID NOT MEET QC CRITERIA

SUBMISSION ID: 902883 STATUS: Original FACILITY: NEORSD Southerly WWTC PERMIT NUMBER: 3PF00002*ND STATION CODE: 002

LOCATION: 6000 Canal Road

Cuyahoga Heights, OH 44124 MONITORING PERIOD:

COUNTY: REPORTING LAB: Cuyahoga

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

<u>2019-10-01</u> To: <u>2019-10-31</u>

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		
2019-10-01	AC	AC	AC	AC	AC		
2019-10-02	AC	AC	AC	AC	AC		
2019-10-03	AC	AC	AC	AC	AC		
2019-10-04	AC	AC	AC	AC	AC		
2019-10-05	AC	AC	AC	AC	AC		
2019-10-06	AC	AC	AC	AC	AC		
2019-10-07	AC	AC	AC	AC	AC		
2019-10-08	AC	AC	AC	AC	AC		
2019-10-09	AC	AC	AC	AC	AC		
2019-10-10	AC	AC	AC	AC	AC		
2019-10-11	AC	AC	AC	AC	AC		
2019-10-12	AC	AC	AC	AC	AC		
2019-10-13	AC	AC	AC	AC	AC		
2019-10-14	AC	AC	AC	AC	AC		
2019-10-15	AC	AC	AC	AC	AC		
2019-10-16	AC	AC	AC	AC	AC		
2019-10-17	AC	AC	AC	AC	AC		
2019-10-18	AC	AC	AC	AC	AC		
2019-10-19	AC	AC	AC	AC	AC		
2019-10-20	AC	AC	AC	AC	AC		
2019-10-21	AC	AC	AC	AC	AC		
2019-10-22	AC	AC	AC	AC	AC		
2019-10-23	AC	AC	AC	AC	AC		
2019-10-24	AC	AC	AC	AC	AC		
2019-10-25	AC	AC	AC	AC	AC		
2019-10-26	AC	AC	AC	AC	AC		
2019-10-27	AC	AC	AC	AC	AC		
2019-10-28	AC	AC	AC	AC	AC		
2019-10-29	AC	AC	AC	AC	AC		
2019-10-30	AC	AC	AC	AC	AC		
2019-10-31	AH	AH	1	0.33	0.6	 	
Minimum			1.0	0.33	0.6	 	
Maximum			1.0	0.33	0.6		
Average			1	0.33	0.6		
Count			1	1	1		
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am famili	ar with the	nature of Responsible Official of	or Authorized Representative	Submission Date/Time
Brian Flanagan	information submitted her responsible for obtaining	rein and based on my inquir the information, I believe the that there are significant po	ry of those individuals imme ne submitted information is	ediately true, accurate			2019-11- 15 13:11

SUBMISSION ID: 902883 STATUS: Original FACILITY: NEORSD Southerly WWTC PERMIT NUMBER: 3PF00002*ND STATION CODE:

LOCATION: 6000 Canal Road 003 <u>2019-10-01</u> To: <u>2019-10-31</u>

Cuyahoga Heights, OH 44124 MONITORING PERIOD :

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

NO DISCHARGE $\boldsymbol{A}\boldsymbol{L}$

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		
2019-10-01							
2019-10-02							
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10							
2019-10-11							
2019-10-12							
2019-10-13							
2019-10-14							
2019-10-15							
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2019-10-24							
2019-10-25							
2019-10-26							
2019-10-27							
2019-10-28							
2019-10-29							
2019-10-30							
2019-10-31							
Minimum							
Maximum							
Average							
Count	Ļ			<u> </u>			
Name of Responsible Official or Authorized Representative			lly examined and am famili	ar with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
Brian Flanagan	responsible for obtaining t	he information, I believe the that there are significant po	ry of those individuals imm ne submitted information is enalties for submitting false	true, accurate			2019-11- 15 13:11

FACILITY: LOCATION:

NEORSD Southerly WWTC PERMIT NUMBER:

6000 Canal Road

PERMIT NUMBER:
MONITORING
PERIOD:

3PF00002*ND 2019-10-01 To: 2019-10-31

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

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
002	Total Suspended Solids	00530	2019-10-31	mg/l	SAMPLE NOT COLLECTED
002	CBOD 5 day	80082	2019-10-31	mg/l	SAMPLE NOT COLLECTED
601	CBOD 5 day	80082	2019-10-02	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-03	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-04	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-05	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-09	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-10	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-11	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-12	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-13	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-14	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-20	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-21	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-24	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-27	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-31	mg/l	BLANKS DID NOT MEET QC CRITERIA.

SUBMISSION ID: 912181 STATUS: Original NEORSD Southerly WWTC PERMIT NUMBER: FACILITY: 3PF00002*ND STATION CODE:

LOCATION: 6000 Canal Road 002 <u>2019-11-01</u> To: <u>2019-11-30</u>

Cuyahoga Heights, OH 44124 MONITORING PERIOD :

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

NO DISCHARGE $\boldsymbol{A}\boldsymbol{L}$

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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				
2019-11-01									
2019-11-02									
2019-11-03									
2019-11-04									
2019-11-05									
2019-11-06									
2019-11-07									
2019-11-08									
2019-11-09									
2019-11-10									
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2019-11-16									
2019-11-17									
2019-11-18									
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2019-11-21									
2019-11-22									
2019-11-23									
2019-11-24									
2019-11-25									
2019-11-26									
2019-11-27									
2019-11-28									
2019-11-29									
2019-11-30									
Minimum									
Maximum									
Average									
Count									
Name of Responsible Official or Authorized Representative	information submitted her		y of those individuals imm	ar with the ediately	nature of Responsible Official	or Authorized Representative	Date/Time		
Brian Flanagan Brian epigenesis 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.									

SUBMISSION ID: 912181 STATUS: Original FACILITY: NEORSD Southerly WWTC PERMIT NUMBER: 3PF00002*ND STATION CODE:

LOCATION: 6000 Canal Road 003 <u>2019-11-01</u> To: <u>2019-11-30</u>

Cuyahoga Heights, OH 44124 MONITORING PERIOD :

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

NO DISCHARGE $\boldsymbol{A}\boldsymbol{L}$

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		
2019-11-01							
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11							
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27							
2019-11-28							
2019-11-29							
2019-11-30							
Minimum			ĺ	ĺ		T I	
Maximum							
Average							
Count	ļ			<u> </u>			
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am famili	ar with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
Brian Flanagan	responsible for obtaining	ein and based on my inquir the information, I believe the that there are significant po f fine and imprisonment.	ne submitted information is	true, accurate		D. 1	2019-12- 19 14:12

FACILITY: LOCATION:

NEORSD Southerly WWTC PERMIT NUMBER:

6000 Canal Road

PERMIT NUMBER:
MONITORING
PERIOD:

3PF00002*ND 2019-11-01 To: 2019-11-30

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 (NH DES #2238).

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2019-11-18	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-01	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-02	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-03	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-04	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-05	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-06	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-07	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-08	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-09	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-13	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-18	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-25	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-29	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-30	mg/l	BLANKS DID NOT MEET QC CRITERIA

SUBMISSION ID: 919021 STATUS: Original FACILITY: NEORSD Southerly WWTC PERMIT NUMBER: 3PF00002*ND

STATION CODE: LOCATION: 6000 Canal Road 002 <u>2019-12-01</u> To: <u>2019-12-31</u>

Cuyahoga Heights, OH 44124 MONITORING PERIOD :

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

NO DISCHARGE $\boldsymbol{A}\boldsymbol{L}$

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					
2019-12-01										
2019-12-02										
2019-12-03										
2019-12-04										
2019-12-05										
2019-12-06										
2019-12-07										
2019-12-08										
2019-12-09										
2019-12-10										
2019-12-11										
2019-12-12										
2019-12-13					1					
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2019-12-24										
2019-12-25										
2019-12-26										
2019-12-27										
2019-12-28										
2019-12-29										
2019-12-30										
2019-12-31										
Minimum										
Maximum										
Average										
Count	Ļ			<u> </u>						
Name of Responsible Official or Authorized Representative				ar with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time			
Brian Flanagan	information submitted herein and based on my inquiry of those individuals immediately personable for obtaining the information I believe the submitted formation is the securate and the second of the									

SUBMISSION ID: 919021 STATUS: Original NEORSD Southerly WWTC $\,$ permit number: FACILITY: 3PF00002*ND STATION CODE:

LOCATION: 6000 Canal Road 003 <u>2019-12-01</u> To: <u>2019-12-31</u>

Cuyahoga Heights, OH 44124 MONITORING PERIOD :

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

NO DISCHARGE $\boldsymbol{A}\boldsymbol{L}$

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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				
2019-12-01									
2019-12-02									
2019-12-03									
2019-12-04									
2019-12-05									
2019-12-06									
2019-12-07									
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2019-12-10									
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2019-12-12									
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2019-12-14									
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2019-12-26									
2019-12-27									
2019-12-28									
2019-12-29									
2019-12-30						 			
2019-12-31						 			
Minimum				ï					
Maximum				1					
Average									
Count						ĺ			
Name of Responsible Official or Authorized Representative				ar with the	nature of Responsible Official o	or Authorized Representative	Submission Date/Time		
Brian Flanagan	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.								

NEORSD Southerly WWTC PERMIT NUMBER:

6000 Canal Road MONITOR PERIOD:

 PERMIT NUMBER:
 3PF00002*ND

 MONITORING
 2019-12-01

 TO: 2019-12-31

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 (NH DES Lab ID# 2238)

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2019-12-06	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-07	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-23	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-01	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-06	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-07	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-23	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-24	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-27	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-30	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-31	mg/l	BLANKS DID NOT MEET QC CRITERIA



Division of Surface Water

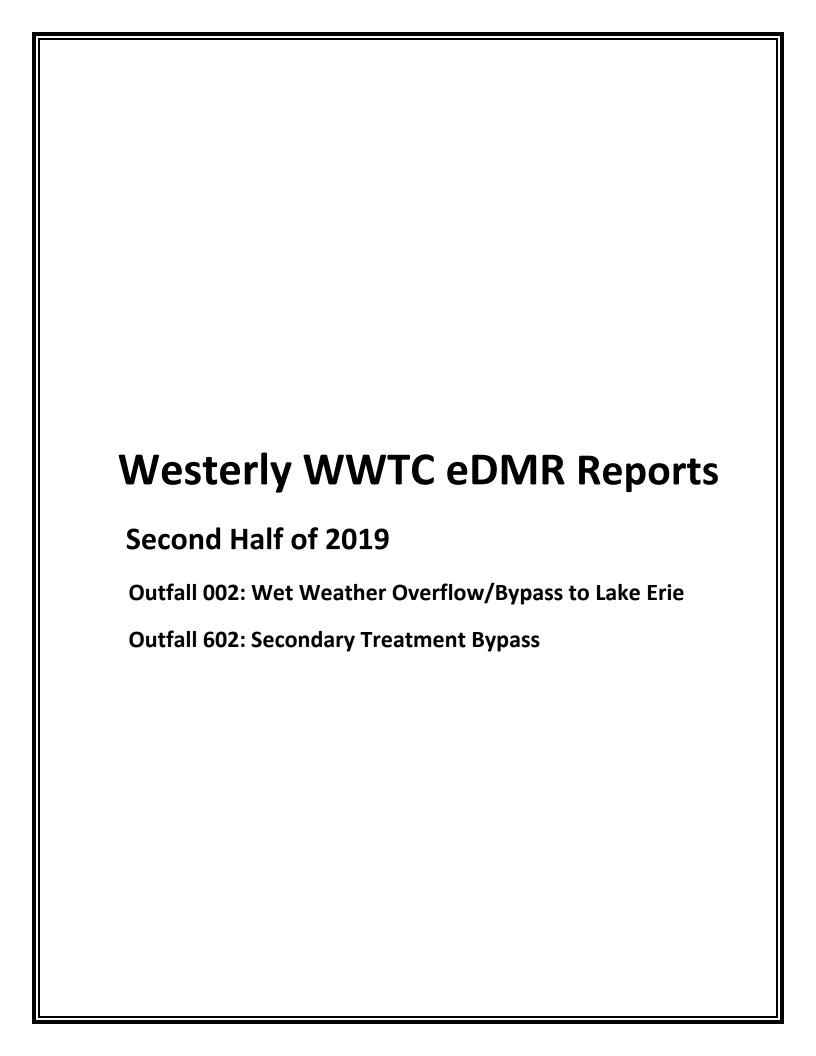
Non-compliance Notification for Bypasses and Upsets

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 swdo24hournpdes@epa.ohio.gov nwdo24hournpdes@epa.ohio.gov nwdo24hournpdes@epa.ohio.gov nedo24hournpdes@epa.ohio.gov cdo24hournpdes@epa.ohio.gov cdo24hournpdes@epa.ohio.gov co24hournpdes@epa.ohio.gov 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*ND
Contact name for permittee:	Terry Robinson
Contact telephone number:	(216) 641-3200
Date and time of discharge	
Date and time(s) of discharge:	10/31/19 @ 13:37pm To 10/31/19 @13:57pm
Date and time discharge discovered:	10/31/19 @ 13:37pm
Description of discharge	
Approximate amount of discharge:	0.64 MG
Characteristics of discharge:	Settled Sewage at outfall 002
Stream(s) affected by discharge	
Provide the name of all streams	Cuyahoga River
affected by the discharge:	
Circumstances that created the discharge	e
Describe the circumstances that	Exceeded the plant's hydraulic capacity
created the discharge:	
Contact person with knowledge of discha	
Name:	Jeffrey Seaman
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 rem	nedial steps
Name:	
Telephone number:	



PERMIT NUMBER:

STATION CODE:

878584 SUBMISSION ID: FACILITY: NEORSD Westerly WWTC

LOCATION: 5800 Cleveland Memorial

NEDO

COUNTY:

DISTRICT:

Shoreway NW

MONITORING Cleveland, OH 44115

Cuyahoga

PERIOD: REPORTING LAB:

ANALYST:

STATUS:

<u>2019-07-01</u> To: <u>2019-07-31</u>

002

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical

Services

Original

3PE00001*QD

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	
2019-07-01	AC	AC	AC	AC	AC	AC	
2019-07-02	AC	AC	AC	AC	AC	AC	
2019-07-03	AC	AC	AC	AC	AC	AC	
2019-07-04	AC	AC	AC	AC	AC	AC	
2019-07-05	AC	AC	AC	AC	AC	AC	
2019-07-06	AC	AC	AC	AC	AC	AC	
2019-07-07	AC	AC	AC	AC	AC	AC	
2019-07-08	AC	AC	AC	AC	AC	AC	
2019-07-09	AC	AC	AC	AC	AC	AC	
2019-07-10	AC	AC	AC	AC	AC	AC	
2019-07-11	AC	AC	AC	AC	AC	AC	
2019-07-12	AC	AC	AC	AC	AC	AC	
2019-07-13	AC	AC	AC	AC	AC	AC	
2019-07-14	AC	AC	AC	AC	AC	AC	
2019-07-15	AH	166	43	1	0.3	0.60	
2019-07-16	AC	AC	AC	AC	AC	AC	
2019-07-17	AC	AC	AC	AC	AC	AC	
2019-07-18	AC	AC	AC	AC	AC	AC	
2019-07-19	AC	AC	AC	AC	AC	AC	
2019-07-20	AC	AC	AC	AC	AC	AC	
2019-07-21	AC	AC	AC	AC	AC	AC	
2019-07-22	AC	AC	AC	AC	AC	AC	
2019-07-23	AC	AC	AC	AC	AC	AC	
2019-07-24	AC	AC	AC	AC	AC	AC	
2019-07-25	AC	AC	AC	AC	AC	AC	
2019-07-26	AC	AC	AC	AC	AC	AC	
2019-07-27	AC	AC	AC	AC	AC	AC	
2019-07-28	AC	AC	AC	AC	AC	AC	
2019-07-29	AC	AC	AC	AC	AC	AC	
2019-07-30	AC	AC	AC	AC	AC	AC	
2019-07-31	AC	AC	AC	AC	AC	AC	_
Minimum		166.0	43.0	1.0	0.3	0.6	
Maximum		166.0	43.0	1.0	0.3	0.6	
Average		166	43	1	0.3	0.6	
Count	ļ	1	1	1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personal	y examined and am famili	ar with the	nature of Responsible Official of	or Authorized Representative	Submission Date/Time
Deborah Klosz	responsible for obtaining and complete. I am awar	erein and based on my inquire the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate			2019-0 19 13:0

SUBMISSION ID: 878584 FACILITY: NEORSD Westerly WWTC

LOCATION: 5800 Cleveland Memorial

Cuyahoga

COUNTY:

Shoreway NW

MONITORING

Cleveland, OH 44115

PERIOD: REPORTING LAB:

PERMIT NUMBER:

STATION CODE:

<u>2019-07-01</u> To: <u>2019-07-31</u>

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical

Original

602

3PE00001*QD

NEDO DISTRICT: ANALYST:

STATUS:

Services

NO DISCHARGE 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				
2019-07-01	· ·	•		1					
2019-07-02									
2019-07-03									
2019-07-04									
2019-07-05									
2019-07-06									
2019-07-07									
2019-07-08									
2019-07-09									
2019-07-10									
2019-07-11									
2019-07-12									
2019-07-13									
2019-07-14									
2019-07-15									
2019-07-16									
2019-07-17									
2019-07-18									
2019-07-19									
2019-07-20									
2019-07-21									
2019-07-22									
2019-07-23									
2019-07-24									
2019-07-25									
2019-07-26									
2019-07-27									
2019-07-28									
2019-07-29									
2019-07-30									
2019-07-31									
Minimum			,	Ĭ	ĺ	,	,		
Maximum									
Average									
Count									
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	ly examined and am famili	ar with the	ature of Responsible Official	or Authorized Representative	Submission Date/Time		
Deborah Klosz	information submitted nerein and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate 2019_08								

PERMIT NUMBER:

STATION CODE:

886035 SUBMISSION ID: FACILITY: NEORSD Westerly WWTC

LOCATION: 5800 Cleveland Memorial

NEDO

Shoreway NW

MONITORING Cleveland, OH 44115

COUNTY: Cuyahoga

DISTRICT:

PERIOD: REPORTING LAB:

ANALYST:

STATUS:

<u>2019-08-01</u> To: <u>2019-08-31</u>

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical

Services

Original

002

3PE00001*QD

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	
2019-08-01	AC	AC	AC	AC	AC	AC	
2019-08-02	AC	AC	AC	AC	AC	AC	
2019-08-03	AC	AC	AC	AC	AC	AC	
2019-08-04	AC	AC	AC	AC	AC	AC	
2019-08-05	AC	AC	AC	AC	AC	AC	
2019-08-06	AH	468	42	1	28.1	2.00	
2019-08-07	AC	AC	AC	AC	AC	AC	
2019-08-08	AC	AC	AC	AC	AC	AC	
2019-08-09	AC	AC	AC	AC	AC	AC	
2019-08-10	AC	AC	AC	AC	AC	AC	
2019-08-11	AC	AC	AC	AC	AC	AC	
2019-08-12	AC	AC	AC	AC	AC	AC	
2019-08-13	AC	AC	AC	AC	AC	AC	
2019-08-14	AC	AC	AC	AC	AC	AC	
2019-08-15	AC	AC	AC	AC	AC	AC	
2019-08-16	AC	AC	AC	AC	AC	AC	
2019-08-17	AC	AC	AC	AC	AC	AC	
2019-08-18	770100	87	AE	1	0.3	0.70	
2019-08-19	AH	55	AE	1	0.9	1.10	
2019-08-20	AC	AC	AC	AC	AC	AC	
2019-08-21	AC	AC	AC	AC	AC	AC	
2019-08-22	AC	AC	AC	AC	AC	AC	
2019-08-23	AC	AC	AC	AC	AC	AC	
2019-08-24	AC	AC	AC	AC	AC	AC	
2019-08-25	AC	AC	AC	AC	AC	AC	
2019-08-26	AC	AC	AC	AC	AC	AC	
2019-08-27	AC	AC	AC	AC	AC	AC	
2019-08-28	AC	AC	AC	AC	AC	AC	
2019-08-29	AC	AC	AC	AC	AC	AC	
2019-08-30	AC	AC	AC	AC	AC	AC	
2019-08-31	AC	AC	AC	AC	AC	AC	
Minimum	770100.0	55.0	42.0	1.0	0.3	0.7	
Maximum	770100.0	468.0	42.0	1.0	28.1	2.0	
Average	770100	203.33333	42	1	9.76667	1.26667	
Count	1	3	1	3	3	3	
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am famili	ar with the	nature of Responsible Official of	r Authorized Representative	Submission Date/Time
Eric Tanko	responsible for obtaining and complete. I am awar	erein and based on my inquire the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate			2019-09- 17 08:09

STATUS:

SUBMISSION ID: 886035 FACILITY: NEORSD Westerly WWTC

LOCATION: 5800 Cleveland Memorial

NEDO

Shoreway NW

MONITORING Cleveland, OH 44115

COUNTY: Cuyahoga

DISTRICT:

PERIOD: REPORTING LAB:

PERMIT NUMBER: STATION CODE:

<u>2019-08-01</u> To: <u>2019-08-31</u>

Original 3PE00001*QD

602

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical ANALYST:

Services NO DISCHARGE AL

		II (D)	ICATOR:				
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		
2019-08-01							
2019-08-02							
2019-08-03							
2019-08-04							
2019-08-05							
2019-08-06							
2019-08-07							
2019-08-08							
2019-08-09							
2019-08-10							
2019-08-11							
2019-08-12							
2019-08-13							
2019-08-14							
2019-08-15							
2019-08-16							
2019-08-17							
2019-08-18							
2019-08-19							
2019-08-20							
2019-08-21							
2019-08-22							
2019-08-23							
2019-08-24							
2019-08-25							
2019-08-26							
2019-08-27				1			
2019-08-28				1			
2019-08-29				1			
2019-08-30							
2019-08-31							
Minimum				1			
Maximum							
Average	ĺ			1			
Count	ĺ			1			
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personall	y examined and am famil	iar with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
Eric Tanko	information submitted her responsible for obtaining	rein and based on my inquir the information, I believe th that there are significant pe	y of those individuals imm e submitted information is	nediately s true, accurate			2019-09- 17 08:09

NEORSD Westerly WWTC 5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115

PERMIT NUMBER:
MONITORING
PERIOD:

3PE00001*QD 2019-08-01 To: 2019-08-31

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 (PA DEP Lab ID #68-03670).

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2019- 08-12	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019- 08-28	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019- 08-30	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019- 08-31	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
002	E. coli	31648	2019- 08-06	#/100 ml	SAMPLE NOT COLLECTED DUE TO UNEXPECTED OPERATIONS ISSUES ASSOCIATED WITH AN EXTREME WET WEATHER EVENT
002	E. coli	31648	2019- 08-19	#/100 ml	SAMPLE NOT COLLECTED
002	CBOD 5 day	80082	2019- 08-18	mg/l	DILUTION SET DID NOT MEET DQC CRITERIA
002	CBOD 5 day	80082	2019- 08-19	mg/l	DILUTION SET DID NOT MEET DQC CRITERIA
601	Total Suspended Solids	00530	2019- 08-23	mg/l	DATA NOT VALID DUE TO ANALYTICAL ERROR
601	Total Suspended Solids	00530	2019- 08-24	mg/l	DATA NOT VALID DUE TO ANALYTICAL ERROR
601	CBOD 5 day	80082	2019- 08-11	mg/l	SEED AND DILUTION SET DID NOT MEET QC CRITERIA

601	CBOD 5 day	80082	2019- 08-12	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019- 08-13	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019- 08-15	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019- 08-28	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019- 08-30	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019- 08-31	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA

SUBMISSION ID: 896402 NEORSD Westerly WWTC FACILITY:

LOCATION: 5800 Cleveland Memorial

COUNTY:

Shoreway NW

Cleveland, OH 44115

MONITORING

PERMIT NUMBER: STATION CODE:

STATUS:

<u>2019-09-01</u> To: <u>2019-09-30</u>

PERIOD: REPORTING LAB:

Cuyahoga NEDO DISTRICT: ANALYST: NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical

Services

Original

002

3PE00001*QD

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	
2019-09-01	AC	AC	AC	AC	AC	AC	
2019-09-02	AC	AC	AC	AC	AC	AC	
2019-09-03	AC	AC	AC	AC	AC	AC	
2019-09-04	AC	AC	AC	AC	AC	AC	
2019-09-05	AC	AC	AC	AC	AC	AC	
2019-09-06	AC	AC	AC	AC	AC	AC	
2019-09-07	AC	AC	AC	AC	AC	AC	
2019-09-08	AC	AC	AC	AC	AC	AC	
2019-09-09	AC	AC	AC	AC	AC	AC	
2019-09-10	AC	AC	AC	AC	AC	AC	
2019-09-11	AC	AC	AC	AC	AC	AC	
2019-09-12	AC	AC	AC	AC	AC	AC	
2019-09-13	АН	114	22	1	4.8	1.90	
2019-09-14	AC	AC	AC	AC	AC	AC	
2019-09-15	AC	AC	AC	AC	AC	AC	
2019-09-16	AC	AC	AC	AC	AC	AC	
2019-09-17	AC	AC	AC	AC	AC	AC	
2019-09-18	AC	AC	AC	AC	AC	AC	
2019-09-19	AC	AC	AC	AC	AC	AC	
2019-09-20	AC	AC	AC	AC	AC	AC	
2019-09-21	AC	AC	AC	AC	AC	AC	
2019-09-22	AC	AC	AC	AC	AC	AC	
2019-09-23	AC	AC	AC	AC	AC	AC	
2019-09-24	AC	AC	AC	AC	AC	AC	
2019-09-25	AC	AC	AC	AC	AC	AC	
2019-09-26	AC	AC	AC	AC	AC	AC	
2019-09-27	AC	AC	AC	AC	AC	AC	
2019-09-28	AC	AC	AC	AC	AC	AC	
2019-09-29	AC	AC	AC	AC	AC	AC	
2019-09-30	AC	AC	AC	AC	AC	AC	
Minimum		114.0	22.0	1.0	4.8	1.9	
Maximum		114.0	22.0	1.0	4.8	1.9	
Average		114	22	1	4.8	1.9	
Count		1	1	1	1	1	
Name of Responsible Official or Authorized Representative		y of law that I have personall		ar with the	nature of Responsible Official of	or Authorized Representative	Submission Date/Time
Eric Tanko	responsible for obtaining and complete. I am awar	erein and based on my inquiry the information, I believe the that there are significant per of fine and imprisonment.	e submitted information is	true, accurate			2019-10- 20 12:10
						Page 6	

SUBMISSION ID: 896402 STATUS: FACILITY: NEORSD Westerly WWTC PERMIT NUMBER: STATION CODE:

LOCATION: 5800 Cleveland Memorial

Shoreway NW

MONITORING Cleveland, OH 44115

Cuyahoga

COUNTY:

PERIOD: REPORTING LAB:

<u>2019-09-01</u> To: <u>2019-09-30</u>

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical

Original 3PE00001*QD

602

NEDO DISTRICT: ANALYST:

Services

NO DISCHARGE AL

		I (D)	icator.				
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		
2019-09-01					1		
2019-09-02							
2019-09-03							
2019-09-04							
2019-09-05							
2019-09-06							
2019-09-07							
2019-09-08							
2019-09-09							
2019-09-10							
2019-09-11							
2019-09-12							
2019-09-13							
2019-09-14							
2019-09-15							
2019-09-16							
2019-09-17							
2019-09-18							
2019-09-19							
2019-09-20							
2019-09-21							
2019-09-22							
2019-09-23							
2019-09-24							
2019-09-25							
2019-09-26							
2019-09-27							
2019-09-28							
2019-09-29							
2019-09-30							
Minimum	Ì			Ï	Ĭ		
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	ly examined and am famil	iar with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
Eric Tanko	information submitted he responsible for obtaining and complete. I am aware	rein and based on my inquir the information, I believe the that there are significant pe of fine and imprisonment.	y of those individuals imm e submitted information is	nediately s true, accurate			2019-10- 20 12:10
· 						Page	11

NEORSD Westerly WWTC 5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115 PERMIT NUMBER:
MONITORING
PERIOD:

3PE00001*QD 2019-09-01 To: 2019-09-30

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 (PA DEP Lab ID #68-03670).

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2019-09-02	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-09-19	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-09-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
002	E. coli	31648	2019-09-13	#/100 ml	SAMPLE RECEIVED PAST HOLD TIME
601	CBOD 5 day	80082	2019-09-18	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-23	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-24	mg/l	BLANKS DID NOT MEET QC CRITERIA

STATUS:

902762 SUBMISSION ID: FACILITY: NEORSD Westerly WWTC

LOCATION: 5800 Cleveland Memorial

NEDO

COUNTY:

DISTRICT:

Shoreway NW

MONITORING Cleveland, OH 44115

Cuyahoga

PERIOD: REPORTING LAB:

PERMIT NUMBER:

STATION CODE:

<u>2019-10-01</u> To: <u>2019-10-31</u>

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical ANALYST:

Services

Original

002

3PE00001*QD

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	
2019-10-01	AC	AC	AC	AC	AC	AC	
2019-10-02	AC	AC	AC	AC	AC	AC	
2019-10-03	AC	AC	AC	AC	AC	AC	
2019-10-04	AC	AC	AC	AC	AC	AC	
2019-10-05	AC	AC	AC	AC	AC	AC	
2019-10-06	AC	AC	AC	AC	AC	AC	
2019-10-07	AC	AC	AC	AC	AC	AC	
2019-10-08	AC	AC	AC	AC	AC	AC	
2019-10-09	AC	AC	AC	AC	AC	AC	
2019-10-10	AC	AC	AC	AC	AC	AC	
2019-10-11	AC	AC	AC	AC	AC	AC	
2019-10-12	AC	AC	AC	AC	AC	AC	
2019-10-13	AC	AC	AC	AC	AC	AC	
2019-10-14	AC	AC	AC	AC	AC	AC	
2019-10-15	AC	AC	AC	AC	AC	AC	
2019-10-16	AC	AC	AC	AC	AC	AC	
2019-10-17	AC	AC	AC	AC	AC	AC	
2019-10-18	AC	AC	AC	AC	AC	AC	
2019-10-19	AC	AC	AC	AC	AC	AC	
2019-10-20	AC	AC	AC	AC	AC	AC	
2019-10-21	AC	AC	AC	AC	AC	AC	
2019-10-22	AC	AC	AC	AC	AC	AC	
2019-10-23	AC	AC	AC	AC	AC	AC	
2019-10-24	AC	AC	AC	AC	AC	AC	
2019-10-25	AC	AC	AC	AC	AC	AC	
2019-10-26	AC	AC	AC	AC	AC	AC	
2019-10-27	AC	AC	AC	AC	AC	AC	
2019-10-28	AC	AC	AC	AC	AC	AC	
2019-10-29	AC	AC	AC	AC	AC	AC	
2019-10-30	AC	AC	AC	AC	AC	AC	
2019-10-31	586000	117	AE	1	3.5	2.10	_
Minimum	586000.0	117.0		1.0	3.5	2.1	
Maximum	586000.0	117.0		1.0	3.5	2.1	
Average	586000	117		1	3.5	2.1	
Count	1	1		1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penal	ty of law that I have personal	y examined and am famili	ar with the	nature of Responsible Official of	or Authorized Representative	Submissior Date/Time
Eric Tanko	responsible for obtaining and complete. I am awai	erein and based on my inquir- g the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate			2019-1 15 09:1

PERMIT NUMBER: STATION CODE:

STATUS:

SUBMISSION ID: 902762 FACILITY: NEORSD Westerly WWTC LOCATION:

Cuyahoga

COUNTY:

5800 Cleveland Memorial

Shoreway NW

MONITORING

Cleveland, OH 44115

<u>2019-10-01</u> To: <u>2019-10-31</u>

PERIOD: REPORTING LAB:

602

Original 3PE00001*QD

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical NEDO DISTRICT: ANALYST:

Services NO DISCHARGE 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.			
	24hr Composite	24hr Composite	24hr Total	24hr Total	24hr Total			
2019-10-01								
2019-10-02								
2019-10-03								
2019-10-04								
2019-10-05								
2019-10-06								
2019-10-07								
2019-10-08								
2019-10-09								
2019-10-10								
2019-10-11								
2019-10-12								
2019-10-13								
2019-10-14								
2019-10-15								
2019-10-16								
2019-10-17								
2019-10-18								
2019-10-19								
2019-10-20								
2019-10-21								
2019-10-22								
2019-10-23								
2019-10-24								
2019-10-25								
2019-10-26								
2019-10-27								
2019-10-28								
2019-10-29								
2019-10-30								
2019-10-31								
Minimum								
Maximum								
Average								
Count	<u> </u>				(B)			
Name of Responsible Official or Authorized Representative		of law that I have personal		ar with the	nature of Responsible Official	or Autnorized Representative	Submission Date/Time	
Eric Tanko 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.								

NEORSD Westerly WWTC 5800 Cleveland Memorial Shoreway NW Cleveland, OH 44115 PERMIT NUMBER:
MONITORING
PERIOD:

*3PE00001*QD*2019-10-01 To: 2019-10-31

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 (PA DEP Lab ID #68-03670).

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2019-10-31	mg/l	BLANKS DID NOT MEET QC CRITERIA.
002	CBOD 5 day	80082	2019-10-31	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-02	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-03	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-04	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-05	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-09	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-10	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-11	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-12	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-13	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-14	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-20	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-21	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-24	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-27	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-31	mg/l	BLANKS DID NOT MEET QC CRITERIA.

910792 SUBMISSION ID: FACILITY: NEORSD Westerly WWTC

LOCATION: 5800 Cleveland Memorial

NEDO

Shoreway NW

MONITORING Cleveland, OH 44115

COUNTY: Cuyahoga

DISTRICT:

PERIOD: REPORTING LAB:

ANALYST:

PERMIT NUMBER:

STATION CODE:

STATUS:

<u>2019-11-01</u> To: <u>2019-11-30</u>

Original

002

3PE00001*QD

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical

Services

NO DISCHARGE 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.	1	
SAMPLING TYPE	Grab	Grab	Total	24hr Total	24hr Total		
2019-11-01							
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11							
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26							
2019-11-27							
2019-11-28							
2019-11-29							
2019-11-30							
Minimum							
Maximum							
Average							
Count	<u> </u>			<u> </u>			
Name of Responsible Official or Authorized Representative	information submitted her	of law that I have personal rein and based on my inquir	y of those individuals imm	ediately	ature of Responsible Official	or Authorized Representative	Date/Time
Eric Tanko	responsible for obtaining and complete. I am aware including the possibility of	the information, I believe the that there are significant por fine and imprisonment.	ne submitted information is enalties for submitting false	true, accurate information,			2019-12- 16 10:12

SUBMISSION ID: 910792 STATUS: NEORSD Westerly WWTC 5800 Cleveland Memorial FACILITY: PERMIT NUMBER: STATION CODE:

LOCATION:

NEDO

Shoreway NW

MONITORING Cleveland, OH 44115

COUNTY: Cuyahoga

DISTRICT:

PERIOD: REPORTING LAB:

ANALYST:

<u>2019-11-01</u> To: <u>2019-11-30</u>

Original

602

3PE00001*QD

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical

Services AL

NO DISCHARGE

	1						
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		
2019-11-01							
2019-11-02							
2019-11-03							
2019-11-04							
2019-11-05							
2019-11-06							
2019-11-07							
2019-11-08							
2019-11-09							
2019-11-10							
2019-11-11							
2019-11-12							
2019-11-13							
2019-11-14							
2019-11-15							
2019-11-16							
2019-11-17							
2019-11-18							
2019-11-19							
2019-11-20							
2019-11-21							
2019-11-22							
2019-11-23							
2019-11-24							
2019-11-25							
2019-11-26				——	——		
2019-11-27					<u> </u>		
2019-11-28							
2019-11-29							
2019-11-29							
Minimum				 	 		
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lv examined and am famili	ar with the Sign	ature of Responsible Official	or Authorized Representative	e Submission
Eric Tanko	information submitted her responsible for obtaining	ein and based on my inquir the information, I believe th that there are significant pe	y of those individuals imm e submitted information is	ediately true, accurate			2019-12- 16 10:12

601	CBOD 5 day	80082	2019-11- 13	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 18	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 25	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 29	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 30	mg/l	BLANKS DID NOT MEET QC CRITERIA

PERMIT NUMBER:

STATION CODE:

STATUS:

919273 SUBMISSION ID: FACILITY: NEORSD Westerly WWTC

LOCATION: 5800 Cleveland Memorial

NEDO

COUNTY:

DISTRICT:

Shoreway NW

MONITORING Cleveland, OH 44115

PERIOD: REPORTING LAB: Cuyahoga

ANALYST:

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical

Services

Original

002

3PE00001*QD

<u>2019-12-01</u> To: <u>2019-12-31</u>

NO DISCHARGE 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					
2019-12-01										
2019-12-02										
2019-12-03										
2019-12-04										
2019-12-05										
2019-12-06										
2019-12-07										
2019-12-08										
2019-12-09										
2019-12-10										
2019-12-11										
2019-12-12										
2019-12-13										
2019-12-14										
2019-12-15										
2019-12-16										
2019-12-17										
2019-12-18										
2019-12-19										
2019-12-20										
2019-12-21										
2019-12-22										
2019-12-23										
2019-12-24										
2019-12-25										
2019-12-26										
2019-12-27										
2019-12-28										
2019-12-29										
2019-12-30										
2019-12-31										
Minimum										
Maximum										
Average										
Count Name of Responsible Official or					of Desposible Off	or Authorized Representative	QL!!-			
Name of Responsible Official or Authorized Representative	I certify under the penalty information submitted her	of law that I have personal ein and based on my inquir	ly examined and am famili	ar with the	nure of Responsible Official	or Admorized Representative	Submission Date/Time			
Eric Tanko	responsible for obtaining	the information, I believe the that there are significant po	e submitted information is	true, accurate			2020-01- 17 10:01			

STATUS:

SUBMISSION ID: 919273 FACILITY: NEORSD Westerly WWTC

LOCATION: 5800 Cleveland Memorial

Cuyahoga

COUNTY:

Shoreway NW

MONITORING

Cleveland, OH 44115

PERIOD: REPORTING LAB:

PERMIT NUMBER: STATION CODE:

<u>2019-12-01</u> To: <u>2019-12-31</u>

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical

NEDO DISTRICT: ANALYST:

Services

Original 3PE00001*QD

602

NO DISCHARGE AL

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	24hr Composite	24hr Composite	24hr Total	24hr Total	24hr Total						
2019-12-01											
2019-12-02											
2019-12-03											
2019-12-04											
2019-12-05											
2019-12-06											
2019-12-07											
2019-12-08											
2019-12-09											
2019-12-10											
2019-12-11											
2019-12-12											
2019-12-13											
2019-12-14											
2019-12-15											
2019-12-16											
2019-12-17											
2019-12-18											
2019-12-19											
2019-12-20											
2019-12-21											
2019-12-22											
2019-12-23											
2019-12-24											
2019-12-25											
2019-12-26											
2019-12-27											
2019-12-28											
2019-12-29											
2019-12-30											
2019-12-31											
Minimum											
Maximum											
Average											
Count	<u> </u>										
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal rein and based on my inquir	ly examined and am famili	ar with the	nature of Responsible Official	or Autnorized Representative	Submission Date/Time				
Eric Tanko	responsible for obtaining	the information, I believe th that there are significant pe	e submitted information is	true, accurate			2020-01- 17 10:01				

NEORSD Westerly WWTC 5800 Cleveland Memorial Shoreway NW

Cleveland, OH 44115

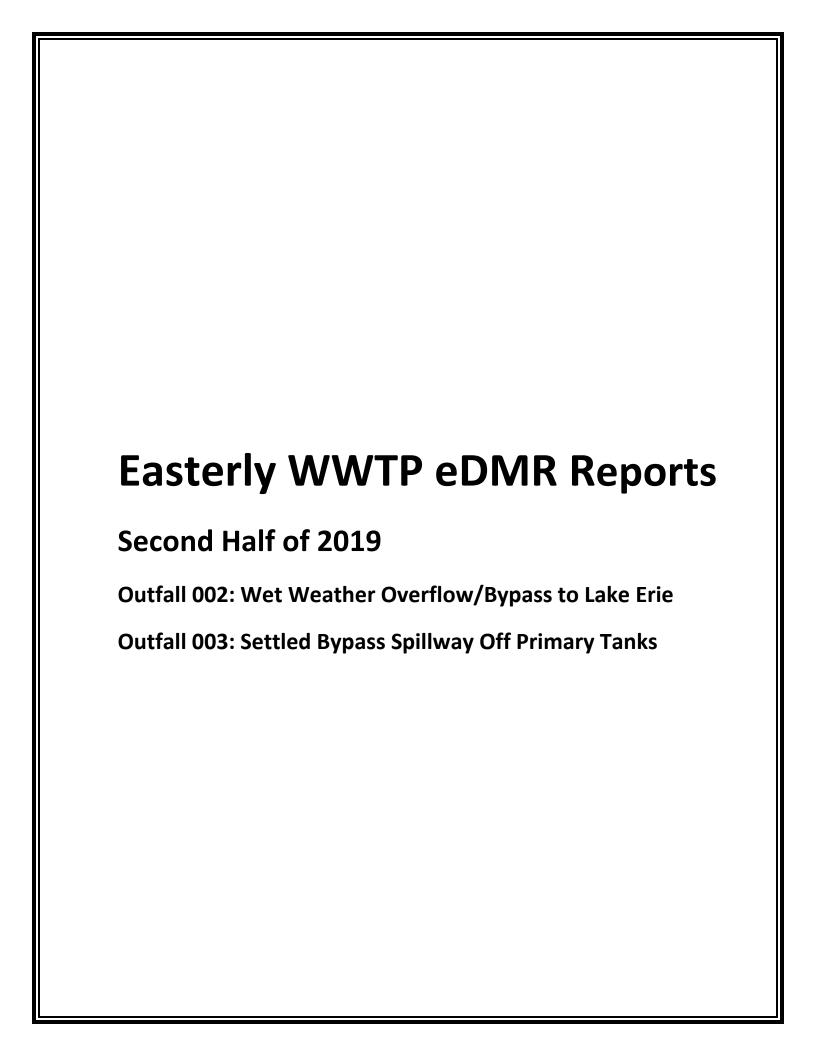
PERMIT NUMBER:
MONITORING
PERIOD:

3PE00001*QD 2019-12-01 To: 2019-12-31

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 (NH DES Lab ID #2238).

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2019-12-01	mg/l	BLANKS AND RESIDUAL D.O. DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-06	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-07	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-22	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-23	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-24	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-30	mg/l	BLANKS DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-31	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-01	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-06	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-07	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-23	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-24	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-27	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-30	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-31	mg/l	BLANKS DID NOT MEET QC CRITERIA



SUBMISSION ID: 877740 STATUS: Original NEORSD Easterly WWTP 14021 Lakeshore Blvd FACILITY: PERMIT NUMBER: 3PF00001*MD

STATION CODE: **LOCATION:** 003 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services AL

NO DISCHARGE

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				
2019-07-01						ĺ				
2019-07-02										
2019-07-03										
2019-07-04					1					
2019-07-05										
2019-07-06					1					
2019-07-07										
2019-07-08					 					
2019-07-09										
2019-07-10					1					
2019-07-11										
2019-07-12										
2019-07-13					1					
2019-07-14					 					
2019-07-15										
2019-07-16										
2019-07-17										
2019-07-18										
2019-07-19										
2019-07-20										
2019-07-21										
2019-07-22										
2019-07-23										
2019-07-24										
2019-07-25		†			1					
2019-07-26										
2019-07-27					1					
2019-07-28					1					
2019-07-29										
2019-07-30					1					
2019-07-31										
Minimum										
Maximum										
Average										
Count										
Name of Responsible Official or Authorized Representative				ar with the	gnature of Responsible Official	or Authorized Representative	Submission Date/Time			
Cathleen Glisic	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 2019.08_									

SUBMISSION ID: 877740 STATUS: Original NEORSD Easterly WWTP 14021 Lakeshore Blvd FACILITY: PERMIT NUMBER: 3PF00001*MD STATION CODE:

LOCATION: 002 <u>2019-07-01</u> To: <u>2019-07-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

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	
2019-07-01	AC	AC	AC	AC	AC	AC	
2019-07-02	AC	AC	AC	AC	AC	AC	
2019-07-03	AC	AC	AC	AC	AC	AC	
2019-07-04	AC	AC	AC	AC	AC	AC	
2019-07-05	AC	AC	AC	AC	AC	AC	
2019-07-06	AC	AC	AC	AC	AC	AC	
2019-07-07	AC	AC	AC	AC	AC	AC	
2019-07-08	AC	AC	AC	AC	AC	AC	
2019-07-09	AC	AC	AC	AC	AC	AC	
2019-07-10	AC	AC	AC	AC	AC	AC	
2019-07-11	AC	AC	AC	AC	AC	AC	
2019-07-12	AC	AC	AC	AC	AC	AC	
2019-07-13	AC	AC	AC	AC	AC	AC	
2019-07-14	AC	AC	AC	AC	AC	AC	
2019-07-15	AC	AC	AC	AC	AC	AC	
2019-07-16	AC	AC	AC	AC	AC	AC	
2019-07-17	2525	33	AE	1	0.86	1.35	
2019-07-18	AC	AC	AC	AC	AC	AC	
2019-07-19	AC	AC	AC	AC	AC	AC	
2019-07-20	AH	AH	AH	1	0.42	0.65	
2019-07-21	AC	AC	AC	AC	AC	AC	
2019-07-22	AC	AC	AC	AC	AC	AC	
2019-07-23	AC	AC	AC	AC	AC	AC	
2019-07-24	AC	AC	AC	AC	AC	AC	
2019-07-25	AC	AC	AC	AC	AC	AC	
2019-07-26	AC	AC	AC	AC	AC	AC	
2019-07-27	AC	AC	AC	AC	AC	AC	
2019-07-28	AC	AC	AC	AC	AC	AC	
2019-07-29	AC	AC	AC	AC	AC	AC	
2019-07-30	AC	AC	AC	AC	AC	AC	
2019-07-31	AC	AC	AC	AC	AC	AC	
Minimum	2525.0	33.0		1.0	0.42	0.65	
Maximum	2525.0	33.0		1.0	0.86	1.35	
Average	2525	33		1	0.64	1	
Count	1	1		2	2	2	
Name of Responsible Official or Authorized Representative	information submitted he	y of law that I have personall erein and based on my inquir	y of those individuals imm	ar with the ediately	nature of Responsible Official o	or Authorized Representative	Submission Date/Time
Cathleen Glisic	and complete. I am awar	the information, I believe the that there are significant pe of fine and imprisonment.					2019-08- 16 08:08

NEORSD Easterly WWTP 14021 Lakeshore Blvd

Cleveland, OH 44115

PERMIT NUMBER:
MONITORING
PERIOD:

3PF00001*MD 2019-07-01 To: 2019-07-31

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 (PA DEP Lab ID #68-03670).

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2019-07- 07	mg/l	STANDARD DID NOT MEET QC CRITERIA
002	E. coli	31648	2019-07- 20	#/100 ml	SAMPLE NOT TAKEN
002	Total Suspended Solids	00530	2019-07- 20	mg/l	SAMPLE NOT COLLECTED
002	CBOD 5 day	80082	2019-07- 17	mg/l	DILUTION SET RESULTS DID NOT MEET METHOD REPORTING CRITERIA
002	CBOD 5 day	80082	2019-07- 20	mg/l	SAMPLE NOT COLLECTED
601	CBOD 5 day	80082	2019-07- 07	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-07- 09	mg/l	DILUTION SET RESULTS DID NOT MEET METHOD REPORTING CRITERIA

SUBMISSION ID: 886862 STATUS: Original FACILITY: NEORSD Easterly WWTP PERMIT NUMBER: 3PF00001*MD

STATION CODE: **LOCATION:** 14021 Lakeshore Blvd 003 <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

NO DISCHARGE AL

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				
2019-08-01					1					
2019-08-02										
2019-08-03										
2019-08-04										
2019-08-05										
2019-08-06										
2019-08-07										
2019-08-08										
2019-08-09										
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2019-08-27										
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2019-08-29										
2019-08-30										
2019-08-31										
Minimum										
Maximum										
Average										
Count	Ļ			<u> </u>						
Name of Responsible Official or Authorized Representative				ar with the	gnature of Responsible Official	or Authorized Representative	Submission Date/Time			
Robert Bonnett	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 2019_09_									

SUBMISSION ID: 886862 STATUS: Original FACILITY: NEORSD Easterly WWTP PERMIT NUMBER: 3PF00001*MD STATION CODE:

LOCATION: 14021 Lakeshore Blvd 002 <u>2019-08-01</u> To: <u>2019-08-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

	Γ	Total Suspended		Overflow	Overflow	Duration of	
PARAMETER	E. coli	Solids	CBOD 5 day	Occurrence	Volume	Discharge	
PARAMETER	21640		00002				
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	
2019-08-01	AC	AC	AC	AC	AC	AC	
2019-08-02	AC	AC	AC	AC	AC	AC	
2019-08-03	AC	AC	AC	AC	AC	AC	
2019-08-04	AC	AC	AC	AC	AC	AC	
2019-08-05	AC	AC	AC	AC	AC	AC	
2019-08-06	160500	51	AE	1	1.57	1.32	
2019-08-07	AC	AC	AC	AC	AC	AC	
2019-08-08	AC	AC	AC	AC	AC	AC	
2019-08-09	AC	AC	AC	AC	AC	AC	
2019-08-10	AC	AC	AC	AC AC		AC	
2019-08-11	AC	AC	AC	AC AC		AC	
2019-08-12	AC	AC	AC	AC	AC	AC	
2019-08-13	AC	AC	AC	AC	AC	AC	
2019-08-14	AC	AC	AC	AC	AC	AC	
2019-08-15	AC	AC	AC	AC	AC	AC	
2019-08-16	AC	AC	AC	AC	AC	AC	
2019-08-17	AC	AC	AC	AC			
2019-08-18	AH	30	AE	1 0.02		0.42	
2019-08-19	AC	AC	AC	AC	AC	AC	
2019-08-20	AC	AC	AC	AC	AC	AC	
2019-08-21	AC	AC	AC	AC	AC	AC	
2019-08-22	AC	AC	AC	AC	AC	AC	
2019-08-23	AC	AC	AC	AC	AC	AC	
2019-08-24	AC	AC	AC	AC	AC	AC	
2019-08-25	AC	AC	AC	AC	AC	AC	
2019-08-26	AC	AC	AC	AC	AC	AC	
2019-08-27	AC	AC	AC	AC	AC	AC	
2019-08-28	AC	AC	AC	AC	AC	AC	
2019-08-29	AC	AC	AC	AC	AC	AC	
2019-08-30	AC	AC	AC	AC	AC	AC	
2019-08-31	AC	AC	AC	AC	AC	AC	
Minimum	160500.0	30.0		1.0	0.02	0.42	
Maximum	160500.0	51.0		1.0	1.57	1.32	
Average	160500	40.5		1	0.795	0.87	
Count	1	2		2	2	2	
Name of Responsible Official or Authorized Representative		ty of law that I have personall		ar with the	nature of Responsible Official of	or Authorized Representative	Submission Date/Time
Robert Bonnett	responsible for obtaining and complete. I am awar	erein and based on my inquiry g the information, I believe the re that there are significant per of fine and imprisonment.	e submitted information is	true, accurate			2019-09- 18 16:09

NEORSD Easterly WWTP 14021 Lakeshore Blvd

Cleveland, OH 44115

PERMIT NUMBER:
MONITORING
PERIOD:

3PF00001*MD 2019-08-01 To: 2019-08-31

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 (PA DEP Lab ID #68-03670).

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	Total Suspended Solids	00530	2019-08- 25	mg/l	DATA NOT VALID DUE TO ANALYTICAL ERROR
001	CBOD 5 day	80082	2019-08- 11	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-08- 12	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-08- 28	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-08- 30	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-08- 31	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	Acute Toxicity, Ceriodaphnia dubia	61425	2019-08- 06	TUa	RE-SAMPLE AND RE-TEST REQUIRED DUE TO THE PRESENCE OF INDIGENOUS C. DUBIA
001	Chronic Toxicity, Ceriodaphnia dubia	61426	2019-08- 06	TUc	RE-SAMPLE AND RE-TEST REQUIRED DUE TO THE PRESENCE OF INDIGENOUS C. DUBIA
002	E. coli	31648	2019-08- 18	#/100 ml	SAMPLE RECEIVED PAST HOLD TIME
002	CBOD 5 day	80082	2019-08- 06	mg/l	BLANKS DID NOT MEET QC CRITERIA
002	CBOD 5 day	80082	2019-08- 18	mg/l	DILUTION SET DID NOT MEET QC CRITERIA
	I	1	I	l	

601	Total Suspended Solids	00530	2019-08- 25	mg/l	DATA NOT VALID DUE TO ANALYTICAL ERROR
601	CBOD 5 day	80082	2019-08- 06	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-08- 11	mg/l	SEED AND DILUTION SET DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-08- 12	mg/l	BLANKS AND STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-08- 13	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-08- 15	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-08- 28	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-08- 30	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-08- 31	mg/l	STANDARD DID NOT MEET QC CRITERIA

STATUS: SUBMISSION ID: 894836 Original FACILITY: NEORSD Easterly WWTP PERMIT NUMBER: 3PF00001*MD STATION CODE: 003

LOCATION: 14021 Lakeshore Blvd

> MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

<u>2019-09-01</u> To: <u>2019-09-30</u>

NO DISCHARGE AL

		lm 10 11		_				
PARAMETER	E. coli	Total Suspended Solids	CBOD 5 day	Bypa Occurr		Bypass Total Hours Per Day	Bypass Volume	
PARAMETER CODE	31648	00530	80082	0005		00052	51428	
UNITS	#/100 ml	mg/l	mg/l	No./D	ay	Hrs/Day	MGAL	
FREQUENCY	When Disch.	When Disch.	When Disch.	When I	Disch.	When Disch.	When Disch.	
SAMPLING TYPE	Grab	Grab	Grab	24hr T	otal	24hr Total	24hr Total	
2019-09-01								
2019-09-02								
2019-09-03								
2019-09-04								
2019-09-05								
2019-09-06								
2019-09-07								
2019-09-08								
2019-09-09								
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2019-09-25								
2019-09-26								
2019-09-27								
2019-09-28								
2019-09-29								
2019-09-30								
Minimum		i i				Î		
Maximum								
Average								
Count								
Name of Responsible Official or Authorized Representative	I certify under the penalt	y of law that I have personall	y examined and am familia	ar with the	Sign	ature of Responsible Official	or Authorized Representative	Submission Date/Time
Robert Bonnett								

SUBMISSION ID: 894836 STATUS: Original NEORSD Easterly WWTP 14021 Lakeshore Blvd FACILITY: PERMIT NUMBER: 3PF00001*MD 002

STATION CODE: LOCATION:

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga

NEORSD Analytical Services Cheryl Soltis-Muth Manager of Analytical NEDO DISTRICT: ANALYST:

Services

<u>2019-09-01</u> To: <u>2019-09-30</u>

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	
2019-09-01	AC	AC	AC	AC	AC	AC	
2019-09-02	AC	AC	AC	AC	AC	AC	
2019-09-03	AC	AC	AC	AC	AC	AC	
2019-09-04	AC	AC	AC	AC	AC	AC	
2019-09-05	AC	AC	AC	AC	AC	AC	
2019-09-06	AC	AC	AC	AC	AC	AC	
2019-09-07	AC	AC	AC	AC	AC	AC	
2019-09-08	AC	AC	AC	AC	AC	AC	
2019-09-09	AC	AC	AC	AC	AC	AC	
2019-09-10	AC	AC	AC	AC	AC	AC	
2019-09-11	AC	AC	AC	AC AC		AC	
2019-09-12	AC	AC	AC	AC	AC	AC	
2019-09-13	AH	48	8	1	6.43	1.44	
2019-09-14	AK	128	16	0	9.82	2.70	
2019-09-15	AC	AC	AC	AC	AC	AC	
2019-09-16	AC	AC	AC	AC	AC	AC	
2019-09-17	AC	AC	AC	AC	AC	AC	
2019-09-18	AC	AC	AC	AC	AC	AC	
2019-09-19	AC	AC	AC	AC	AC	AC	
2019-09-20	AC	AC	AC	AC	AC	AC	
2019-09-21	AC	AC	AC	AC	AC	AC	
2019-09-22	AC	AC	AC	AC	AC	AC	
2019-09-23	AC	AC	AC	AC	AC	AC	
2019-09-24	AC	AC	AC	AC	AC	AC	
2019-09-25	AC	AC	AC	AC	AC	AC	
2019-09-26	AC	AC	AC	AC	AC	AC	
2019-09-27	AC	AC	AC	AC	AC	AC	
2019-09-28	AC	AC	AC	AC	AC	AC	
2019-09-29	AC	AC	AC	AC	AC	AC	
2019-09-30	AC	AC	AC	AC	AC	AC	
Minimum		48.0	8.0	0.0	6.43	1.44	
Maximum		128.0	16.0	1.0	9.82	2.7	
Average		88	12	0.5	8.125	2.07	
Count		2	2	2	2	2	
Name of Responsible Official or Authorized Representative	I certify under the penalt	ty of law that I have personall	y examined and am famili	ar with the	nature of Responsible Official of	or Authorized Representative	Submission Date/Time
Robert Bonnett	information submitted he responsible for obtaining and complete. I am awar	erein and based on my inquiry g the information, I believe the te that there are significant per of fine and imprisonment.	of those individuals imm e submitted information is	ediately true, accurate			2019-10- 16 12:10

NEORSD Easterly WWTP 14021 Lakeshore Blvd

Cleveland, OH 44115

PERMIT NUMBER:
MONITORING
PERIOD:

3PF00001*MD 2019-09-01 To: 2019-09-30

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 (PA DEP Lab ID #68-03670).

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
002	E. coli	31648	2019-09-13	#/100 ml	SAMPLE RECEIVED PAST HOLD TIME
002	E. coli	31648	2019-09-14	#/100 ml	SAMPLE RESULT ABOVE TEST RANGE
601	CBOD 5 day	80082	2019-09-18	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-23	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-09-24	mg/l	BLANKS DID NOT MEET QC CRITERIA

SUBMISSION ID: 902175 STATUS: Original NEORSD Easterly WWTP 14021 Lakeshore Blvd FACILITY: PERMIT NUMBER: 3PF00001*MD

STATION CODE: 003 **LOCATION:** <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services NO DISCHARGE AL

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	
2019-10-01							
2019-10-02							
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
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Minimum		ļ		ļ		ļļ	
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Count Name of Responsible Official or	<u> </u>			Sim	nature of Responsible Official	or Authorized Representative	Submission
Authorized Representative	I certify under the penalty information submitted he	y of law that I have personal rein and based on my inquir	ly examined and am famili y of those individuals imm	ar with the	or responsible Official		Date/Time
Cathleen Glisic	responsible for obtaining and complete. I am aware	the information, I believe the that there are significant pe of fine and imprisonment.	e submitted information is	true, accurate			2019-11- 13 13:11
						Page	6

SUBMISSION ID: 902175 STATUS: Original NEORSD Easterly WWTP 14021 Lakeshore Blvd FACILITY: PERMIT NUMBER: 3PF00001*MD STATION CODE: 002

LOCATION: <u>2019-10-01</u> To: <u>2019-10-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services

Solids S	80082 mg/l When Disch. Grab AC AC AC AC AC AC AC AC AC A	Occurrence 74062 No./Month When Disch. Total AC AC AC AC AC AC AC AC AC A	Volume 74063 Million Gallons When Disch. 24hr Total AC AC AC AC AC AC AC AC AC AC AC AC AC	Discharge 82517 Hours When Disch. 24hr Total AC AC AC AC AC AC AC AC AC A	
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AC	AC	1.0			
		AC	AC	AC	
AC	AC	AC	AC	AC	
AC	AC	AC	AC	AC	
AC	AC	AC	AC	AC	
AC	AC	AC	AC	AC	
AC	AC	AC	AC	AC	
AC	AC	AC	AC	AC	
AC	AC	AC	AC	AC	
AC	AC	AC	AC	AC	
AC	AC	AC	AC	AC	
AC	AC	AC	AC	AC	
AC	AC	AC	AC	AC	
00 293	AE	1	29.72	5.82	
.0 293.0		1.0	29.72	5.82	
		1.0	29.72	5.82	
0 293		1	29.72	5.82	
1		1	1	1	
1 1	nally examined and am fam	liar with the	nature of Responsible Official	or Authorized Representative	Submission Date/Time
)	00 293 0.0 293.0 0.0 293.0 10 293 1 the penalty of law that I have personal transfer or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or the penalty of law that I have penalty or th	00 293 AE 0.0 293.0 0.0 293.0 00 293 1 the penalty of law that I have personally examined and am fami	00 293 AE 1 0.0 293.0 1.0 0.0 293.0 1.0 00 293 1 1 1 1	000 293 AE 1 29.72	00 293 AE 1 29.72 5.82 0.0 293.0 1.0 29.72 5.82 0.0 293.0 1.0 29.72 5.82 0 293 1 29.72 5.82 1 1 1 1 the penalty of law that I have personally examined and am familiar with the Signature of Responsible Official or Authorized Representative

NEORSD Easterly WWTP 14021 Lakeshore Blvd

Cleveland, OH 44115

PERMIT NUMBER:
MONITORING
PERIOD:

3PF00001*MD 2019-10-01 To: 2019-10-31

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 (PA DEP Lab ID #68-03670).

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2019-10-20	mg/l	BLANKS DID NOT MEET QC CRITERIA.
002	CBOD 5 day	80082	2019-10-31	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-02	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-03	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-04	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-05	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-09	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-10	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-11	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-12	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-13	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-14	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-20	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-21	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-24	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-27	mg/l	BLANKS DID NOT MEET QC CRITERIA.
601	CBOD 5 day	80082	2019-10-31	mg/l	BLANKS DID NOT MEET QC CRITERIA.

SUBMISSION ID: 910223 STATUS: Original FACILITY: NEORSD Easterly WWTP PERMIT NUMBER: 3PF00001*MD STATION CODE:

LOCATION: 14021 Lakeshore Blvd 003

> MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services NO DISCHARGE AL

<u>2019-11-01</u> To: <u>2019-11-30</u>

INDICATOR:									
PARAMETER	Total Suspended Solids	CBOD 5 day	Bypass Occurrence	Bypass T Hours Per	Γotal Day	Bypass Volume			
PARAMETER CODE	00530	80082	00051	00052	2	51428			
UNITS	mg/l	mg/l	No./Day	Hrs/Da		MGAL			
FREQUENCY	When Disch.	When Disch.	When Disch.	When Di		When Disch.			
SAMPLING TYPE	Grab	Grab	24hr Total	24hr To	otal	24hr Total			
2019-11-01									
2019-11-02									
2019-11-03									
2019-11-04									
2019-11-05									
2019-11-06									
2019-11-07									
2019-11-08									
2019-11-09									
2019-11-10									
2019-11-11									
2019-11-12									
2019-11-13									
2019-11-14									
2019-11-15									
2019-11-16									
2019-11-17									
2019-11-18									
2019-11-19									
2019-11-20								_	
2019-11-21						-			
2019-11-21			 			 			
2019-11-23								_	
2019-11-24						 		-	
2019-11-25								_	
2019-11-26			 			 			
2019-11-27				1					
2019-11-27			 	1				_	
2019-11-29								_	
2019-11-29			——	-				_	
2019-11-30 Minimum			ļ						
Maximum Maximum	 			+					
Average				+				 	
Count	 			 				_	
Name of Responsible Official or Authorized Representative	Tamie and a second	- eli di I l	I	in mid a	Sign	ature of Responsible Official	or Authorized Representative	e	Submission
Authorized Representative Robert Bonnett	information submitted her responsible for obtaining and complete. I am aware	of law that I have personal rein and based on my inquir the information, I believe that there are significant p	ry of those individuals imn he submitted information is	nediately s true, accurate					2019-12-
	including the possibility o	f fine and imprisonment.	<i>2</i>						13 09:12

SUBMISSION ID: 910223 STATUS: Original NEORSD Easterly WWTP 14021 Lakeshore Blvd FACILITY: PERMIT NUMBER: 3PF00001*MD

STATION CODE: **LOCATION:** 002 <u>2019-11-01</u> To: <u>2019-11-30</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST: Services

NO DISCHARGE AL

PARAMETER PARAMETER CODE	Solids	CBOD 5 day			Duration of	1 1		
			Occurrence	Volume	Discharge			
	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			
2019-11-01								
2019-11-02								
2019-11-03								
2019-11-04								
2019-11-05								
2019-11-06								
2019-11-07								
2019-11-08								
2019-11-09								
2019-11-10								
2019-11-11								
2019-11-12								
2019-11-13								
2019-11-14								
2019-11-15								
2019-11-16								
2019-11-17								
2019-11-18								
2019-11-19								
2019-11-20								
2019-11-21								
2019-11-22								
2019-11-23								
2019-11-24								
2019-11-25								
2019-11-26								
2019-11-27								
2019-11-28								
2019-11-29								
2019-11-30								
Minimum								
Maximum								
Average								
Count	<u> </u>							
Name of Responsible Official or Authorized Representative	I certify under the penalty	of law that I have personal	lly examined and am famili	ar with the	ture of Responsible Official	or Authorized Representative	Submission Date/Time	
Robert Bonnett	information submitted nerein and based on my inquiry of those individuals immediately responsible for obtaining the information. Delieve the submitted information is true, accurate 2019-12.							

NEORSD Easterly WWTP 14021 Lakeshore Blvd PERMIT NUMBER:
MONITORING
PERIOD:

3PF00001*MD 2019-11-01 To: 2019-11-30

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 (PA DEP 68-03670 & NH DES Lab ID #2238).

Parameter Name	Parameter Code	Date	Unit	Comment
Nitrogen, Ammonia (NH3)	00610	2019-11- 22	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
Nitrogen, Ammonia (NH3)	00610	2019-11- 23	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
Nitrogen, Ammonia (NH3)	00610	2019-11- 24	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
Nitrogen, Ammonia (NH3)	00610	2019-11- 25	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
Total Suspended Solids	00530	2019-11- 22	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
Total Suspended Solids	00530	2019-11- 23	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
Total Suspended Solids	00530	2019-11- 24	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
Total Suspended Solids	00530	2019-11- 25	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
CBOD 5 day	80082	2019-11- 07	mg/l	BLANKS AND D.O. UPTAKE AND/OR RESIDUAL DID NOT MEET QC CRITERIA
CBOD 5 day	80082	2019-11- 08	mg/l	BLANKS AND D.O. UPTAKE AND/OR RESIDUAL DID NOT MEET QC CRITERIA
CBOD 5 day	80082	2019-11- 09	mg/l	BLANKS AND D.O. UPTAKE AND/OR RESIDUAL DID NOT MEET QC CRITERIA
	Nitrogen, Ammonia (NH3) Nitrogen, Ammonia (NH3) Nitrogen, Ammonia (NH3) Nitrogen, Ammonia (NH3) Total Suspended Solids Total Suspended Solids Total Suspended Solids Total Suspended Solids CBOD 5 day CBOD 5 day	Parameter Name Code Nitrogen, Ammonia (NH3) Nitrogen, Ammonia (00610 (NH3) Nitrogen, Ammonia (00610 (NH3)) Nitrogen, Ammonia (00610 (NH3)) Total Suspended Solids	Parameter Name Code Date Nitrogen, Ammonia (NH3) 00610 2019-11-22 Nitrogen, Ammonia (NH3) 00610 2019-11-23 Nitrogen, Ammonia (NH3) 00610 2019-11-24 Nitrogen, Ammonia (NH3) 00610 2019-11-25 Total Suspended Solids 00530 2019-11-23 Total Suspended Solids 00530 2019-11-23 Total Suspended Solids 00530 2019-11-23 Total Suspended Solids 00530 2019-11-24 CBOD 5 day 80082 2019-11-07 CBOD 5 day 80082 2019-11-08 CBOD 5 day 80082 2019-11-08	Parameter Name Code Date Unit Nitrogen, Ammonia (NH3) 00610 2019-11- mg/l mg/l Total Suspended Solids 00530 2019-11- mg/l mg/l Total Suspended Solids 00530 2019-11- mg/l mg/l Total Suspended Solids 00530 2019-11- mg/l mg/l CBOD 5 day 80082 2019-11- mg/l mg/l CBOD 5 day 80082 2019-11- mg/l mg/l CBOD 5 day 80082 2019-11- mg/l mg/l

001	CBOD 5 day	80082	2019-11- 13	mg/l	BLANKS AND D.O. UPTAKE AND/OR RESIDUAL DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-11- 18	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-11- 19	mg/l	BLANKS AND D.O. UPTAKE AND/OR RESIDUAL DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-11- 20	mg/l	BLANKS AND D.O. UPTAKE/RESIDUAL DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-11- 22	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	CBOD 5 day	80082	2019-11- 23	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	CBOD 5 day	80082	2019-11- 24	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	CBOD 5 day	80082	2019-11- 25	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	Phosphorus, Total (P)	00665	2019-11- 22	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	Phosphorus, Total (P)	00665	2019-11- 23	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	Phosphorus, Total (P)	00665	2019-11- 24	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	Phosphorus, Total (P)	00665	2019-11- 25	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	Residue, Total Filterable	70300	2019-11- 24	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	Residue, Total Filterable	70300	2019-11- 25	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	Nitrite Plus Nitrate, Total	00630	2019-11- 22	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	Nitrite Plus Nitrate, Total	00630	2019-11- 23	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	Nitrite Plus Nitrate, Total	00630	2019-11- 24	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
001	Nitrite Plus Nitrate, Total	00630	2019-11- 25	mg/l	SAMPLES NOT REPRESENTATIVE OF FINAL EFFLUENT DISCHARGE DUE TO CONTAMINATION
601	CBOD 5 day	80082	2019-11- 01	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 02	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 03	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 04	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 05	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 06	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 07	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11-	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	1	mg/l	BLANKS DID NOT MEET QC CRITERIA

			2019-11- 13		
601	CBOD 5 day	80082	2019-11- 18	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 25	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 29	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-11- 30	mg/l	BLANKS DID NOT MEET QC CRITERIA

SUBMISSION ID: 918117 STATUS: Original NEORSD Easterly WWTP 14021 Lakeshore Blvd FACILITY: PERMIT NUMBER: 3PF00001*MD 003

STATION CODE: **LOCATION:** <u>2019-12-01</u> To: <u>2019-12-31</u>

MONITORING Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services NO DISCHARGE AL

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			
2019-12-01								
2019-12-02								
2019-12-03								
2019-12-04								
2019-12-05								
2019-12-06								
2019-12-07								
2019-12-08								
2019-12-09								
2019-12-10								
2019-12-11								
2019-12-12								
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2019-12-15								
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2019-12-23								
2019-12-24								
2019-12-25								
2019-12-26								
2019-12-27								
2019-12-28								
2019-12-29								
2019-12-30								
2019-12-31								
Minimum								
Maximum								
Average								
Count Name of Responsible Official or	<u> </u>			1 2.	ature of Responsible Official	ar Authorized P	Submission	
Name of Responsible Official or Authorized Representative	information submitted her	of law that I have personal rein and based on my inquir the information, I believe the	y of those individuals imm	ar with the ediately	ature of Responsible Official (o Admorized Representative	Submission Date/Time 2020-01-	
Robert Ronnett and complete Lam avvers that there are cignificant penalties for culmitting false information							14 14:01	

SUBMISSION ID: 918117 STATUS: Original NEORSD Easterly WWTP 14021 Lakeshore Blvd FACILITY: PERMIT NUMBER: 3PF00001*MD STATION CODE: 002

LOCATION:

MONITORING <u>2019-12-01</u> To: <u>2019-12-31</u> Cleveland, OH 44115 PERIOD:

COUNTY: REPORTING LAB: Cuyahoga NEORSD Analytical Services

Cheryl Soltis-Muth Manager of Analytical DISTRICT: NEDO ANALYST:

Services NO DISCHARGE AL

PARAMETER	Total Suspended Solids	CBOD 5 day	Overflow Occurrence	Overflow Volume	Duration of Discharge		
PARAMETER CODE	METER 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		
2019-12-01							
2019-12-02							
2019-12-03							
2019-12-04							
2019-12-05							
2019-12-06							
2019-12-07							
2019-12-08							
2019-12-09							
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2019-12-15							
2019-12-16							
2019-12-17							
2019-12-18							
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2019-12-21							
2019-12-22							
2019-12-23							
2019-12-24							
2019-12-25							
2019-12-26							
2019-12-27							
2019-12-28							
2019-12-29							
2019-12-30							
2019-12-31							
Minimum							
Maximum							
Average							
Count	Ļ						
Name of Responsible Official or Authorized Representative			lly examined and am famili	ar with the	ture of Responsible Official	or Authorized Representative	e Submission Date/Time
Robert Bonnett	Robert Bonnett Robert Bonnett						

NEORSD Easterly WWTP 14021 Lakeshore Blvd PERMIT NUMBER:
MONITORING
PERIOD:

3PF00001*MD 2019-12-01 To: 2019-12-31

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 (NH DES Lab ID# 2238).

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
001	CBOD 5 day	80082	2019-12-06	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-07	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-23	mg/l	STANDARD DID NOT MEET QC CRITERIA
001	CBOD 5 day	80082	2019-12-30	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-01	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-06	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-07	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-19	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-20	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-21	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-22	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-23	mg/l	STANDARD DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-24	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-26	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-27	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-30	mg/l	BLANKS DID NOT MEET QC CRITERIA
601	CBOD 5 day	80082	2019-12-31	mg/l	BLANKS DID NOT MEET QC CRITERIA