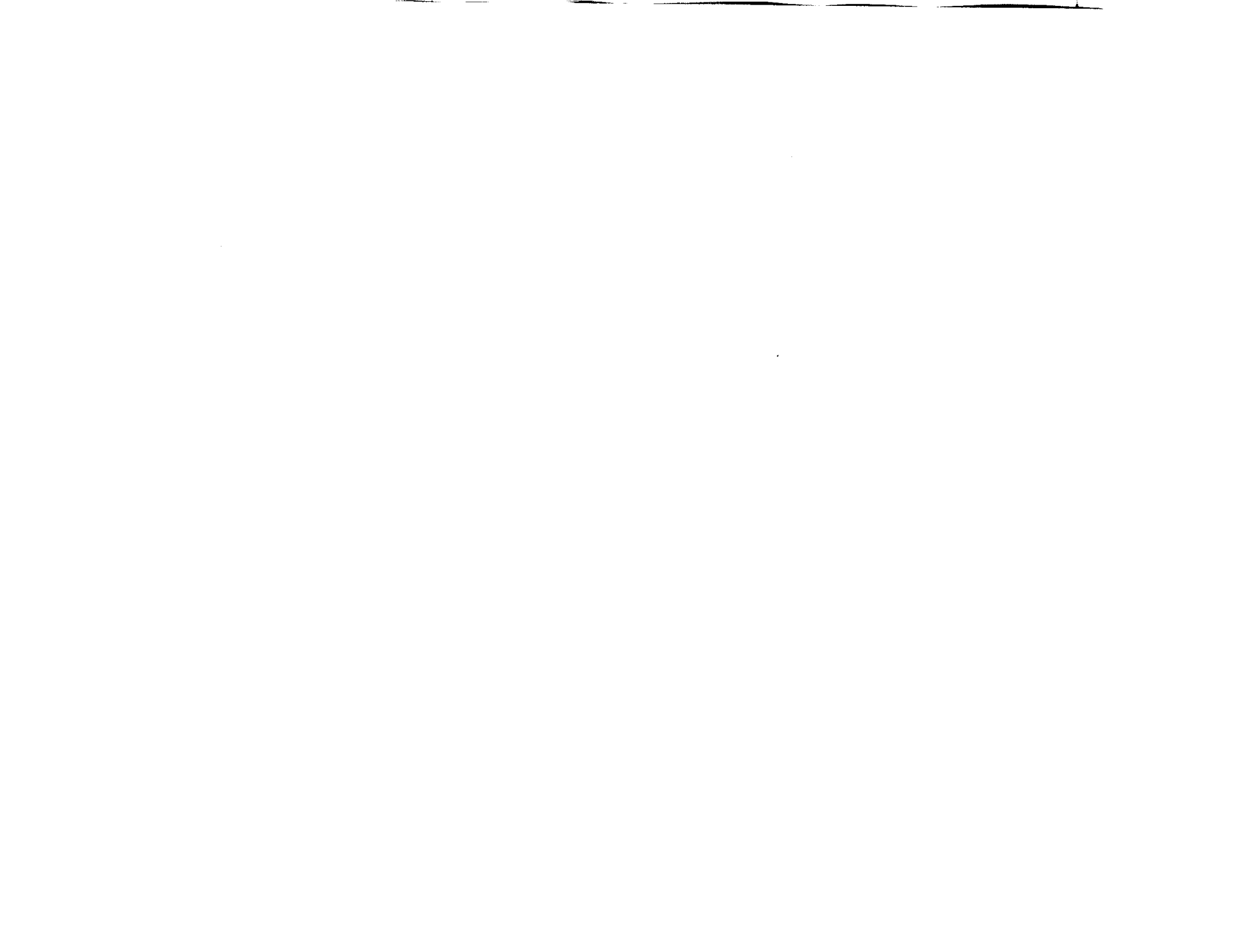


SDMS US EPA REGION V -1

**SOME IMAGES WITHIN THIS
DOCUMENT MAY BE ILLEGIBLE
DUE TO BAD SOURCE
DOCUMENTS.**





Diamond Shamrock

Effluent
No 0000049



Research Department - Semi Works

91139

February 11, 1980

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U.S. EPA monitoring report forms for the month of January. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

MONTHLY REPORT FORM

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE MONTH YEAR

PAGE PRINTING DATE

APPLICATION #

DAMOND SHAMROCK CORP
 RESEARCH DEPARTMENT SEMI-WK
 ASHTABULA FACILITY
 100 SUPERIOR AVENUE
 LEAND 44114 ASHTABULA

F302001

JAN., 1980

pg 1 01/19/80 0H0029

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

IN 1) - ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE IN 2) - ENTER FREQUENCY OF SAMPLING		REPORTING LAB Ashtabula Semi-Works						ANALYST Ed King		
(1)	3	1	1	2	2	3	2	3	2	2
(2)	PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-105C	RESIDUE T. NFLT	ORG TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TOT
	S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	0142	01045
01	AH	0	14					0		
02	6.8	.406	10	668	12			0		
03	7.0	.372	12	672	0			0		
04	7.0	.222	12					0		
05	7.0	.160	12					0		
06	7.0	.139	8	546	0			0		
07	7.1	.156	9					0		
08	7.4	.151	9	808	0	1.5	20	0	750	740
09	7.1	.125	9					0		
10	7.1	.160	11	1118	0			0		
11	7.4	.185	12					0		
12	7.5	.186	11					0		
13	7.2	.120	11					0		
14	7.6	.115	11					0		
15		.149	12	658	40	1.0	30	0	870	680
16		.152	13					0		
17	6.8	.229	13					0		
18	6.9	.244	10					0		
19	7.0	.305	9					0		
20	6.8	.248	10	1480	10					
21	7.2	.226	11					0		
22	7.5	.256	10	1440	24	1.2	30	0	340	460
23	7.1	.270	6.5					0		
24	7.4	.241	9	1320	24			0		
25	7.1	.249	10					0		
26	--	.025	8					--		
27	AH	0	AH					--		
28	--	.083	6					--		
29	7.3	.476	6	2028	28	1.7	10	0		
30	7.2	.569	6					0		
31	7.0	.528	--	2162	14			0		
Tot	192.2	6.747	290.5	12900	152	5.4	90	0	1960	1880
Avg	7.1	.218	10.0	1173	13.8	1.35	22.5	0	653	627
Σ	7.6	.569	14	2162	40	1.7	30	0	870	740
Σ	6.8	0	6	546	0	1.0	10	0	340	460

ADDITIONAL REMARKS

AH = no flow at sample time

REPORTING CODES MUST BE EXPLAINED.

IF THIS FORM MUST BE TYPED

DATE REPORT COMPLETED

SIGNATURE OF REPORTER

TITLE OF REPORTER

W NO. (EPA SUR 1 (5-77))

2/11/80

[Handwritten Signature]

Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0007

Diamond Shamrock Corporation
Research Department, Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "1/7" is one analysis performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	10-101 0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM			TO		
8 0 0 1 0 1 YEAR MO DAY			8 0 0 1 3 1 YEAR MO DAY		

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	0	.218	.569	MM		---	---	---	NA		CONT	NA	
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	15.8	50.5	KG/Day		0	13.8	40	Mg/L		11/31	24	
	PERMIT CONDITION	NA	76	230			NA	25	75			1/7	24	
Total Dissolved Solids 70300	REPORTED	287.6	1432	4326	KG/Day		546	1173	2162	Mg/L		11/31	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500			1/7	24	
Oil & Grease 00556	REPORTED	---	---	---	NA		1.0	1.35	1.7	Mg/L		4/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10			1/7	GR	
Phenols 32730	REPORTED	.011	.019	.029	KG/Day		.01	.023	.03	Mg/L		4/31	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100			1/7	24	
Residual Chlorine 50060	REPORTED	---	---	---	NA		0	0	0	Mg/L			GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3			1/7	GR	
pH 00400	REPORTED	---	---	---	NA		6.8	7.12	7.6	STA UNITS		26/31	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0			DAILY	GR	
Temperature 00010	REPORTED	---	---	---	NA		6	10	14	°C		29/31		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.							
Bricker W H		President			8 0 0 2 1 1 YEAR MO DAY									
							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISC MONITORING REPORT

Form Approved
OMB NO. 154-0060

Diamond Shamrock Corporation
Research Department, Ashtabula Semi-Works
P O Box 488
State Rd & E. 6th St.
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was constant, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-0 Oh ST	14-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		130-211 132-230 134-230 8 0 0 2 0 1 YEAR MO DAY	TO	130-271 132-291 134-291 8 0 0 1 3 1 YEAR MO DAY	

PARAMETER		(3 card only) QUANTITY				NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS				
COPPER TOTAL	REPORTED						.34	.65	.87	Mg/L		3/31	24	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			1/30	24	
IRON TOTAL	REPORTED						.46	.63	.74	Mg/L		3/31	24	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			1/30	24	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker	W	H	President				8 0 0 2 1 1							
LAST	FIRST	MI	TITLE				YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

Question No. 4

LIMITED WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS that ARCHER-DANIELS-MIDLAND COMPANY, a Delaware corporation, the Grantor, which claims title by instrument recorded in Volume 489, page 238 of Ashtabula County Records, for the consideration Ten Dollars (\$10.00) received to its full satisfaction of Diamond Alkali Company, a Delaware corporation, the Grantee, whose tax mailing address will be 300 Union Commerce Building, Cleveland 14, Ohio, does give, grant, bargain, sell and convey unto the said Grantee, its successors and assigns, the following described premises:

Situated in the Township of Ashtabula, County of Ashtabula and State of Ohio, and known as being a part of the Holmes Tract in said Ashtabula Township, and bounded and described as follows:

Beginning in the center line of State Road (60 feet wide) at the intersection of said center line of State Road with the center line of East 6th Street (50 feet wide), formerly Martin Street; thence South $0^{\circ} 29' 15''$ East along said center line of State Road a distance of 1294.00 feet to a point; thence South $89^{\circ} 49' 00''$ West, a distance of 1502.75 feet to the common boundary line between the City of Ashtabula and the Township of Ashtabula and which common boundary line is also the west line of the said Holmes Tract; thence North $0^{\circ} 28' 15''$ West along said common boundary line, a distance of 524.60 feet to an iron pin set in the northeast line of Parcel No. ONE of land conveyed by Robert S. Morrison et al. to Harry A. Meeker by deed dated December 27, 1948 and recorded in Volume 405, page 40 of ASHTABULA COUNTY RECORDS of Deeds; thence North $89^{\circ} 48' 45''$ East along said northerly line of land so conveyed to Harry A. Meeker as aforesaid, a distance of 372.46 feet to the southwest corner of a five acre parcel of land conveyed to John Cicano by deed dated MAR 4, 1933 and recorded in Volume 323, page 151 of ASHTABULA COUNTY RECORDS of Deeds; thence along the westerly corner of said land so conveyed to John Cicano as aforesaid North $89^{\circ} 43' 45''$ West, a distance of 767.00 feet to the said center line of the 6th Street and thence North $89^{\circ} 43' 45''$ East along said center line of East 6th

Street, 1229.90 feet to the place of beginning and containing 40.5342 acres of land according to a survey by Canale & Logan, Ohio Registered Surveyors, dated September, 1952, or the same more or less, but subject to all legal highways.

(hereinafter called the Premises).

TO HAVE AND TO HOLD the above granted and bargained Premises with the appurtenances thereof unto the said Grantee, its successors and assigns forever.

The Grantor, for itself and its successors, does hereby covenant with the said Grantee, its successors and assigns, that the Premises are free and clear of all liens and encumbrances created by or arising from, through or under the Grantor except an easement for highway purposes dated September 11, 1953 and recorded in Volume 498, page 512 of Ashtabula County Records, the easement if any, to The Cleveland Electric Illuminating Company for the transformer station on the Premises serving the Premises, taxes and assessments, both general and special, not due and payable on the date this deed is filed for record and zoning ordinances, and that it will warrant and defend the title to the Premises unto the said Grantee, its successors and assigns, forever against all lawful claims and demands of all persons claiming by, through or under the Grantor except as aforesaid.

The Grantor does hereby assign, grant, remise, release and quitclaim to the Grantee, its successors and assigns, all rights which Grantor may now or hereafter have against The Ceico Company, by, through or under the Limited Warranty Deed conveying the Premises from The Ceico Company to Grantor dated February 18, 1953 and recorded in Volume 489, page 238 of Ashtabula County Records.

IN WITNESS WHEREOF, Archer-Daniel-Midland Company, the Grantor,
hereunto sets the hand and corporate seal by its duly authorized officers
this 14 day of December, 1961.

Signed and acknowledged
in the presence of:

Thomas J. ...
Thomas J. ...

ARCHER-DANIEL-MIDLAND COMPANY

By John H. Daniels

And John J. ...

STATE OF ILLINOIS)
HONORABLE) SS.

Before me, a Notary Public in and for said County, personally

appeared the above named Archer-Daniel-Midland Company, by

John H. Daniels) its President, and Roger L. Nordbye)

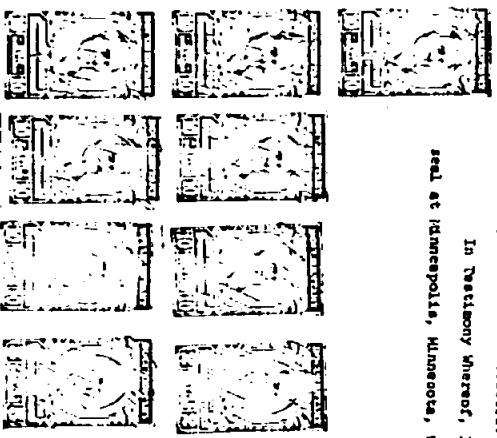
its Secretary, who acknowledged
that they did sign the foregoing instrument and that the same is the free
act and deed of said corporation and the free act and deed of each of them
personally and as such officers.

In Testimony Whereof, I have hereunto set my hand and official
seal at Minneapolis, Minnesota, this 14 day of December, 1961.

210 ...

Notary Public
My commission expires March 14 1966

W. O. COLLIER
Notary Public, Hennepin County, Minn.
My Commission Expires Mar. 14, 1962.



Rec-467.50

RECORDED FOR RECORD
DEC 28 12 05 PM 1961
ASHTABULA COUNTY, OHIO
ARCHER-DANIEL-MIDLAND COMPANY

TRANSFERRED
DEC 28 1961
Deer Smith

Received for Record Dec. 28,
1961 at 12:05 P.M.
Recorded Dec. 29, 1961 in
Ashtabula County Records of
Deeds.

Vol 611, Page 205

Paul E. Makala, Recorder

Fee \$3.00

MINERAL 104

Effluent



Diamond Shamrock

Research Department - Semi-Works

FEB

March 7, 1980

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U.S. EPA monitoring report forms for the month of February. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert
Plant Manager

lm

Attachments

MONTHLY REPORT FORM

NAME ADDRESS CITY COUNTY ZIP

AGE OF CITY

STATION CODE

REPORTING DATE

DATE MONTH YEAR

PAGE PRINTING DATE

APPLICATION

**FAMOND SHAMROCK COPP
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
10 SHIPLEY AVENUE
E. D 44114 ASHTABULA**

F302001

FEB., 1980

DF1 01/19/80 0m0029

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

IN(1)-ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE				REPORTING LAB				ANALYST		
IN(2)-ENTER FREQUENCY OF SAMPLING				Ashtabula Semi-Works				Ed King		
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-1050	RESIDUE T. NFLT	ORG TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TO
	S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
1	7.1	.359	10					0		
2	7.1	.301	9	1504	10			0		
3	7.2	.238	7					0		
4	7.1	.204	6					0		
5	7.1	.148	10	1096	4	.84	10	0	430	470
6	7.0	.169	9					0		
7	7.0	.248	10	780	34			0		
8	7.0	.183	10					0		
9	6.8	.172	10					0		
0	6.8	.117	12	576	10			0		
1	6.8	.127	11					0		
2	6.8	.207	9	490	2	.80	20	0	240	630
3	7.0	.182	10					0		
4	7.0	.153	11	AE	AE			0		
5	7.0	.164	9					0		
6	6.8	.154	11					0		
7	7.0	.174	8	344	10			0		
8	7.0	.170	10					0		
9	6.9	.163	12	380	6	1.2	10	0	130	470
0	6.8	.120	11					0		
1	7.0	.116	12	294	32			0		
2	7.0	.181	12					0		
3	7.1	.056						0		
4	AH	0	AH	AH	AH			AH		
5	7.1	.396	9					0		
6	7.0	.343	12	680	0	.74	10	0	400	290
7	7.1	.322	10					0		
8	7.5	.297	10					0		
9	7.2	.143						0		
0										
1										

TOTAL	196.2	5.607	260	6144	108	3.58	50	0	1200	1860
1	7.0	.193	10	683	12	.90	12.5	0	300	465
X	7.5	.396	12	1504	34	1.2	20	0	430	630
1	6.8	0	6	294	0	.74	10	0	130	290

ADDITIONAL REMARKS

EPA INSPECTION 25-26 FEB

- AE = Analytical Error
- 0 = No flow at sample time

REPORTING CODES MUST BE EXPLAINED

THIS FORM MUST BE TYPED (NO. EPA SUR 1-75-77)

DATE REPORT COMPLETED	SIGNATURE OF REPORTER	TITLE OF REPORTER
3/7/80	<i>X. King</i>	Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Approved
48 NO. 14-PM11

Diamond Shamrock Corporation
Research Department, Ashtabula Semi-Works
P. O. Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	003 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 00 2 0 1 YEAR MO DAY	TO	8 00 2 2 9 YEAR MO DAY	

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.			
Flow 50050 Total	REPORTED	0	.193	.396	MM		---	---	---			CONT		
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA		NA	CONT	NA	
Suspended Solids 00530 Total	REPORTED	0	8.4	31.96	KG/Day		0	12	34			9/29	24	
	PERMIT CONDITION	NA	76	230			NA	25	75		Mg/L	1/7	24	
Dissolved Solids 70300 Total	REPORTED	129	575	1716	KG/Day		294	682	1504			9/29	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500		Mg/L	1/7	24	
Oil & Grease 00556	REPORTED	---	---	---	NA		.74	.90	1.2			4/29	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10		Mg/L	1/7	GR	
Phenols 32730	REPORTED	.006	.010	.016	KG/Day		.01	.013	.02			4/29	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100		Mg/L	1/7	24	
Residual Chlorine 50060	REPORTED	---	---	---	NA		0	0	0			28/29	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3		Mg/L	1/7	GR	
pH 00400	REPORTED	---	---	---	NA		6.8	7.0	7.5			28/29	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0		STA UNITS	DAILY	GR	
Temperature 00010	REPORTED	---	---	---	NA		6	10	12			26/29		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA		°C	1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Bricker	W H	President				8 0 0 3 0 7 YEAR MO DAY								

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA NO. 346-001-1

Diamond Shamrock Corporation
Research Department, Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

OH ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 0 0 2 0 1 YEAR MO DAY	TO		8 0 0 2 2 9 YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED							.13	.30	.43			4/29	24
	PERMIT CONDITION	NA	NA	NA				NA	NA	NA			1/30	24
IRON TOTAL	REPORTED							.29	.47	.63			4/29	24
	PERMIT CONDITION	NA	NA	NA				NA	NA	NA			1/30	24
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE		
Bricker	W	H	President			8	03							07
LAST	FIRST	MI	TITLE			YEAR	MO							DAY

Effluent



Diamond Shamrock

Research Department - Semi-Works

April 11, 1980

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U. S. EPA monitoring report forms for the month of March. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

MONTHLY REPORT FORM

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED

DATE (MONTH, YEAR)

PAGE PRINTING DATE

APPLICATIO

AMOLD SHAMROCK CORP
SEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
100 SUPERIOR AVENUE
E D 44114 ASHTABULA

F302001

MAR., 1980

1 OF 1 03/01/80 0H0020

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

IN(1)—ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST		
IN(2)—ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works						Dennis Woodard		
(1)	3	1	1	2	2	3	2	3	2	2
(2)		999	999	997	997	1	997	1	997	997
SAMPLING DATE TIME	PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TO UG/L
	S.U.									
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01042	0104
01	AH	0	AH					AH		
02	AH	0	AH					AH		
03	7.3	.393	10					0		
04	7.5	.389	12	870	10	2	20	0	910	330
05	7.1	.282	11					0		
06	7.5	.267	12	990	8			0		
07	AH	.108	AH					AH		
08	AH	0	AH					AH		
09	AH	0	AH					AH		
10	7.0	.560	11					0		
11	7.4	.511	10	702	4	1	10	0	800	550
12	AH	.220	AH					AH		
13	AH	0	AH					AH		
14	7.1	.617	6					0		
15		.547	9					0		
16		.397	13	1092	4			0		
17	7.1	.343	13					0		
18	7.3	.296	13	1074	4	1	10	0	1020	660
19	7.1	.294	13					0		
20	7.2	.170	15	700	6			0		
21	AH	.810	AH					AH		
22	AH	0	AH					AH		
23	AH	0	AH					AH		
24	7.2	.516	9					0		
25	7.6	.540	9	1122	18	2	20	0	930	550
26	7.2	.310	9					0		
27	7.6	.196	12	1108	8			0		
28	AH	.630	AH					AH		
29	AH	0	AH					AH		
30	AH	0	AH					AH		
31	7.3	.589	12					0		
TOTAL	130.8	8.985	199	7658	62	6	60	0	3660	2090
AVG.	7.3	.290	11.1	957	7.8	1.5	15	0	915	523
MAX.	7.6	.810	15	1122	18	2	20	0	1020	660
MIN.	7.0	0	6	700	4	1	10	0	800	330

ADDITIONAL REMARKS

AH = No flow at sample time

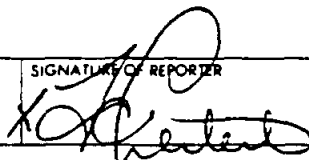
IF REPORTING CODES MUST BE EXPLAINED.

NOTE THIS FORM MUST BE TYPED
FORM NO EPA-SUR-1 (5-77)

DATE REPORT COMPLETED

4/10/80

SIGNATURE OF REPORTER



F. C. Leitert

TITLE OF REPORTER

Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1545-0047

Diamond Shamrock Corporation
Research Department, Semi-Works
State Rd & E 6th St
P O Box 488
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days) if continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	003 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		TO			
8	0	0	3	0	1
YEAR	MO	DAY	YEAR	MO	DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow 50050	REPORTED	0	.290	.810	MM		---	---	---				CONT		
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA			CONT	NA	
Total Suspended Solids 00530	REPORTED	3.87	10.97	36.84	KG/Day		4.0	7.8	18.0				8/31	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L			1/7	24	
Total Dissolved Solids 70300	REPORTED	451	1258	2296	KG/Day		700	957	1122				8/31	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L			1/7	24	
Oil & Grease 00556	REPORTED	---	---	---	NA		1	1.5	2				4/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L			1/7	GR	
Phenols 32730	REPORTED	.011	.025	.041	KG/Day		.01	.015	.02				4/31	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L			1/7	24	
Residual Chlorine 50060	REPORTED	---	---	---	NA		0	0	0				18/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L			1/7	GR	
pH 00400	REPORTED	---	---	---	NA		7.0	7.3	7.6				18/31	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	STA UNITS			DAILY	GR	
Temperature 00010	REPORTED	---	---	---	NA		6	11	15				18/31		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C			1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief each information is true, complete, and accurate.							
Bricker	W	H	President				0								
LAST	FIRST	MI	TITLE												

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 156-0007

Diamond Shamrock Corporation
State Rd & E 6th St
P O Box 488
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-0 Oh ST	16-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-211 120-212 120-213 REPORTING PERIOD: FROM 8 0 0 3 0 1 YEAR MO DAY			120-211 120-212 120-213 TO 8 0 0 3 3 1 YEAR MO DAY		

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM			
COPPER TOTAL	REPORTED							.80	.92	1.02	Mg/L	4/31	24
	PERMIT CONDITION	N/A	N/A	N/A				NA	NA	NA		1/30	24
IRON TOTAL	REPORTED							.33	.52	.66	Mg/L	4/31	24
	PERMIT CONDITION	N/A	N/A	N/A				NA	NA	NA		1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	W	H	President	8	0	0	4	1	0
LAST	FIRST	MI	TITLE	YEAR	MO	DAY			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Shel C. Lester
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Question 9(2)

TABLE 1: QUANTITATIVE RESULTS and QUALITY ASSURANCE DATA

Volatile Compounds - GC/MS Analysis Data (QR01)

Chain of Custody Data Required for ETC Data Management Summary Reports

F0146 DIAMOND SHAMROCK CORPORATION DSCASHGMM 03IF0002001 840726 0700

ETC Sample No. Company Facility Sample Point Date Time Elapsed Hours

NPDES Number	Compound	Results		QC Replicate		QC Blank and Spiked Blank			QC Matrix Spike		
		Sample Concn. ug/l	MDL ug/l	First ug/l	Second ug/l	Blank Data ug/l	Concn. Added ug/l	% Recov	Unspiked Sample ug/l	Concn. Added ug/l	% Recov
1V	Acrolein	ND	100	ND	ND	ND	1600	70	ND	1600	59
2V	Acrylonitrile	ND	100	ND	ND	ND	160	67	ND	160	66
3V	Benzene	ND	10	ND	ND	ND	36	96	ND	36	94
4V	bis(Chloromethyl)ether	ND	10	ND	ND	ND	0	-	ND	0	-
5V	Bromoform	ND	10	ND	ND	ND	36	100	ND	36	100
6V	Carbon tetrachloride	34	10	ND	ND	ND	36	99	34	36	125
7V	Chlorobenzene	ND	10	16	17	ND	36	102	ND	36	101
8V	Chlorodibromomethane	ND	10	ND	ND	ND	36	98	ND	36	103
9V	Chloroethane	ND	10	ND	ND	ND	36	97	ND	36	94
10V	2-Chloroethylvinyl ether	ND	10	ND	ND	ND	36	74	ND	36	89
11V	Chloroform	38	10	ND	ND	ND	36	97	38	36	119
12V	Dichlorobromomethane	ND	10	ND	ND	ND	36	95	ND	36	107
13V	Dichlorodifluoromethane	ND	10	ND	ND	ND	0	-	ND	0	-
14V	1,1-Dichloroethane	ND	10	ND	ND	ND	36	98	ND	36	103
15V	1,2-Dichloroethane	ND	10	ND	ND	ND	36	95	ND	36	107
16V	1,1-Dichloroethylene	ND	10	2	2	ND	36	98	ND	36	104
17V	1,2-Dichloropropane	ND	10	ND	ND	ND	36	99	ND	36	102
18V	cis-1,3-Dichloropropylene	ND	10	ND	ND	ND	36	91	ND	36	89
19V	Ethylbenzene	ND	10	ND	ND	ND	36	99	ND	36	101
20V	Methyl bromide	ND	10	ND	ND	ND	36	106	ND	36	93
21V	Methyl chloride	ND	10	ND	ND	ND	36	96	ND	36	90
22V	Methylene chloride	BMDL	10	4	3	BMDL	36	109	6	36	61
23V	1,1,2,2-Tetrachloroethane	ND	10	ND	ND	ND	36	100	ND	36	107
24V	Tetrachloroethylene	BMDL	10	301	298	ND	36	99	1	36	98
25V	Toluene	BMDL	10	6	10	BMDL	36	93	1	36	93
26V	1,2-Trans-dichloroethylene	BMDL	10	26	32	ND	36	98	1	36	103
27V	1,1,1-Trichloroethane	ND	10	27	27	ND	36	99	ND	36	101
28V	1,1,2-Trichloroethane	ND	10	ND	ND	ND	36	99	ND	36	106
29V	Trichloroethylene	BMDL	10	19	20	ND	36	96	4	36	103
30V	Trichlorofluoromethane	ND	10	47	46	ND	36	98	ND	36	110
31V	Vinyl chloride	ND	10	ND	ND	ND	36	97	ND	36	109
18V	trans-1,3-Dichloropropylene	ND	10	ND	ND	ND	36	97	ND	36	86

R. EPA published Method Detection Limits.

ETCENVIRONMENTAL
TESTING and CERTIFICATION

AUG 13, 1984

TABLE 1: QUANTITATIVE RESULTS and QUALITY ASSURANCE DATA**Acid Compounds - GC/MS Analysis Data (QR02)**

Chain of Custody Data Required for ETC Data Management Summary Reports

F0146 DIAMOND SHAMROCK CORPORATION DSCASHGMM 03IF0002001 840726 0700

ETC Sample No. Company Facility Sample Point Date Time Elapsed Hours

NPDES Number	Compound	Results		QC Replicate		QC Blank and Spiked Blank			QC Matrix Spike		
		Sample Concn. ug/l	MDL ug/l *	First ug/l	Second ug/l	Blank Data ug/l	Concen. Added ug/l	% Recov	Unspiked Sample ug/l	Concen. Added ug/l	% Recov
1A	2-Chlorophenol	ND	25	ND	ND	ND	150	72	ND	150	67
2A	2,4-Dichlorophenol	ND	25	ND	ND	ND	150	86	ND	150	78
3A	2,4-Dimethylphenol	ND	25	ND	ND	ND	150	76	14	150	9.
4A	4,6-Dinitro-o-cresol	ND	250	ND	ND	ND	250	97	ND	250	200.
5A	2,4-Dinitrophenol	ND	250	ND	ND	ND	250	109	ND	250	333.
6A	2-Nitrophenol	ND	25	ND	ND	ND	150	97	ND	150	98
7A	4-Nitrophenol	ND	25	ND	ND	ND	150	12.	ND	150	53
8A	p-Chloro-m-cresol	ND	25	ND	ND	ND	150	80	ND	150	81
9A	Pentachlorophenol	ND	25	ND	ND	ND	150	50	ND	150	74
10A	Phenol	ND	25	ND	ND	ND	150	35.	45	150	30.
11A	2,4,6-Trichlorophenol	ND	25	ND	ND	ND	150	74	ND	150	88

A EPA published Method Detection Limit.
B Recovery low due to sample matrix interference.
C Recovery variable due to sample matrix interference.
D Recoveries normally low and variable using EPA Protocol Method 825.
E Recovery normally variable using EPA Protocol Method 825.

**TABLE 1: QUANTITATIVE RESULTS and QUALITY ASSURANCE DATA
BASE/NEUTRAL COMPOUNDS - GC/MS ANALYSIS DATA (QR03)**

Chain of Custody Data Required for ETC Data Management Summary Reports

F0146 DIAMOND SHAMROCK CORPORATION DSCASHGMM 03IF0002001 840726 0700

ETC Sample No. Company Facility Sample Point Date Time Elapsed
Hours

NPDES Number	Compound	Results		QC Replicate		QC Blank and Spiked Blank			QC Matrix Spike		
		Sample Concn. ug/l	MDL ug/l	First ug/l	Second ug/l	Blank Data ug/l	Concen. Added ug/l	% Recov	Unspiked Sample ug/l	Concen. Added ug/l	% Recov
1B	Acenaphthene	ND	10	ND	ND	ND	100	74	ND	100	90
2B	Acenaphthylene	ND	10	ND	ND	ND	100	81	ND	100	102
3B	Anthracene	ND	10	ND	ND	ND	100	90	ND	100	91
4B	Benizidine	ND	10	ND	ND	ND	100	37.	ND	100	47.
5B	Benzo(a)anthracene	ND	10	ND	ND	ND	100	68	ND	100	98
6B	Benzo(a)pyrene	ND	10	ND	ND	ND	100	57	ND	100	49
7B	Benzo(b)fluoroanthene	ND	10	ND	ND	ND	100	71	ND	100	115
8B	Benzo(ghi)perylene	ND	10	ND	ND	ND	0	-	ND	0	-
9B	Benzo(k)fluoranthene	ND	10	ND	ND	ND	100	57	ND	100	110
10B	bis(2-Chloroethoxy)methane	ND	10	ND	ND	ND	100	90	ND	100	93
11B	bis(2-Chloroethyl) ether	BMDL	10	5	5	ND	100	120	ND	100	103
12B	bis(2-Chloroisopropyl)ether	ND	10	ND	ND	ND	100	110	ND	100	90
13B	bis(2-Ethylhexyl)phthalate	ND	10	ND	ND	ND	100	66	ND	100	115
14B	4-Bromophenyl phenyl ether	ND	10	ND	ND	ND	100	78	ND	100	83
15B	Butyl benzyl phthalate	ND	10	ND	ND	ND	100	67	ND	100	112
16B	2-Chloronaphthalene	ND	10	ND	ND	ND	100	58	ND	100	85
17B	4-Chlorophenyl phenyl ether	ND	10	ND	ND	ND	100	85	ND	100	103
18B	Chrysene	ND	10	ND	ND	ND	100	68	ND	100	105
19B	Dibenzo(a,h)anthracene	ND	10	ND	ND	ND	0	-	ND	0	-
20B	1,2-Dichlorobenzene	ND	10	ND	ND	ND	100	56.	19	100	42.
21B	1,3-Dichlorobenzene	ND	10	ND	ND	ND	100	41.	ND	100	39.
22B	1,4-Dichlorobenzene	ND	10	ND	ND	ND	100	47.	2	100	48.
23B	3,3'-Dichlorobenzidine	ND	10	ND	ND	ND	100	57	ND	100	89
24B	Diethyl phthalate	ND	10	ND	ND	ND	100	17.	ND	100	62
25B	Dimethyl phthalate	ND	10	ND	ND	ND	100	0.	ND	100	6.
26B	Di-n-butyl phthalate	ND	10	ND	ND	ND	100	87	ND	100	104
27B	2,4-Dinitrotoluene	ND	10	ND	ND	ND	100	105	ND	100	113
28B	2,6-Dinitrotoluene	ND	10	31	ND	ND	100	121	ND	100	118
29B	Di-n-octyl phthalate	ND	10	ND	ND	ND	100	62	ND	100	121
30B	1,2-Diphenylhydrazine	ND	10	ND	ND	ND	100	103	ND	100	114
31B	Fluoranthene	ND	10	ND	ND	ND	100	90	ND	100	106
32B	Fluorene	ND	10	ND	ND	ND	100	88	ND	100	101

**TABLE 1: QUANTITATIVE RESULTS and QUALITY ASSURANCE DATA
BASE/NEUTRAL COMPOUNDS - GC/MS ANALYSIS DATA (QR03)**

Chain of Custody Data Required for ETC Data Management Summary Reports

F0146 DIAMOND SHAMROCK CORPORATION DSCASHGM 031F0002001 840726 0700

ETC Sample No. Company Facility Sample Point Date Time Elapsed Hours

NPDES Number	Compound	Results		QC Replicate		QC Blank and Spiked Blank			QC Matrix Spike		
		Sample Concn. ug/l	MDL ug/l	First ug/l	Second ug/l	Blank Data ug/l	Concen. Added ug/l	% Recov	Unspiked Sample ug/l	Concen. Added ug/l	% Recov
33B	Hexachlorobenzene	ND	10	ND	ND	ND	100	85	ND	100	86
34B	Hexachlorobutadiene	ND	10	ND	ND	ND	100	7.	ND	100	14.
35B	Hexachlorocyclopentadiene	ND	10	ND	ND	ND	0	-	ND	0	-
36B	Hexachloroethane	ND	10	ND	ND	ND	100	14.	ND	100	15.
37B	Indeno(1,2,3-c,d)pyrene	ND	10	ND	ND	ND	0	-	ND	0	-
38B	Isophorone	ND	10	ND	ND	ND	100	114	ND	100	114
39B	Naphthalene	ND	10	ND	ND	ND	100	54	ND	100	67
40B	Nitrobenzene	ND	10	ND	ND	ND	100	95	ND	100	100
41B	N-Nitrosodimethylamine	ND	10	ND	ND	ND	0	-	ND	0	-
42B	N-Nitrosodi-n-propylamine	ND	10	2	ND	ND	100	94	ND	100	69
43B	N-Nitrosodiphenylamine	ND	10	ND	ND	ND	100	103	ND	100	120
44B	Phenanthrene	ND	10	ND	ND	ND	100	82	ND	100	89
45B	Pyrene	ND	10	ND	ND	ND	100	134	ND	100	147
46B	1,2,4-Trichlorobenzene	ND	10	ND	ND	ND	100	29.	ND	100	42.

A EPA published Method Detection Limit.

B Recovery normally variable using EPA Protocol Method 825.

TABLE 1: QUANTITATIVE RESULTS and QUALITY ASSURANCE DATA
Volatile Compounds - GC/MS Analysis Data (QR01)

Chain of Custody Data Required for ETC Data Management Summary Reports
 F2458 DIAMOND SHAMROCK CORPORATION DSCASHGMM 03IF0002001 840823 1325
 ETC Sample No. Company Facility Sample Point Date Time Elapsed Hours

NPDES Number	Compound	Results		QC Replicate		QC Blank and Spiked Blank			QC Matrix Spike		
		Sample Concn. ug/l	MDL ug/l	First ug/l	Second ug/l	Blank Data ug/l	Concn. Added ug/l	% Recov	Unspiked Sample ug/l	Concn Added ug/l	% Recov
1V	Acrolein	ND	100	ND	ND	ND	1600	56	ND	1600	181.
2V	Acrylonitrile	ND	100	ND	ND	ND	160	100	ND	160	138.
3V	Benzene	ND	10	ND	ND	ND	36	99	ND	36	106
4V	bis(Chloromethyl)ether	ND	10	ND	ND	ND	0	-	ND	0	-
5V	Bromoform	ND	10	ND	ND	ND	36	99	ND	36	122
6V	Carbon tetrachloride	74	10	ND	ND	ND	36	96	ND	36	105
7V	Chlorobenzene	BMDL	10	ND	ND	ND	36	98	ND	36	111
8V	Chlorodibromomethane	ND	10	ND	ND	ND	36	101	ND	36	106
9V	Chloroethane	ND	10	ND	ND	ND	36	97	ND	36	116
10V	2-Chloroethylvinyl ether	ND	10	ND	ND	ND	36	83	ND	36	0
11V	Chloroform	43	10	16	16	ND	36	96	ND	36	105
12V	Dichlorobromomethane	ND	10	ND	ND	ND	36	98	ND	36	102
13V	Dichlorodifluoromethane	ND	10	ND	ND	ND	0	-	ND	0	-
14V	1,1-Dichloroethane	ND	10	ND	ND	ND	36	98	ND	36	112
15V	1,2-Dichloroethane	BMDL	10	ND	ND	ND	36	99	ND	36	103
16V	1,1-Dichloroethylene	ND	10	ND	ND	ND	36	90	ND	36	134.
17V	1,2-Dichloropropane	ND	10	ND	ND	ND	36	98	ND	36	103
18V	cis-1,3-Dichloropropylene	ND	10	ND	ND	ND	36	100	ND	36	10
19V	Ethylbenzene	ND	10	ND	ND	ND	36	97	ND	36	112
20V	Methyl bromide	ND	10	ND	ND	ND	36	94	ND	36	123
21V	Methyl chloride	ND	10	ND	ND	ND	36	94	ND	36	121
22V	Methylene chloride	BMDL	10	ND	ND	BMDL	36	75	2	36	144.
23V	1,1,2,2-Tetrachloroethane	ND	10	ND	ND	ND	36	99	ND	36	173.
24V	Tetrachloroethylene	BMDL	10	ND	ND	BMDL	36	95	ND	36	11
25V	Toluene	ND	10	ND	ND	ND	36	96	ND	36	10
26V	1,2-Trans-dichloroethylene	BMDL	10	ND	ND	ND	36	97	ND	36	103
27V	1,1,1-Trichloroethane	ND	10	ND	ND	ND	36	98	ND	36	106
28V	1,1,2-Trichloroethane	ND	10	ND	ND	ND	36	100	ND	36	87
29V	Trichloroethylene	BMDL	10	ND	ND	ND	36	100	ND	36	104
30V	Trichlorofluoromethane	ND	10	ND	ND	ND	36	98	ND	36	121
31V	Vinyl chloride	ND	10	ND	ND	ND	36	97	ND	36	116
18V	trans-1,3-Dichloropropylene	ND	10	ND	ND	ND	36	98	ND	36	91

a EPA published Method Detection Limit.
 b Recovery variable using EPA Regional Method 824.
 c Recovery variable due to sample matrix interference.

CONTR. ON THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	STOCK NO. OR QUAN- TITY	NO. OF LIVES OR DEATHS	C. SE- VERE ACCIDENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVG. VALUE (if available)		D. NO OF ANAL- YSES	E. CONCENTRATION	F. MASS	G. LONG TERM AVERAGE VALUE		H. NO OF ANAL- YSES
				(1) concentration	(2) mass	(1) concentration	(2) mass	(1) concentration	(2) mass				(1) concentration	(2) mass	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitrosodiphenylamine (86-30-6)	X			ND	--	--	--	--	--	6	--	--	--	--	
44B. Phenanthrene (85-01-6)	X			ND	--	--	--	--	--	6	--	--	--	--	
45B. Pyrene (129-00-6)	X			ND	--	--	--	--	--	6	--	--	--	--	
46B. 1,2,4-Trichlorobenzene (120-82-1)	X			ND	--	--	--	--	--	6	--	--	--	--	
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (308-00-2)	X			ND	--	--	--	--	--	1	--	--	--	--	
2P. α -DHC (319-84-8)	X			ND	--	--	--	--	--	1	--	--	--	--	
3P. β -DHC (319-86-7)	X			ND	--	--	--	--	--	1	--	--	--	--	
4P. γ -DHC (88-89-9)	X			ND	--	--	--	--	--	1	--	--	--	--	
5P. δ -DHC (319-89-8)	X			ND	--	--	--	--	--	1	--	--	--	--	
6P. Chlordane (87-74-8)	X			ND	--	--	--	--	--	1	--	--	--	--	
7P. 4,4'-DDT (60-29-3)	X			ND	--	--	--	--	--	1	--	--	--	--	
8P. 4,4'-DDE (72-85-9)	X			ND	--	--	--	--	--	1	--	--	--	--	
9P. 4,4'-DDD (72-84-8)	X			ND	--	--	--	--	--	1	--	--	--	--	
10P. Dieldrin (60-87-1)	X			ND	--	--	--	--	--	1	--	--	--	--	
11P. α -Endosulfan (118-29-7)	X			ND	--	--	--	--	--	1	--	--	--	--	
12P. β -Endosulfan (118-29-7)	X			ND	--	--	--	--	--	1	--	--	--	--	
13P. Endosulfan Sulfate (1021-07-8)	X			ND	--	--	--	--	--	1	--	--	--	--	
14P. Endrin (72-20-6)	X			ND	--	--	--	--	--	1	--	--	--	--	
15P. Endrin Aldehyde (7421-83-4)	X			ND	--	--	--	--	--	1	--	--	--	--	
16P. Heptachlor (76-44-8)	X			ND	--	--	--	--	--	1	--	--	--	--	

ND = NONE DETECTED

EPA I.D. NUMBER (copy from Item 1 of Form 1) **OH00029149** OUTFALL NUMBER **001**

Form Approved OMB No. 1505-00173

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	A. VESICANT NO. QUIN- SE	B. BLISTER AGENT	C. DE- LUSIVE AGENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVG. VALUE (if available)		4. NO. OF ANAL- YSES	A. CONCENTRATION	B. MASS	B. LONG TERM AVERAGE VALUE		C. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GCMS FRACTION - PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-67-3)	X			ND	--	--	--	--	--	1	--	--	--	--	--
18P. PCB-1242 (83488-21-0)	X			ND	--	--	--	--	--	1	--	--	--	--	--
19P. PCB-1264 (11097-00-1)	X			ND	--	--	--	--	--	1	--	--	--	--	--
20P. PCB-1221 (11104-20-2)	X			ND	--	--	--	--	--	1	--	--	--	--	--
21P. PCB-1232 (11141-10-6)	X			ND	--	--	--	--	--	1	--	--	--	--	--
22P. PCB-1248 (12672-29-6)	X			ND	--	--	--	--	--	1	--	--	--	--	--
23P. PCB-1200 (11096-02-0)	X			ND	--	--	--	--	--	1	--	--	--	--	--
24P. PCB-1010 (12674-11-2)	X			ND	--	--	--	--	--	1	--	--	--	--	--
25P. Toxaphene (8001-30-3)	X			ND	--	--	--	--	--	1	--	--	--	--	--

TABLE 1: QUANTITATIVE RESULTS and QUALITY ASSURANCE DATA
Volatile Compounds - GC/MS Analysis Data (OR01)

Chain of Custody Data Required for ETC Data Management Summary Reports
 L9288 DIAMOND SHARROCK CORPORATION DSCASHGAM 031F0002001 860421 0830
 ETC Sample No. Company Facility Sample Point Date Time Elapsed Hours

NPDES Number	Compound	Results		QC Replicate		QC Blank and Spiked Blank			QC Matrix Spike		
		Sample Concent. ug/l	MDL ug/l	First ug/l	Second ug/l	Blank Data ug/l	Concen. Added ug/l	% Recov	Unspiked Sample ug/l	Concen. Added ug/l	% Recov
1V	Acrolein	ND	1000	ND	ND	ND	800	84	ND	800	118
2V	Acrylonitrile	ND	1000	ND	ND	ND	800	90	ND	800	89
3V	Benzene	ND	44	ND	ND	ND	180	93	ND	180	100
4V	bis(Chloromethyl)ether	ND	100	ND	ND	ND	0	-	ND	0	-
5V	Bromoform	ND	47	ND	ND	ND	180	87	ND	180	103
6V	Carbon tetrachloride	288	28	ND	ND	ND	180	106	ND	180	104
7V	Chlorobenzene	ND	60	ND	ND	ND	180	94	ND	180	105
8V	Chlorodibromomethane	ND	31	ND	ND	ND	180	90	ND	180	101
9V	Chloroethane	ND	100	ND	ND	ND	180	99	ND	180	109
10V	2-Chloroethylvinyl ether	ND	100	ND	ND	ND	0.	0.	ND	180	0.
11V	Chloroform	63	16	ND	ND	ND	180	98	ND	180	116
12V	Dichlorobromomethane	ND	22	ND	ND	ND	180	94	ND	180	104
13V	Dichlorodifluoromethane	ND	100	ND	ND	ND	180	112	ND	180	104
14V	1,1-Dichloroethane	ND	47	ND	ND	ND	180	97	ND	180	106
15V	1,2-Dichloroethane	ND	28	ND	ND	ND	180	93	ND	180	107
16V	1,1-Dichloroethylene	ND	28	ND	ND	ND	180	99	ND	180	106
17V	1,2-Dichloropropane	ND	60	ND	ND	ND	180	93	ND	180	101
18V	cis-1,3-Dichloropropylene	ND	50	ND	ND	ND	180	88	ND	180	106
19V	Ethylbenzene	ND	72	ND	ND	ND	180	93	ND	180	107
20V	Methyl bromide	ND	100	ND	ND	ND	180	98	ND	180	117
21V	Methyl chloride	ND	100	ND	ND	ND	180	87	ND	180	84
22V	Methylene chloride	43	69	ND	1	3	180	83	ND	180	117
23V	1,1,2,2-Tetrachloroethane	8	28	ND	04	58	180	83	ND	180	117
24V	Tetrachloroethylene	ND	41	3	16	ND	180	110	4	180	131
25V	Toluene	ND	60	68	ND	ND	180	129	772	180	149.
26V	1,2-Trans-dichloroethylene	ND	16	ND	ND	ND	180	96	ND	180	109
27V	1,1,1-Trichloroethane	ND	38	ND	ND	ND	180	102	ND	180	102
28V	1,1,2-Trichloroethane	ND	50	ND	ND	ND	180	91	ND	180	105
29V	Trichloroethylene	ND	19	ND	ND	ND	180	91	ND	180	100
30V	Trichlorofluoromethane	ND	100	39	6	ND	180	109	3	96	102
31V	Vinyl chloride	ND	100	ND	ND	ND	180	100	ND	180	105
18V	trans-1,3-Dichloropropylene	ND	100	ND	ND	ND	180	89	ND	180	99

A Recovery normally variable using EPA Protocol Method 824.
 B Recovery variable due to sample matrix interference.

1986

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OH0029149

Form Approved OMB No. 155-R0173

OUTFALL NO

001

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS (1)	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS (2)				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	100	77	--	--	51	34	7	mg/l	Kg	--	--	--
b. Chemical Oxygen Demand (COD)	117	89	--	--	--	--	1	mg/l	Kg	--	--	--
c. Total Organic Carbon (TOC)	31	24	--	--	--	--	1	mg/l	Kg	--	--	--
d. Total Suspended Solids (TSS)	86	68	26.2	15.3	10.4	7.0	137	mg/l	Kg	--	--	--
e. Ammonia (as N)	0.16	0.12	--	--	--	--	1	mg/l	Kg	--	--	--
f. Flow	VALUE 300,000		VALUE 214,000		VALUE 177,000		385	--	Gal	VALUE --		--
g. Temperature (winter)	VALUE 13		VALUE 8		VALUE 6.0		100	°C		VALUE --		--
h. Temperature (summer)	VALUE 31		VALUE 27		VALUE 24.1		68	°C		VALUE --		--
i. pH	MINIMUM 6.5	MAXIMUM 8.5	MINIMUM 7.1	MAXIMUM 7.6	X		237	STANDARD UNITS		X		--

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. RECEIVED	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-8)		X	--	--	--	--	--	--	--	--	--	--	--	--
b. Chlorine, Total Residual	X		0	0	0	0	0	0	237	mg/l	Kg	--	--	--
c. Color		X	--	--	--	--	--	--	--	--	--	--	--	--
d. Fecal Coliform		X	0	0	--	--	--	--	1	mg/l	Kg	--	--	--
e. Fluoride (13694-40-8)		X	--	--	--	--	--	--	--	--	--	--	--	--
f. Nitrate-Nitro (as N)		X	--	--	--	--	--	--	--	--	--	--	--	--

ITEM V-8 CONTINUED FROM FRONT

1. POLL ANT. A. CAS NO. (if available)	MARK 'X'		3. EFFLUENT						4. UNITS		5. INT			
	D. DE- LIVERED CON- CENT	D. DE- LIVERED CON- CENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		30G TERM AVG. VALUE (if available)		d. NO. OF ANAL- YSES	e. CONCENT- RATION	f. MASS	LONG AVERAGE VALUE		g. NO. OF ANAL- YSES
			(1) CONCENTRATION	(2) mass (1)	(1) CONCENTRATION	(2) mass	(1) CONCENTRATION	(2) mass (2)				(1) CONCENTRATION	(2) mass	
g. Nitrogen, Total Organic (as N)	X		1.92	1.46	--	--	--	--	1	mg/l	Kg	--	--	--
h. Oil and Grease	X		3.89	4.25	2.73	2.15	1.32	0.88	57	mg/l	Kg	--	--	--
i. Phosphorus (as P), Total (7723-14-0)	X		2.6	2.0	--	--	0.52	0.35	15	mg/l	Kg	--	--	--
j. Radioactivity														
(1) Alpha, Total		X	--	--	--	--	--	--	--	--	--	--	--	--
(2) Beta, Total		X	--	--	--	--	--	--	--	--	--	--	--	--
(3) Radium, Total		X	--	--	--	--	--	--	--	--	--	--	--	--
(4) Radium 226, Total		X	--	--	--	--	--	--	--	--	--	--	--	--
k. Sulfate (as SO ₄) (14808-79-8)	X		130	99	--	--	--	--	1	mg/l	Kg	--	--	--
l. Sulfide (as S)	X		<0.1	<.08	--	--	--	--	1	mg/l	Kg	--	--	--
m. Sulfite (as SO ₃) (14265-45-3)	X		<0.5	<0.4	--	--	--	--	1	mg/l	Kg	--	--	--
n. Surfactants		X	--	--	--	--	--	--	--	--	--	--	--	--
o. Aluminum, Total (7429-90-9)		X	ND	--	--	--	--	--	--	mg/l	Kg	--	--	--
p. Barium, Total (7440-39-3)		X	.010	0.008	--	--	--	--	--	mg/l	Kg	--	--	--
q. Boron, Total (7440-42-8)		X	0.100	0.08	--	--	--	--	--	mg/l	Kg	--	--	--
r. Cobalt, Total (7440-48-4)		X	ND	--	--	--	--	--	--	--	--	--	--	--
s. Iron, Total (7439-89-6)	X		1.11	1.18	.85	0.53	0.41	0.27	28	mg/l	Kg	--	--	--
t. Magnesium, Total (7439-95-4)	X		9.28	7.33	--	--	--	--	--	mg/l	Kg	--	--	--
u. Molybdenum, Total (7439-98-7)		X	ND	--	--	--	--	--	--	--	--	--	--	--
v. Manganese, Total (7439-96-5)		X	0.19	0.15	--	--	--	--	--	mg/l	Kg	--	--	--
w. Tin, Total (7440-31-6)	X		ND	--	--	--	--	--	--	--	--	--	--	--
x. Titanium, Total (7440-32-8)		X	0.13	0.10	--	--	--	--	--	mg/l	Kg	--	--	--

(1) Instantaneous Flow Basis
(2) Average Daily Flow Basis (177,000 GPD)

EPA I.D. NUMBER (copy from 1 of Form 1)	OUTFALL NUMBER
OH0029149	001

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved OMB No. 158-R0173

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. SECONDARY INDUSTRIES	c. NON-REQUIRED	d. MAXIMUM DAILY VALUE		e. MAXIMUM 30 DAY VALUE (if available)		f. LONG TERM AVERAGE VALUE (if available)		g. NO. OF ANALYSES	h. CONCENTRATION	i. MASS	j. LONG TERM AVERAGE VALUE		k. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS				(1)				(2)							
1M. Antimony, Total (7440-38-0)	X			ND	--	--	--	--	--	1	--	--	--	--	
2M. Arsenic, Total (7440-38-2)	X			ND	--	--	--	--	--	1	--	--	--	--	
3M. Beryllium, Total (7440-41-7)	X			ND	--	--	--	--	--	1	--	--	--	--	
4M. Cadmium, Total (7440-43-9)	X			ND	--	--	--	--	--	1	--	--	--	--	
5M. Chromium, Total (7440-47-3)	X			BMDL	--	--	--	--	--	1	--	--	--	--	
6M. Copper, Total (7550-50-8)	X			20	0.02	20	0.01	10	0.007	28	µg/l	Kg	--	--	
7M. Lead, Total (7439-92-1)	X			ND	--	--	--	--	--	1	--	--	--	--	
8M. Mercury, Total (7439-97-6)	X			ND	--	--	--	--	--	1	--	--	--	--	
9M. Nickel, Total (7440-02-0)	X			BMDL	--	--	--	--	--	1	--	--	--	--	
10M. Selenium, Total (7782-49-2)	X			5	0.004	--	--	--	--	1	µg/l	Kg	--	--	
11M. Silver, Total (7440-22-4)	X			ND	--	--	--	--	--	1	--	--	--	--	
12M. Thallium, Total (7440-28-0)	X			ND	--	--	--	--	--	1	--	--	--	--	
13M. Zinc, Total (7440-68-6)	X			40	0.03	--	--	--	--	1	µg/l	Kg	--	--	
14M. Cyanide, Total (57-12-5)	X			< 25	< 0.02	--	--	--	--	1	µg/l	Kg	--	--	
15M. Phenols, Total	X			< 50	< 0.04	--	--	--	--	1	µg/l	Kg	--	--	
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo-p-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUT AND C. NUMB. (if available)	2. MARKER			3. EFFLUENT						4. UNITS		5. (Approved)			
	TEST IN-TOXIC AS QUANT	D. OCCASIONAL PRESENCE	C. OCCASIONAL PRESENCE	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	g. L. AVER.		h. NO. OF ANALYSES
				(i) CONCENTRATION	(ii) MASS	(i) CONCENTRATION	(ii) MASS	(i) CONCENTRATION	(ii) MASS				(i) CONCENTRATION	(ii) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS				(1)				(2)							
1V. Acetone (107-02-8)	X			ND	--	--	--	--	23	--	--	--	--	--	--
2V. Acrylonitrile (107-13-1)	X			ND	--	--	--	--	23	--	--	--	--	--	--
3V. Benzene (71-43-2)	X			BMDL	--	--	--	--	23	--	--	--	--	--	--
4V. Bis (Chloromethyl) Ether (943-88-1)	X			BMDL	--	--	--	--	23	--	--	--	--	--	--
5V. Bromoform (75-26-2)	X			ND	--	--	--	--	23	--	--	--	--	--	--
6V. Carbon Tetrachloride (88-23-8)	X			863	0.56	--	--	280	0.19	23	µg/l	Kg	--	--	--
7V. Chlorobenzene (108-90-7)	X			BMDL	--	--	--	--	23	--	--	--	--	--	--
8V. Chlorodibromomethane (124-48-1)	X			ND	--	--	--	--	23	--	--	--	--	--	--
9V. Chloroethane (78-00-3)	X			ND	--	--	--	--	23	--	--	--	--	--	--
10V. 2-Chloroethylvinyl Ether (110-78-8)	X			ND	--	--	--	--	23	--	--	--	--	--	--
11V. Chloroform (67-66-3)	X			118	0.10	--	--	61	0.04	23	µg/l	Kg	--	--	--
12V. Dichlorobromomethane (78-27-4)	X			5.8	0.004	--	--	BMDL	--	23	µg/l	Kg	--	--	--
13V. Dichlorodifluoromethane (78-71-8)	X			ND	--	--	--	--	23	--	--	--	--	--	--
14V. 1,1-Dichloroethane (78-34-3)	X			ND	--	--	--	--	23	--	--	--	--	--	--
15V. 1,2-Dichloroethane (107-06-2)	X			56	0.05	--	--	3	0.002	23	µg/l	Kg	--	--	--
16V. 1,1-Dichloroethylene (78-35-4)	X			ND	--	--	--	--	23	--	--	--	--	--	--
17V. 1,2-Dichloropropane (78-87-5)	X			BMDL	--	--	--	--	23	--	--	--	--	--	--
18V. 1,3-Dichloropropane (542-78-8)	X			BMDL	--	--	--	--	23	--	--	--	--	--	--
19V. Ethylbenzene (100-41-4)	X			BMDL	--	--	--	--	23	--	--	--	--	--	--
20V. Methyl Bromide (74-83-9)	X			ND	--	--	--	--	23	--	--	--	--	--	--
21V. Methyl Chloride (74-87-3)	X			20	0.02	--	--	BMDL	--	23	µg/l	Kg	--	--	--

CONTIN FROM PAGE V-4

EPA I.D. NUMBER (copy from 1 of Form 1) **OH0029149** OUTFALL NUMBER **001**

Form Appro # No. 155-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	Year of Discharge	Discharge Point	Discharge Unit	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVG. VALUE (if available)		# NO. OF ANALYSES	a. CONCENTRATION	b. MASS	D. LONG TERM AVERAGE VALUE		# NO. ANALYSES
				(1) concentration	(2) mass	(1) concentration	(2) mass	(1) concentration	(2) mass				(1) concentration	(2) mass	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued) (1)															
22V. Methylene Chloride (75-09-2)	X			22	0.02	--	--	8	0.005	23	µg/l	Kg	--	--	--
23V. 1,1,2,2-Tetrachloroethane (79-34-8)	X			BMDL	--	--	--	--	--	23	--	--	--	--	--
24V. Tetrachloroethylene (127-18-4)	X			38	0.03	--	--	BMDL	--	23	µg/l	Kg	--	--	--
25V. Toluene (108-88-3)	X			42	0.03	--	--	BMDL	--	23	µg/l	Kg	--	--	--
26V. 1,2-Dichloroethylene (156-60-8)	X			6	0.005	--	--	BMDL	--	23	µg/l	Kg	--	--	--
27V. 1,1,1-Trichloroethane (71-85-8)	X			ND	--	--	--	--	--	23	--	--	--	--	--
28V. 1,1,2-Trichloroethane (79-00-8)	X			28	0.02	--	--	BMDL	--	23	µg/l	Kg	--	--	--
29V. Trichloroethylene (79-01-6)	X			68	0.06	--	--	12	0.008	23	µg/l	Kg	--	--	--
30V. Trichlorofluoromethane (75-69-4)	X			BMDL	--	--	--	--	--	23	--	--	--	--	--
31V. Vinyl Chloride (75-01-4)	X			ND	--	--	--	--	--	23	--	--	--	--	--
GC/MS FRACTION - ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			ND	--	--	--	--	--	6	--	--	--	--	--
2A. 2,4-Dichlorophenol (120-83-2)	X			ND	--	--	--	--	--	6	--	--	--	--	--
3A. 2,4-Dimethylphenol (105-67-9)	X			ND	--	--	--	--	--	6	--	--	--	--	--
4A. 4,6-Dinitro-O-Cresol (534-82-1)	X			ND	--	--	--	--	--	6	--	--	--	--	--
5A. 2,4-Dinitrophenol (51-28-5)	X			ND	--	--	--	--	--	6	--	--	--	--	--
6A. 2-Nitrophenol (88-75-8)	X			ND	--	--	--	--	--	6	--	--	--	--	--
7A. 4-Nitrophenol (100-02-7)	X			ND	--	--	--	--	--	6	--	--	--	--	--
8A. P-Chloro-M-Cresol (89-80-7)	X			ND	--	--	--	--	--	6	--	--	--	--	--
9A. Pentachlorophenol (87-86-8)	X			ND	--	--	--	--	--	6	--	--	--	--	--
10A. Phenol (108-95-2)	X			BMDL	--	--	--	--	--	6	--	--	--	--	--
11A. 2,4,6-Trichlorophenol (88-06-2)	X			ND	--	--	--	--	--	6	--	--	--	--	--

CONTINUED FROM THE FRONT

1. POL AHL NUMBER (if available)	2. MARKER			3. ELEMENT						4. UNITS		5. KE (Approved)			
	A. ANALY- ZED	B. OR- GANO- GENIC	C. ES- TROUS	B. MAXIMUM DAILY VALUE		D. MAXIMUM 30 DAY (if available)		E. LONG TERM AVERAGE VALUE (if available)		F. NO OF ANAL- YSES	G. CONCENTRATION	H. MASS	I. AVERAGE VALUE		J. NO OF ANAL- YSES
				(i) CONCENTRATION	(ii) MASS	(i) CONCENTRATION	(ii) MASS	(i) CONCENTRATION	(ii) MASS				(i) CONCENTRATION	(ii) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (1)															
18. Acenaphthene (83-32-9)	X			ND	--	--	--	--	--	6	--	--	--	--	--
28. Acenaphthylene (208-96-8)	X			ND	--	--	--	--	--	6	--	--	--	--	--
38. Anthracene (120-12-7)	X			ND	--	--	--	--	--	6	--	--	--	--	--
48. Benzidine (92-87-6)	X			ND	--	--	--	--	--	6	--	--	--	--	--
58. Benzo (a) Anthracene (158-85-3)	X			ND	--	--	--	--	--	6	--	--	--	--	--
68. Benzo (a) Pyrene (150-32-8)	X			ND	--	--	--	--	--	6	--	--	--	--	--
78. 3,4-Benzo-fluoranthene (205-99-2)	X			ND	--	--	--	--	--	6	--	--	--	--	--
88. Benzo (ghi) Perylene (191-24-2)	X			ND	--	--	--	--	--	6	--	--	--	--	--
98. Benzo (k) Fluoranthene (207-08-9)	X			ND	--	--	--	--	--	6	--	--	--	--	--
108. Bis (2-Chloro-ethyl) Methane (111-91-1)	X			BMDL	--	--	--	--	--	6	--	--	--	--	--
118. Bis (2-Chloro-ethyl) Ether (111-44-4)	X			16	0.01	--	--	BMDL	--	6	µg/l	Kg	--	--	--
128. Bis (2-Chloro-propyl) Ether (39638-32-9)	X			ND	--	--	--	--	--	6	--	--	--	--	--
138. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)	X			ND	--	--	--	--	--	6	--	--	--	--	--
148. 4-Bromo-phenyl Phenyl Ether (101-88-3)	X			ND	--	--	--	--	--	6	--	--	--	--	--
158. Butyl Benzyl Phthalate (88-68-7)	X			ND	--	--	--	--	--	6	--	--	--	--	--
168. 2-Chloro-naphthalene (91-58-7)	X			ND	--	--	--	--	--	6	--	--	--	--	--
178. 4-Chloro-phenyl Phenyl Ether (7008-72-3)	X			ND	--	--	--	--	--	6	--	--	--	--	--
188. Chrysene (218-01-9)	X			ND	--	--	--	--	--	6	--	--	--	--	--
198. Dibenzo (a,h) Anthracene (53-70-3)	X			ND	--	--	--	--	--	6	--	--	--	--	--
208. 1,2-Dichloro-benzene (95-80-1)	X			ND	--	--	--	--	--	6	--	--	--	--	--
218. 1,3-Dichloro-benzene (841-73-1)	X			ND	--	--	--	--	--	6	--	--	--	--	--

EPA I.D. NUMBER (copy from Form 1 of Form 1) OUTFALL NUMBER 001

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MAXIMUM DAILY VALUE (MDEV) (1) mass concentration (2) mass		3. EFFLUENT (1) mass concentration (2) mass		4. NO OF ANAL. YES	4. UNITS		5. LONG TERM AVERAGE VALUE (1) concentration (2) mass	6. NO OF ANAL. YES
	(1) mass concentration	(2) mass	(1) mass concentration	(2) mass		5. CONCENTRATION	6. MASS		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)									
22B. 1,4-Dichlorobenzene (108-46-7)		ND			6				
23B. 3,3'-Dichlorobenzidine (91-84-1)	X	ND			6				
24B. Diethyl Phthalate (84-66-2)	X	ND			6				
26B. Dimethyl Phthalate (131-11-3)	X	ND			6				
28B. Di-N-Butyl Phthalate (84-74-3)	X	BMDL			6				
27B. 2,4-Dinitrotoluene (121-14-2)	X	ND			6				
28B. 2,6-Dinitrotoluene (808-30-2)	X	ND			6				
29B. Di-N-Octyl Phthalate (117-84-0)	X	ND			6				
30B. 1,2-Dibenzylhydrazine (or Azobenzene) (123-86-7)	X	ND			6				
31B. Fluoranthene (206-44-0)	X	ND			6				
32B. Fluorene (86-73-7)	X	ND			6				
33B. Methylchlorobenzene (118-71-1)	X	ND			6				
34B. Hexachlorobenzene (87-48-3)	X	BMDL			6				
35B. Hexachlorocyclopentadiene (77-47-4)	X	ND			6				
36B. Hexachloroethane (67-72-1)	X	ND			6				
37B. Indeno (1,2,3-cd) Pyrene (193-39-8)	X	ND			6				
38B. Isophorone (78-89-1)	X	ND			6				
39B. Naphthalene (91-20-3)	X	ND			6				
40B. Nitrobenzene (98-96-3)	X	ND			6				
41B. N-Nitrosodimethylamine (62-78-9)	X	ND			6				
42B. N-Nitrosodimethyl-N-propylamine (821-64-7)	X	ND			6				

Question 9(4)

Effluent



Diamond Shamrock

Research Department - Semi-Works

June 4, 1980

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U.S. EPA monitoring report forms for the month of May. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

MONTHLY REPORT FORM

NAME ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

AMUND SHAMROCK CORP
SEARCH DEPARTMENT SEMI-WK
MTABULA FACILITY
00 SUPERIOR AVENUE
E1 ND 44114 ASHTABULA

F302001

MAY, 1980

101 03/01/80 OH00291

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

IN(1)—ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB Ashtabula Semi-Works					ANALYST Don Costello			
IN(2)—ENTER FREQUENCY OF SAMPLING		1	2	2	3	2	3	2	2	
(1)	3	1	1	2	2	3	2	3	2	
(2)	1	999	999	997	997	1	997	1	997	
	FH S.U.	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	ORG TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING C
	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
	AH	0	AH					AH		
	AH	.008	AH					AH		
	AH	0	AH					AH		
	AH	0	AH					AH		
	7	.603	23					0		
	7.4	.355	22	418	2	2	50	0	340	610
	6.9	.224	20					0		
	7.4	.090	17	420	8			0		
	AH	.003	AH					AH		
	AH	0	AH					AH		
	AH	0	AH					AH		
	6.9	.350	20	390	2			0		
	7.1	.497	20			1	AE	0	300	810
	AH	.083	AH					AH		
		.001	AH					AH		
	AH	0	AH					AH		
	AH	0	AH					AH		
	AH	0	AH					AH		
	AH	0	AH					AH		
	AH	0	AH					AH		
	AH	0	AH					AH		
	AH	0	AH					AH		
	7.1	.125	26					0		
	6.7	.235	25					0		
	7.1	.234	25	346	8			0		
	6.9	.263	24					0		
	7.3	.256	24	356	12	1	10	0	1020	750
	7.4	.255	26					0		
	7.2	.300	30	404	12			0		
	6.6	.314	28					0		
	6.8	.386	30					0		
	105.8	4.582	360	2334	44	4	60	0	1660	2170
	7.05	.148	24	389	7.33	1.33	30	0	553	723
	7.4	.603	30	420	12	2	50	0	1020	810
	6.6	0	17	346	2	1	10	0	300	610

ADDITIONAL REMARKS

AH = no flow at sample time
= analytical error

REPORTING CODES MUST BE EXPLAINED.

THIS FORM MUST BE TYPED
(NO EPA FORM 1-5-77)

DATE REPORT COMPLETED

June 4, 1980

SIGNATURE OF REPORTER

[Signature]

TITLE OF REPORTER

Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0007

Diamond Shamrock Corporation
Ashtabula Semi-Works
State Road & East 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

17-B Oh ST	10-101 0029149 PERMIT NUMBER	119-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-211 122-201 124-201 REPORTING PERIOD: FROM		8 0 0 5 0 1 YEAR MO DAY	TO	126-211 128-201 130-211 8 0 0 5 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
Flow 50050	REPORTED	0	.148	.603	MM Gals./ Day			---	---	---	NA		CONT	
	PERMIT CONDITION	NA	NA	NA				NA	NA	NA			NA	
Total Suspended Solids 00530	REPORTED	2.65	6.74	13.64	KG/ Day			2	7.33	12.0	Mg/L		6/31	24
	PERMIT CONDITION	NA	76	230				NA	25	75			1/7	24
Total Dissolved Solids 70300	REPORTED	143.3	389.1	562.4	KG/ Day			.346	389	420	Mg/L		6/31	24
	PERMIT CONDITION	NA	4500	7600				NA	1500	2500			1/7	24
Oil & Grease 00556	REPORTED	---	---	---	NA			1.0	1.33	2.0	Mg/L		3/31	GR
	PERMIT CONDITION	NA	NA	NA				NA	NA	10			1/7	GR
Phenols 32730	REPORTED	.0097	.038	.067	KG/ Day			.010	.030	.050	Mg/L		2/31	24
	PERMIT CONDITION	NA	NA	0.3				NA	NA	.100			1/7	24
Residual Chlorine 50060	REPORTED	---	---	---	NA			0	0	0	Mg/L		15/31	GR
	PERMIT CONDITION	NA	NA	NA				NA	0.1	0.3			1/7	GR
pH 00400	REPORTED	---	---	---	NA			6.6	7.05	7.4	STA UNITS		15/31	GR
	PERMIT CONDITION	NA	NA	NA				NA	6.0	NA			9.0	DAILY
Temperature 00010	REPORTED	---	---	---	NA			17	24	30	°C		1/7	
	PERMIT CONDITION	NA	NA	NA				NA	NA	NA			NA	1/7

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	W	H	President	8 0 0 1 6	04
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Use Approved
AID NO. 136-00013

Diamond Shamrock Corporation
Ashtabula Semi-Works
State Road & East 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

13-B Oh ST	14-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-211 103-20 150-2M REPORTING PERIOD: FROM 8 0 5 01 YEAR MO DAY		110-211 120-201 120-211 TO 8 0 5 3 1 YEAR MO DAY			

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)						(4 card only)						
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED						.300	.553	1.02	Mg/L		3/31	24	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			1/30	24	
IRON TOTAL	REPORTED						.610	.723	.810	Mg/L		3/31	24	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			1/30	24	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Bricker	W	H	President	8	0	0	6	0			4
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	YEAR	MO			DAY



Diamond Shamrock

Effluent

Research Department - Semi-Works

July 7, 1980

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U.S. EPA monitoring report forms for the month of June. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

IND SHAMROCK CORP
 RCH DEPARTMENT SEMI-WK
 BULA FACILITY
 SUPERIOR AVENUE
 L 44114 ASHTABULA

F302001

JUNE, 1980

101 03/01/80 OH002914

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

ENTER FREQUENCY OF SAMPLING			REPORTING LAB Ashtabula Semi-Works				ANALYST Don Costello		
3	1	1	2	2	3	2	3	2	2
1	999	999	997	997	1	997	1	997	997
PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-10SC MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
7.0	.370	27	354	2			0		
6.2	.388	28					0		
7.3	.325	27	302	8			0		
7.0	.378	27			1.3	10	0	762	621
7.1	.514	27	296	8			0		
6.6	.674	24					0		
6.9	.648	25					0		
7.2	.601	23	330	8			0		
6.2	.277	27					0		
7.3	.310	27	314	2	1.0	2	0	0	711
6.7	.427	27					0		
7.3	.251	28	304	0			0		
6.9	.337	29					0		
6.9	.292	29					0		
7	.376	33					0		
AH	.297	29					AH		
AH	0	AH					AH		
AH	.001	29					AH		
7.2	.251	36	410	8	2	10	0	661	991
6.1	.343	30					0		
6.5	.353	30					0		
7.1	.356	32	418	2			0		
6.8	.026	32					0		
AH	0	AH					AH		
6.9	.165	30			1		0		
AH	.062	AH					AH		
6.3	.378	32					0		
6.6	.543	31					0		
7.2	.495	32	774	4		5	0	0	576
6.4	.208	28					0		
170.7	9.646	779	3502	42	5.3	27	0	1423	2899
6.8	.321	29	389	4.7	1.33	6.75	0	356	725
7.3	.674	36	774	8	2	10	0	762	991
6.1	0	23	296	0	1	2	0	0	576

ADDITIONAL REMARKS

AH = no flow at sample time

THIS CODES MUST BE EXPLAINED.
 SIGNATURE MUST BE TYPED
 (PART OF 115-77)

DATE REPORT COMPLETED 7/7/80	SIGNATURE OF REPORTER F. C. Luter <i>F. C. Luter</i>	TITLE OF REPORTER Plant Manager
---------------------------------	---	------------------------------------

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1525-0047

Dian Hamrock Corporation
Ashtabula Semi-Works
State Rd & East 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

10-01 OH 0029149 PERMIT NUMBER
 117-101 001 2818 DIS SIC
 415330 804620 LATITUDE LONGITUDE
 130-51 130-52 130-53 8 0 0 6 9 TO 8 0 0 6 3 0
 YEAR MO DAY YEAR MO DAY
 REPORTING PERIOD: FROM TO

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases other than metric. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is or less than 3 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY				UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow 50050	REPORTED	0	.321	.674	MM	---	---	---	NA	CONT		
	PERMIT CONDITION	NA	NA	NA	Gals./Day	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	7.4	18.2	KG/Day	0	4.7	8	MG/L	9/30	24	
	PERMIT CONDITION	NA	76	230		NA	25	75		1/7	24	
Total Dissolved Solids 70300	REPORTED	289	584	1452	KG/Day	296	389	774	MG/L	9/30	24	
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500		1/7	24	
Oil & Grease 00556	REPORTED	---	---	---	NA	1	1.33	2	MG/L	4/30	GR	
	PERMIT CONDITION	NA	NA	NA		NA	NA	10		1/7	GR	
Phenols 32730	REPORTED	.0023	.0090	.014	KG/Day	.002	.007	.010	MG/L	4/30	24	
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100		1/7	24	
Residual Chlorine 50060	REPORTED	---	---	---	NA	0	0	0	MG/L	25/30	GR	
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3		1/7	GR	
pH 00400	REPORTED	---	---	---	NA	6.1	6.8	7.3	STA UNITS	25/30	GR	
	PERMIT CONDITION	NA	NA	NA		6.0	NA	9.0		DAILY	GR	
Temperature 00010	REPORTED	---	---	---	NA	23	29	36	°C	27/30		
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA		1/7		

NAME OF PRINCIPAL EXECUTIVE OFFICER: Bricker W H
 TITLE OF THE OFFICER: President
 DATE: 8 0 0 7 0 7
 YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Diamond Shamrock Corporation
 Ashtabula Semi-Works
 State Rd & East 6th St
 Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

15-P Oh	16-101 0029149 PERMIT NUMBER	117-101 001 OIS	2818 DIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		120-211 120-220 120-230 8 0 06 0 1 YEAR MO DAY	TO	120-231 120-240 120-250 8 0 06 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED							0	.356	.762	Mg/L		4/30	24
	PERMIT CONDITION	NA	NA	NA				NA	NA	NA			1/30	24
IRON TOTAL	REPORTED							.576	.725	.991	Mg/L		4/30	24
	PERMIT CONDITION	NA	NA	NA				NA	NA	NA			1/30	24
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	W	H	President	8	0	07	0	7
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Effluent

Research Department - Semi Works

August 5, 1980

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U.S. EPA monitoring report forms for the month of July. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

MONTHLY REPORT FORM

AGENCY CODE

REPORTED

ADDRESS, CITY, COUNTY, ZIP
 10ND SHAMROCK CORP
 ARCH DEPARTMENT SEMI-WK
 TABULA FACILITY
 PERIOR AVENUE
 ND 44114 ASHTABULA

STATION CODE
 F302001

DATE (MONTH, YEAR)
 JULY, 1980

PAGE PRINTING DATE APPLICATION NO
 10F1 03/01/80 0H002914

SAMPLING STATION DESCRIPTION
 001 MAIN PLANT DISCHARGE TO FIELDS BROOK

1) ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
2) ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Don Costello			
3	1	1	2	2	3	2	3	2	2	
1	999	999	997	997	1	997	1	997	997	
PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L	
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045	
6.8	.343	31	1236	6	1	6	0	0	665	
6.4	.197	28					0			
6.4	.273	31					0			
6.1	.321	32					0			
6.7	.300	32					0			
7.3	.254	32	1022	6			0			
6.4	.255	31					0			
7.0	.093	32	932	12	1		0	0	473	
AH	0	AH					AH			
6.9	.070	27	856	4			0			
6.9	.299	29					0			
6.3	.362	30					0			
7.7	.330	30	1100	0		2	0			
7.5	.307	34					0			
8	.216	32	1076	4	1	2	0	784	694	
7.7	.338	32					0			
7.7	.419	32	1332	2			0			
7.7	.344	32					0			
7.6	.322	35					0			
8.1	.309	36	968	2			0			
7.5	.138	36					0			
7.6	.298	36	900	2	2	9	0	865	400	
7.5	.329	33					0			
8.0	.286	34	864	4			0			
7.5	.237	32					0			
7.8	.368	32					0			
7.9	.190	32	972	6			0			
AH	.170	AH					AH			
AH	0	AH					AH			
8.1	.065	32	1074	2	2.2	2	0	644	741	
7.9	.173	30	802	0			0			
AI	204.6	7.606	895	13134	50	7.2	21	0	2293	2973
S	7.3	.245	32.0	1010	3.85	1.44	4.2	0	459	595
X	8.1	36 .419	36	1332	2x2x12	2.2	9	8650	741 865	741
V	6.1	0	27	802	0	1	2	0	0	400

ADDITIONAL REMARKS

AH = no flow at sample time

REPORTING CODES MUST BE EXPLAINED.
 THIS FORM MUST BE TYPED
 FORM NO. EPA-SUR-1 (5-77)

DATE REPORT COMPLETED 8/5/80	SIGNATURE OF REPORTER <i>[Signature]</i>	TITLE OF REPORTER Plant Manager
---------------------------------	---	------------------------------------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 150-R0073

Diamond Shamrock Corporation
Ashtabula Semi-Works
State Road & E 6th St.
Ashtabula, Ohio 44004

INSTRUCTIONS

OH
ST

PERMIT NUMBER: 0029149

DIS: 001 SIC: 2818

LATITUDE: 415330 LONGITUDE: 804620

REPORTING PERIOD: FROM 8 0 0 7 0 1 TO 8 0 0 7 3 1
YEAR MO DAY YEAR MO DAY

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY				UNITS	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX.		MINIMUM	AVERAGE	MAXIMUM			
Flow 50050	REPORTED	0	.245	.419	MM	---	---	---	NA	CONT		
	PERMIT CONDITION	NA	NA	NA	Gals./Day	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	3.00	7.80	KG/Day	0	3.85	12	Mg/L	13/31	24	
	PERMIT CONDITION	NA	76	230		NA	25	75		1/7	24	
Total Dissolved Solids 70300	REPORTED	227.1	930.4	2115.2	KG/Day	802	1010	1332	Mg/L	13/31	24	
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500		1/7	24	
Oil & Grease 00556	REPORTED	---	---	---	NA	1	1.44	2.2	Mg/L	5/31	GR	
	PERMIT CONDITION	NA	NA	NA		NA	NA	10		1/7	GR	
Phenols 32730	REPORTED	.0009	.0045	.0102	KG/Day	.002	.004	.009	Mg/L	5/31	24	
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100		1/7	24	
Residual Chlorine 50060	REPORTED	---	---	---	NA	0	0	0	Mg/L	28/31	GR	
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3		1/7	GR	
pH 00400	REPORTED	---	---	---	NA	6.1	7.3	8.1	STA UNITS	28/31	GR	
	PERMIT CONDITION	NA	NA	NA		6.0	NA	9.0		DAILY	GR	
Temperature 00010	REPORTED	---	---	---	NA	27	32	36	°C	28/31		
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA				
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker W H		President		8 0 0 8 0 5								
LAST FIRST MI		TITLE		YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 150-0047

Diamond Shamrock Corporation
Ashtabula Semi-Works
State Rd & E 6th St
Ashtabula, Ohio

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "2/7" is equivalent to 2 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-2 Oh ST	10-10 0029149 PERMIT NUMBER	117-121 001 DHS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		120-211 120-212 120-213 80 0 7 0 1 YEAR MO DAY	TO	120-211 120-212 120-213 8 0 0 7 3 1 YEAR MO DAY	

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		120-211	120-212	120-213	120-214			120-211	120-212	120-213				
COPPER TOTAL	REPORTED							0	.459	.865	Mg/L		5/31	24
	PERMIT CONDITION	NA	NA	NA				NA	NA	NA			1/30	24
IRON TOTAL	REPORTED							.400	.595	.741	Mg/L		5/31	24
	PERMIT CONDITION	NA	NA	NA				NA	NA	NA			1/30	24
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker	W H	President				80 0 8 0 5								
LAST	FIRST	MI	TITLE				YEAR	MO	DAY	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

Effluent



Diamond Shamrock

Research Department - Semi Works

AUG

September 5, 1980

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U.S. EPA monitoring report forms for the month of August. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

MONTHLY REPORT FORM

REPORTED



ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE

APPLICATION NO

IOND SHAMROCK CORP
 ARCH DEPARTMENT SEMI-WK
 ABULA FACILITY
 PERIOR AVENUE
 D 44114 ASHTABULA

F302001

AUG., 1980

1 OF 1 03/01/80 OH0029145

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

1) ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE			REPORTING LAB				ANALYST			
2) ENTER FREQUENCY OF SAMPLING			Ashtabula Semi-Works				D. Costello			
3	1	1	2	2	3	2	3	2	2	
1	999	999	997	997	1	997	1	997	997	
PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L	
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045	
8.2	.072	28					0			
7.9	.188	28					0			
8.3	.298	29	580	4			0			
AH	.134	32					AH			
7.6	.150	30	856	0	1.1	1	0	780	440	
7.4	.361	32					0			
AH	.159	AH					AH			
7.3	.364	31					0			
7.2	.462	34					0			
7.2	.499	30	532	0			0			
7.0	.467	31					0			
7.5	.472	30			1.6	2	0	990	460	
6.9	.473	30	626	6			0			
7.3	.472	30					0			
6.9	.483	30					0			
6.9	.487	28					0			
7.2	.477	27	388	6			0			
7.0	.490	28					0			
7.3	.486	29	430	12	1.5	3	0	470	690	
6.9	.519	30					0			
7.2	.518	30	614	10			0			
6.9	.531	28					0			
7.0	.519	28					0			
6.7	.507	30	478	4			0			
6.9	.516	31					0			
6.9	.498	30	524	6	1.6	2	0	260	810	
6.8	.514	31					0			
6.9	.498	31					0			
7.0	.509	30					0			
6.8	.501	31					0			
6.7	.514	31					0			
AL 207.8	13.138	898	5028	48	5.8	8	0	2500	2400	
7.2	.424	29.9	558.7	5.3	1.45	2	0	625	600	
8.3	.531	34	856	12	1.6	3	0	990	810	
6.7	.072	27	388	0	1.1	1	0	260	440	

ADDITIONAL REMARKS

AH = no flow at sample time

1 REPORTING CODES MUST BE EXPLAINED.
 2) THIS FORM MUST BE TYPED
 FORM NO EPA-SUR-1 (5-77)

DATE REPORT COMPLETED	SIGNATURE OF REPORTER	TITLE OF REPORTER
9/5/80	<i>F. C. [Signature]</i>	Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

as Approved
IS NO. 156-00073

Diamond Shamrock Corporation
Ashtabula Semi-Works
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-0 Oh BY	14-100 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-011 122-00 123-00 REPORTING PERIOD: FROM 8 0 0 8 0 1 YEAR MO DAY		TO 8 0 0 8 3 1 YEAR MO DAY			

PARAMETER		QUANTITY				UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow 50050	REPORTED	.072	.424	.531	MM	---	---	---	NA	CONT		
	PERMIT CONDITION	NA	NA	NA	Gals./Day	NA	NA	NA	NA	CONT	NA	
Total Suspended Solids 00530	REPORTED	0	9.65	22.1	KG/Day	0	5.3	12	Mg/L	9/31	24	
	PERMIT CONDITION	NA	76	230	KG/Day	NA	25	75	Mg/L	1/7	24	
Total Dissolved Solids 70300	REPORTED	487	875	1205	KG/Day	388	559	856	Mg/L	9/31	24	
	PERMIT CONDITION	NA	4500	7600	KG/Day	NA	1500	2500	Mg/L	1/7	24	
Oil & Grease 00556	REPORTED	---	---	---	NA	1.1	1.45	1.6	Mg/L	4/31	GR	
	PERMIT CONDITION	NA	NA	NA	NA	NA	NA	10	Mg/L	1/7	GR	
Phenols 32730	REPORTED	.0006	.0034	.0055	KG/Day	.001	.002	.003	Mg/L	4/31	24	
	PERMIT CONDITION	NA	NA	0.3	KG/Day	NA	NA	.100	Mg/L	1/7	24	
Residual Chlorine 50060	REPORTED	---	---	---	NA	0	0	0	Mg/L	29/31	GR	
	PERMIT CONDITION	NA	NA	NA	NA	NA	0.1	0.3	Mg/L	1/7	GR	
pH 00400	REPORTED	---	---	---	NA	6.7	7.2	8.3	STA UNITS	29/31	GR	
	PERMIT CONDITION	NA	NA	NA	NA	6.0	NA	9.0	STA UNITS	DAILY	GR	
Temperature 00010	REPORTED	---	---	---	NA	27	30	34	°C	30/31		
	PERMIT CONDITION	NA	NA	NA	NA	NA	NA	NA	°C	1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					
Bricker W H		President			8 0 0 9 0 5 YEAR MO DAY							
LAST FIRST MI		TITLE			YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Approved
NO. 136-70073

Diamond Shamrock Corporation
Ashtabula Semi-Works
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

13-01 Oh ST	14-01 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-311 120-32 120-33 REPORTING PERIOD: FROM 8 0 0 8 0 1 YEAR MO DAY		TO 8 0 0 8 31 YEAR MO DAY			

PARAMETER	PERMIT CONDITION	QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
COPPER TOTAL	REPORTED							.260	.625	.990	Mg/L		4/31	24	
	PERMIT CONDITION	NA	NA	NA				NA	NA	NA			1/30	24	
IRON TOTAL	REPORTED							.440	.600	.810	Mg/L		4/31	24	
	PERMIT CONDITION	NA	NA	NA				NA	NA	NA			1/30	24	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	W	H	President	8	0	0	9	0	5
LAST	FIRST	MI	TITLE	YEAR	MO	DAY			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief each item mentioned is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Effluent

Research Department - Semi Works

October 7, 1980

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U.S. EPA monitoring report forms for the month of September. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

ND SHAMROCK CORP
 RCH DEPARTMENT SEMI-WK
 BUI A FACILITY
 8 RIOR AVENUE
 44114 ASHTABULA

F302001

SEPT., 1980

1 OF 1 03/01/80 OH0029149

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

-ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE -ENTER FREQUENCY OF SAMPLING				REPORTING LAB Ashtabula Semi-Works			ANALYST Don Costello			
3	1	1	2	2	3	2	3	2	2	
1	999	999	997	997	1	997	1	997	997	
PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	CBG TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L	
S.U.										
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045	
6.9	.519	31					0			
7.1	.516	28	452	0	1.3	2	0	81	2600	
7.0	.504	30					0			
7.0	.465	30	478	0			0			
7.0	.444	-					0			
7.0	.444	31					0			
6.9	.371	-	346	6			0			
6.7	.352	27					0			
7.0	.328	28	382	2	1.1	0	0	76	1680	
6.9	.313	28					0			
7.2	.288	28	392	4			0			
7.0	.288	28					0			
7.2	.270	28					0			
?	.302	30	470	0			0			
	.301	28					0			
7.2	.303	28	612	6	2.2	5	0	57	1040	
6.9	.311	28					0			
7.3	.302	28	568	6			0			
7.3	.310	27					0			
7.4	.295	29					0			
7.2	.299	31					0			
7.1	.360	27					0			
7.5	.415	27	364	12	1.2	6	0	27	690	
7.1	.403	26					0			
7.3	.403	24	400	0			0			
6.8	.394	25					0			
6.7	.354	25					0			
7.1	.342	24	716	0			0			
7.0	.343	25					0			
7.2	.337	26	1114	4	1.5	2	0	292	390	
u	212.1	10.876	775	6294	40	7.3	15	0	533	6400
	7.07	.363	27.7	525	3.3	1.5	3	0	107	1280
	7.5	.519	31	1114	12	2.2	6	0	292	2600
	6.7	.270	24	346	0	1.1	0	0	27	390

ADDITIONAL REMARKS

REPORTING CODES MUST BE EXPLAINED.
 (THE FIRST FOUR MUST BE TYPED)
 FORM NO. EPA-SUR-1 (5-77)

DATE REPORT COMPLETED
 10/7/80

SIGNATURE OF REPORTER


TITLE OF REPORTER
 Plant Manager

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 18-RC073

Diamond Shamrock Corporation
Research Department
Ashtabula Semi-Works
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide data for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		80 YEAR	09 MO	01 DAY	TO
		80 YEAR	09 MO	30 DAY	

PARAMETER		(3 card only) QUANTITY					(4 card only) CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		12-01		12-02		UNITS	12-01		12-02		UNITS		
		MINIMUM	AVERAGE	MAXIMUM	NO. EX.		MINIMUM	AVERAGE	MAXIMUM	NO. EX.			
Flow 50050	REPORTED	.270	.363	.519	MM	---	---	---	---	---	---	CONT	
	PERMIT CONDITION	NA	NA	NA	Gals./Day	NA	NA	NA	NA	NA	NA	CONT	NA
Total Suspended Solids 00530	REPORTED	0	4.4	18.9	KG/Day	0	3.3	12				12/30	24
	PERMIT CONDITION	NA	76	230		NA	25	75	Mg/L			1/7	24
Total Dissolved Solids 70300	REPORTED	428	712	1423	KG/Day	346	525	1114				12/30	24
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500	Mg/L			1/7	24
Oil & Grease 00556	REPORTED	---	---	---	NA	1.1	1.5	2.2				5/30	GR
	PERMIT CONDITION	NA	NA	NA		NA	NA	10	Mg/L			1/7	GR
Phenols 32730	REPORTED	0	.004	.009	KG/Day	0	.003	.006				5/30	24
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100	Mg/L			1/7	24
Residual Chlorine 50060	REPORTED	---	---	---	NA	0	0	0				30/30	GR
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3	Mg/L			1/7	GR
pH 00400	REPORTED	---	---	---	NA	6.7	7.1	7.5				30/30	GR
	PERMIT CONDITION	NA	NA	NA		6.0	NA	9.0	STA UNITS			DAILY	GR
Temperature 00010	REPORTED	---	---	---	NA	24	27.7	31				28/30	
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	°C			1/7	

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
BRICKER	W	H	President	80	10	07		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
15 NO. 15-76073

Diamond Shamrock Corporation
Research Department
Ashtabula Semi-Works
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

12-9 Oh 17	14-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
130-311 132-13 134-13 8 0 0 9 0 1 YEAR MO DAY		TO		130-311 132-13 134-13 8 0 9 3 0 YEAR MO DAY	

REPORTING PERIOD: FROM

PARAMETER		QUANTITY				CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		(3 card only)		(4 card only)		(4 card only)		(4 card only)				
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	MINIMUM	AVERAGE	MAXIMUM			UNITS
COPPER TOTAL	REPORTED						.027	.107	.292	Mg/L	5/30	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
IRON TOTAL	REPORTED						.390	1.280	2.600	Mg/L	5/30	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
BRICKER	W	H	President	8	1	0	07	
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

170
Research Department - Semi Works

OCT

November 5, 1980

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U.S. EPA monitoring report forms for the month of October. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

MONTHLY REPORT FORM

ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

IND SHAMROCK CORP
 ARCH DEPARTMENT SEMI-WK
 18" A FACILITY
 ERIOR AVENUE
 44114 ASHTABULA

F302001

OCT., 1980

101 03/01/80 CH0029149

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

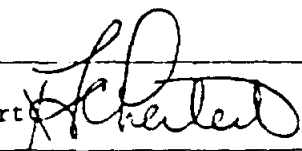
-ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE			REPORTING LAB				ANALYST		
-ENTER FREQUENCY OF SAMPLING			Ashtabula Semi-Works				Don Costello		
3	1	1	2	2	3	2	3	2	2
1	999	999	997	997	1	997	1	997	997
PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	C&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
6.9	.338	27					0		
7.5	.346	25	1196	4			0		
7.1	.353	23					0		
7.5	.533	20					0		
7.3	.410	20	774	4			0		
7.1	.333	18					0		
7.2	.341	20	620	4	1	1	0	153	274
7.6	.334	21					0		
7.5	.330	20	558	2			0		
7.0	.205	18					0		
7.1	.287	19					0		
7.1	.353	17					0		
6.9	.234	17					0		
	.278	16	574	4	2.5	6	0	1750	253
	.350	18					0		
	.345	21	600	6			0		
7.2	.316	22					0		
7.2	.291	22					0		
7.1	.277	19	654	2			0		
7.2	.274	19					0		
7.0	.268	18	596	2	2.3	5	0	656	518
7.3	.260	17					0		
6.9	.307	18	638	6			0		
6.9	.277	19					0		
7.0	.294	18					0		
6.8	.273	14	562	4			0		
7.2	.264	14					0		
7.3	.281	16	762	12	1.5	4	0	2470	748
7.1	.281	16					0		
7.1	.282	17	694	6			0		
7.3	.270	18					0		
221.6	9.584	587	8228	56	7.3	16	0	5029	1793
7.1	.309	18.9	686	4.7	1.8	4	0	1257	448
7.6	.533	27	1196	12	2.5	6	0	2470	748
6.8	.205	14	558	2	1.0	1	0	153	253

ADDITIONAL REMARKS

REPORTING CODES MUST BE EXPLAINED.
 IF THIS FORM MUST BE TYPED
 FORM NO. EPA-SUR-1 (5-77)

DATE REPORT COMPLETED
 11/5/80

SIGNATURE OF REPORTER
 Fred C. Leitert



TITLE OF REPORTER
 Plant Manager

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0001

DIAMC JAMROCK CORPORATION
Research Department
Ashtabula Semi-Works
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified to permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM			8 0 1 0 0 1 YEAR MO DAY	TO	8 0 1 0 3 1 YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow 50050 Total	REPORTED	.205	.309	.533	MM Gals./Day		---	---	---	NA		CONT	NA		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			NA			
Suspended Solids 00530 Total	REPORTED	2.03	5.47	12.77	KG/Day		2	4.7	12	Mg/L		12/31	24		
	PERMIT CONDITION	NA	76	230			NA	25	75			1/7	24		
Total Dissolved Solids 70300	REPORTED	581	819	1567	KG/Day		558	686	1196	Mg/L		12/31	24		
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500			1/7	24		
Oil & Grease 00556	REPORTED	---	---	---	NA		1.0	1.8	2.5	Mg/L		4/31	GR		
	PERMIT CONDITION	NA	NA	NA			NA	NA	10			1/7	GR		
Phenols 32730	REPORTED	.0013	.0042	.0063	KG/Day		.001	.004	.006	Mg/L		4/31	24		
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100			1/7	24		
Residual Chlorine 50060	REPORTED	---	---	---	NA		0	0	0	Mg/L		31/31	GR		
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3			1/7	GR		
pH 00400	REPORTED	---	---	---	NA		6.8	7.1	7.6	STA UNITS		31/31	GR		
	PERMIT CONDITION	NA	NA	NA			NA	6.0	9.0			DAILY	GR		
Temperature 00010	REPORTED	---	---	---	NA		14	19	27	°C		31/31			
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			1/7			

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	W	H	President	8	0	1	1	0	5
LAST	FIRST	MI	TITLE	YEAR	MO	DAY			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA NO. 136-770-1

Diamond Shamrock Corporation
Research Department
Ashtabula Semi-Works
State Road & E 6th Street
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

15-0 Oh ST	16-10 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-211 120-20 120-20 REPORTING PERIOD: FROM 8 0 1 0 0 1 YEAR MO DAY			120-271 120-201 120-211 TO 8 0 1 0 3 1 YEAR MO DAY		

PARAMETER	REPORTED	QUANTITY (3 card only) 140-01				UNITS	NO. EX	CONCENTRATION (4 card only) 140-02				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	150-01			MINIMUM	AVERAGE	MAXIMUM	150-01				
COPPER TOTAL	REPORTED							.153	1.26	2.47	Mg/L			4/31	24
	PERMIT CONDITION							NA	NA	NA				1/30	24
IRON TOTAL	REPORTED							.253	.448	.748	Mg/L			4/31	24
	PERMIT CONDITION							NA	NA	NA				1/30	24
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	W	H	President	8	10	1	1	0	5
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Effluent

Ashtabula Plant

December 5, 1980

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A. D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U.S. EPA monitoring report forms for the month of November. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

MONTHLY REPORT FORM

AGENCY ()

REPORTED ()



AE ADDRESS, CITY, COUNTY, ZIP
 MUND SHAMROCK CORP
 RESEARCH DEPARTMENT SEMI-WK
 TABULA FACILITY
 100 SUPERIOR AVENUE
 WINDYBROOK 44114 ASHTABULA

STATION CODE
 F302001

DATE (MONTH, YEAR)
 NOV., 1980

PAGE PRINTING DATE APPLICATION NUMBER
 10F1 03/01/80 OH002914

SAMPLING STATION DESCRIPTION
 001 MAIN PLANT DISCHARGE TO FIELDS BROOK

(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Don Costello			
1	2	3	1	2	3	1	2	3	1	2
PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-105C	RESIDUE T. NFLT	O&G TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TOT	
S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L	
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045	
AH	.212	15					AH			
AH	0	AH					AH			
7.1	.382	14					0			
7.7	.418	14	592	0	2.2	29	0	1092	173	
7.7	.409	14					0			
7.6	.398	14	484	6			0			
7.5	.412	17					0			
7.6	.409	17					0			
7.3	.403	18	456	0			0			
7.5	.387	16					0			
7.5	.386	13	488	8	2.0	1.4	0	1847	1900	
7.3	.392	13					0			
7.5	.391	15					0			
7.5	.356	15					0			
7.5	.346						0			
7.5	.353	13	446	6			0			
7.5	.166	11					0			
7.4	.187	10	668	4	2.3	5.0	0	1279	258	
7.3	.212	11					0			
7.4	.250	13	688	0			0			
7.2	.319	13					0			
7.4	.242	13					0			
7.2	.272	16	610	0			0			
7.1	.250	16					0			
7.0	.260	14	618	4	2.1	4.3	0	1093	344	
7.2	.255	14					0			
7.3	.177	14					0			
AH	.053	AH					AH			
AH	0	AH					AH			
AH	0	AH					AH			
184.6	8.297	353	5050	28	8.6	41	0	5311	965	
7.4	.277	14	544	3.2	2.1	12	0	1353	226	
7.7	.418	18	688	8	2.3	29	0	1847	344	
7.0	0	10	446	0	2.0	1.4	0	1092	173	

ADDITIONAL REMARKS

= no flow at sample time

REPORTING CODES MUST BE EXPLAINED.

THIS FORM MUST BE TYPED
 AND NO EPA SUR-1 (5-77)

DATE REPORT COMPLETED 12/5/80	SIGNATURE OF REPORTER F. C. Leitert <i>F. C. Leitert</i>	TITLE OF REPORTER Plant Manager
----------------------------------	---	------------------------------------

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 120-0007

Diamond Shamrock Corporation
Research Department
Ashtabula Semi-Works
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-D Oh	10-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		120-211 (22-22) 120-210 8 0 1 1 0 1 1 YEAR MO DAY	TO	120-217 (20-20) 120-218 8 0 1 1 3 1 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS		(4 card only)			UNITS		
		MINIMUM	AVERAGE	MAXIMUM			NO. EX.	MINIMUM	AVERAGE			
Flow 50050	REPORTED	0	.277	.418	MM Gals./Day							
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	NA		CONT.	NA
Total Suspended Solids 00530	REPORTED	0	3.95	11.71	KG/Day		0	3.2	8		9/30	24
	PERMIT CONDITION	NA	76	230		NA	25	75	Mg/L		1/7	24
Total Dissolved Solids 70300	REPORTED	473	671	938	KG/Day		.446	544	688		9/30	24
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500	Mg/L		1/7	24
Oil & Grease 00556	REPORTED	---	---	---	NA		2.0	2.1	2.3		4/30	GR
	PERMIT CONDITION	NA	NA	NA		NA	NA	10	Mg/L		1/7	GR
Phenols 32730	REPORTED	.003	.014	.046	KG/Day		.014	.012	.029		4/30	24
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100	Mg/L		1/7	24
Residual Chlorine 50060	REPORTED	---	---	---	NA		0	0	0		25/30	GR
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3	Mg/L		1/7	GR
pH 00400	REPORTED	---	---	---	NA		7.0	7.4	7.7		25/30	
	PERMIT CONDITION	NA	NA	NA		NA	6.0	NA	9.0	STA UNITS	DAILY	GR
Temperature 00010	REPORTED	---	---	---	NA		10	14	18		25/30	
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	°C		1/7	

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	W	H	President	8	0	1	2	0	5
LAST	FIRST	MI	TITLE	YEAR	MO	DAY			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Use Approved
MSB NO. 154-R007

Diamond Shamrock Corporation
Research Department
Ashtabula Semi-Works
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is one time to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "— hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-01 Oh ST	10-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-211 (120-212) (120-213) REPORTING PERIOD: FROM 8 0 1 1 0 1 YEAR MO DAY		TO 8 0 1 1 3 0 YEAR MO DAY			

PARAMETER	REPORTED PERMIT CONDITION	QUANTITY				CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		(3 card only)			UNITS	(4 card only)			UNITS			
		MINIMUM	AVERAGE	MAXIMUM		NO. EX.	MINIMUM	AVERAGE				MAXIMUM
COPPER TOTAL	REPORTED						1.092	1.353	1.847	Mg/L	4/30	24
	PERMIT CONDITION						NA	NA	NA	Mg/L	1/30	24
IRON TOTAL	REPORTED						.173	.226	.344	Mg/L	4/30	24
	PERMIT CONDITION						NA	NA	NA	Mg/L	1/30	24
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	W	H	President	8	0	1	2	0	5
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Ashtabula Plant

January 8, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, OH 43216

Re: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U.S. EPA monitoring report forms for the month of December. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

sc

Attachments

bcc: H. N. Benedict
F. S. Mahne
J. A. Licata
Effluent

7809 1 0103 78031
MONTHLY REPORT FORM

AGENCY COPY

REPORTED

01031 **WATER**

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

DAMOND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
10 SUPERIOR AVENUE
AND 44114 ASHTARULA

F302001

DEC., 1980

1 OF 1 03/01/80 OH0029

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

IN(1)—ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE IN(2)—ENTER FREQUENCY OF SAMPLING		REPORTING LAB Ashtabula, Semi-Works						ANALYST Don Costello		
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-105C	RESIDUE T. NFLT	O&G TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TOT
	S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
DAY	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
01	7.4	.123	10					0		
02	7.5	.202	12	812	4	2.5	2.0	0	2090	90
03	7.7	.166	12					0		
04	7.3	.202	10	576	4			0		
05	7.4	.131	8					0		
06	7.7	.274	11					0		
07	7.7	.233	14	556	0			0		
08	7.6	.250	13					0		
09	7.1	.305	12	594	2	2.3	5.0	0	1790	120
10	7.1	.245	8					0		
11	7.0	.211	9	612	2			0		
12	AH	.160	10					AH		
13	7.3	.331	9					0		
14	7.5	.230	9	594	8			0		
15	7.2	.223	10					0		
16	7.4	.288	10	558	4	2.0	8.0	0	1710	175
17	7.2	.274	11					0		
18	7.2	.238	11	502	12			0		
19	7.2	.232	8					0		
20	7.2	.237	8					0		
21	7.3	.227	8	532	20	4.6	5.0	0	1600	222
22	7.1	.222	8					0		
23	AH	.056	AH					AH		
24	AH	0	AH					AH		
25	AH	0	AH					AH		
26	AH	0	AH					AH		
27	AH	0	AH					AH		
28	AH	0	AH					AH		
29	AH	0	AH					AH		
30	AH	0	AH					AH		
31	AH	0	AH					AH		
TOTAL	154.1	5.059	221	5336	56	11.4	20.0	0	7190	607
AVG.	7.3	.163	10	589	6.105	2.77	5.25	0	1784	152
MAX.	7.7	.331	14	812	20	4.6	8.0	0	2090	222
MIN.	7.0	0	8	502	0	2.0	2.0	0	1600	90

ADDITIONAL REMARKS

AH = No flow at sample time.

AN REPORTING CODES MUST BE EXPLAINED.

NOTE THIS FORM MUST BE TYPED
 FORM NO EPA-SUR-1 (5-77)

DATE REPORT COMPLETED

1/8/81

SIGNATURE OF REPORTER

F. C. Leitert

TITLE OF REPORTER

Plant Manager

STARTING PERIOD: FROM

8 0 1 2 0 1
YEAR MO DAY

TO

8 0 1 2 3 1
YEAR MO DAY

4. Specify frequency of analysis for each parameter as to: Analytical frequency (e.g., permit to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequent, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX.	(4 card only) CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
COPPER TOTAL	REPORTED						1.600	1.784	2.090	Mg/L		4/31	24	
	PERMIT CONDITION						NA	NA	NA			1/30	24	
IRON TOTAL	REPORTED						.090	.152	.222	Mg/L		4/31	24	
	PERMIT CONDITION						NA	NA	NA			1/30	24	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
BRICKER W. H.		PRESIDENT				8 1 0 1 0 8								
LAST	FIRST	MI	TITLE				YEAR	MO	DAY	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				



Diamond Shamrock

Ashtabula Plant

February 10, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332 C-50

Gentlemen:

Please find attached both the Ohio EPA and the U.S. EPA monitoring report forms for the month of January. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

gh

Attachments

bcc: H. N. Benedict
Effluent
J. A. Licata, Cleveland
F. S. Mahne

09 M 8103 7R0R31
MONTHLY REPORT FORM

AGENCY CODE

REPORTED



ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

**IND SHAMROCK CORP
 ARCH DEPARTMENT SEMI-WK
 BIA FACILITY**

F302001

JAN., 1981

1 OF 1 01/14/81 0H0029145

**ERIOR AVENUE
 ID 44114 ASHTABULA**

**SAMPLING STATION DESCRIPTION
 001 MAIN PLANT DISCHARGE TO FIELDS BROOK**

NOTE: THIS FORM MUST BE TYPE

ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST		
ENTER FREQUENCY OF SAMPLING				Ashtabula Semi-Works			Don Costello		
3	1	1	2	2	3	2	3	2	2
1	999	999	997	997	1	997	1	997	997
PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	OS&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
S.U.									
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
AH	0	AH					AH		
AH	0	AH					AH		
AH	0	AH					AH		
7.1	.162	0					0		
7.4	.258	3					0		
7.0	.102	3	454	0	1.9	7	0	2090	900
6.9	.147	2					0		
6.9	.075	3	468	0			0		
6.8	.187	6					0		
AH	.086	2					AH		
7.2	.054	2	388	22			0		
6.9	.070	7					0		
6.8	.077	4	272	4	.7	9	0	1920	250
9	.073	5					0		
9	.086	7					0		
9	.084	8					0		
6.9	.092	6					0		
7.0	.071	7	432	6			0		
7.0	.174	7					0		
6.7	.157	8	380	4			0		
6.8	.099	8			2.6	9	0	2290	750
6.8	.081	9	368	4			0		
6.9	.081	8					0	AA	
6.9	.094	16					0		
6.9	.087	9	416	38			0		
6.9	.011	13					0		
7	.011	9	442	0			0		
8	.092	10			.2	2	0	179	263
9	.120	11	480	2			0		
0	.111	2					0		
1	.081	8					0		

TOTAL	187.9	2.824	183	4100	80	5.4	27	0	6479	2163
G.	6.96	0.0911	6.5	368	4.0	1.41	6.7	0	1633	566
X.	7.4	.258	16	480	38	2.6	9	0	2290	900
4.	6.7	0	0	272	0	.2	2	0	179	250

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH - NO FLOW AT SAMPLE TIME

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED 2/9/81	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
---------------------------------	--	------------------------------------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1545-0043

DIAMOND SHAMROCK CORPORATION
RESEARCH DEPARTMENT
ASHTABULA SEMI-WORKS
STATE RD. & E. 6TH STREET
ASHTABULA, OHIO 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 1 0 1 0 1	TO	8 1 0 1 3 1	
		YEAR MO DAY		YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX.		MINIMUM	AVERAGE	MAXIMUM	NO. EX.		
Flow 50050	REPORTED	0	.0911	.258								
	PERMIT CONDITION	NA	NA	NA							CONT.	NA
Total Suspended Solids 00530	REPORTED	0	2.4	12.5								
	PERMIT CONDITION	NA	76	230							10/31	24
Total Dissolved Solids 70300	REPORTED	18.4	130	226								
	PERMIT CONDITION	NA	4500	7600							10/31	24
Oil & Grease 00556	REPORTED	--	--	--								
	PERMIT CONDITION	NA	NA	NA							4/31	GR
Phenols 32730	REPORTED	.0007	.002	.003								
	PERMIT CONDITION	NA	NA	0.3							1/7	24
Residual Chlorine 50060	REPORTED	--	--	--								
	PERMIT CONDITION	NA	NA	NA							27/31	GR
pH 00400	REPORTED	--	--	--								
	PERMIT CONDITION	NA	NA	NA							27/31	GR
Temperature 00010	REPORTED	--	--	--								
	PERMIT CONDITION	NA	NA	NA							28/31	GR

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	W.	H.	President	8	1	0	2	9
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	HR	MIN

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
NO. 156-R0073

DIAMOND SHAMROCK CORPORATION
RESEARCH DEPARTMENT
ASHTABULA SEMI-WORKS
STATE RD. & 6TH STREET
ASHTABULA, OHIO 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g. "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

19-20 Oh ST	10-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		120-211 120-201 120-210 8 1 0 1 0 1 YEAR MO DAY	TO	120-211 120-201 120-210 8 1 0 1 3 1 YEAR MO DAY	

PARAMETER	REPORTED	QUANTITY (40-03) (40-01)				UNITS	NO. EX.	CONCENTRATION (40-03) (40-01)				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM							
COPPER TOTAL	REPORTED							.179	1.63	2.29	Mg/L		4/31	24			
	PERMIT CONDITION							NA	NA	NA			1/30	24			
IRON TOTAL	REPORTED							.25	.57	.90	Mg/L		4/31	24			
	PERMIT CONDITION							NA	NA	NA			1/30	24			
	REPORTED																
	PERMIT CONDITION																
	REPORTED																
	PERMIT CONDITION																
	REPORTED																
	PERMIT CONDITION																
	REPORTED																
	PERMIT CONDITION																
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.									
Bricker	W.	H.	President	8	1	0	2									0	9
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	PAGE OF										



Diamond Shamrock

Ashtabula

Ashtabula Plant

March 6, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U. S. EPA
monitoring report forms for the month of February.
These reports do not contain any NPDES permit limitation
excesses for this reporting period.

If you have any questions regarding this matter, please
contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 156-0007

Diamond Shamrock Corporation
Semi-Works
Research Department
State Rd & E 6th St
P O Box 488
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is one analysis in 7 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 1 YEAR	02 0 1 MO DAY	TO	
		8 1 YEAR	0 2 2 8 MO DAY		

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	.029	.148	.309	MM									
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	2.7	10.5	KG/Day		0	5.4	16			11/28	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	49.3	258	480	KG/Day		426	520	608			11/28	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED	--	--	--	NA		.76	2.2	3.3			4/28	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.0009	.003	.005	KG/Day		.005	.007	.008			4/31	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED	--	--	--	NA		0	0	0			26/28	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED	--	--	--	NA		6.3	7.1	7.8	STA		26/28		
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	UNITS		DAILY	GR	
Temperature 00010	REPORTED	--	--	--	NA		4	8.8	14.5			22/28		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Bricker	W	H	President		8 1 0 30 6									
LAST	FIRST	MI	TITLE		YEAR MO DAY									

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
WD NO. 134-70073

Diamond Shamrock Corporation
Semi-Works
Research Department
State Rd & E 6th St
P. O. Box 488
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-01 Oh ST	10-101 0029149 PERMIT NUMBER	119-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		120-211 120-210 120-210 8 1 0 2 0 1 YEAR MO DAY	TO	120-271 120-270 120-271 8 1 0 2 2 8 YEAR MO DAY	

PARAMETER		(3 card only) QUANTITY				NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER TOTAL	REPORTED						.031	.037	.046	MG/L		4/28	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						.420	.676	.740	MG/L		4/28	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker	W	H	President	8	1	03							0
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						

Effluent



Diamond Shamrock

Ashtabula Plant

April 9, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. FILE: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U. S. EPA
monitoring report forms for the month of March.
These reports do not contain any NPDES permit limitation
excesses for this reporting period.

If you have any questions regarding this matter, please
contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

MONTHLY REPORT FORM

ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

OND SHAMROCK CORP
ARCH DEPARTMENT SEMI-WK
ABULA FACILITY
ERIOR AVENUE
D 44114 ASHTABULA

F302001

MAR., 1981

Pf1 01/14/81 OH0029149

SAMPLING STATION DESCRIPTION
001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPE

1) ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE			REPORTING LAB				ANALYST			
2) ENTER FREQUENCY OF SAMPLING			Ashtabula Semi-Works				Pierce			
3	1	1	2	2	3	2	3	2	2	
1	999	999	997	997	1	997	1	997	997	
PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	OSG TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L	
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045	
6.1	259.2	8.5	1006	0			0			
7.1	259.2	8.5					0			
7.2	244.8	9	526	0			0	8.0	730	
7.1	244.8	10			1.6	6.2	0			
7.6	244.8	10	480	0			0			
7.2	286.8	11					0			
7.1	172.8	9					0			
AH	28.8									
7.3	60.0	10					0			
7.6	253.2	10	478	8			0	123	1230	
7.5	235.2	10			3.5	5.4	0			
7.2	230.4	14					0			
7	259.2	11					0			
7.4	54.0									
7.4	144	8	414	10			0	16	897	
7.1	273.6	9			2.6	6.0	0			
7.3	367.2	10	396	0			0			
7	345.6	8					0			
7	316.8	10					0			
7.3	240	5	372	8			0			
7	205.2	12					0			
7.3	259.2	13	348	0			0	16	522	
7.2	259.2	15		0	2.5	5.5	0			
7	266.4	14	324	6			0			
7.2	282.6	15					0			
7.1	230.4	16					0			
7	230.4	18.5	302	0			0			
AH	72.0									
6.9	139.2	16.5	326	4			0			
AL	185.8	6465	291	4972	36	10.2	23.1	0	630	3379
3.	7.1	222	11	458	2.6	2.54	5.78	0	15.8	837
X.	7.8	367.2	18.5	1006	10	3.5	6.2	0	23	1230
4.	6.3	29	5	302	0	1.6	5.4	0	8	522

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

= no flow at sample time

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED 4/8/81	SIGNATURE OF REPORTER F. C. Leitert <i>F. C. Leitert</i>	TITLE OF REPORTER Plant Manager
---------------------------------	---	------------------------------------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-00173

Diamonu Shamrock Corporation
Ashtabula Semi-Works
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

OH ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	41°53'30" LATITUDE	80°46'20" LONGITUDE
REPORTING PERIOD: FROM		8 1 0 3 0 1 YEAR MO DAY	TO	8 1 0 3 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Copper Total	REPORTED	--	--	--		0	.008	.016	0.23	Mg/l		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
Iron Total	REPORTED						.522	.837	1.23	Mg/l		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	W	H	President, Diamond Shamrock Corporation	8	1	0	4	0	9
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DISCHARGE MONITORING REPORT

Form Approved
OMB NO 150-R0673

Diamond Shamrock Corporation
Ashtabula Semi-Works
State Rd & E 6th Street
Ashtabula, Ohio 44004

INSTRUCTIONS

OH ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	41°53'30" LATITUDE	80°46'20" LONGITUDE
REPORTING PERIOD: FROM			TO		
8 1 03 0 1 YEAR MO DAY			8 1 03 3 1 YEAR MO DAY		

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing slashes. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY				CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	MINIMUM	AVERAGE	MAXIMUM			UNITS
pH 00400	REPORTED	--	--	--		0	6.1	7.1	7.6	Std.	26/31	
	PERMIT CONDITION	NA	NA	NA	NA		6.0	NA	9.0	Units	Cont	NA
Flow 50050	REPORTED	.029	.222	.367	MM						29/31	
	PERMIT CONDITION	NA	NA	NA	Gals/Day		NA	NA	NA	NA	Cont	NA
Total Suspended Solids 00530	REPORTED	0	2.4	7.7	Kg/Day		0	2.6	10	Mg/l	10/31	24
	PERMIT CONDITION	NA	76	230	Day		NA	25	75		1/7	24
Total Dissolved Solids 70300	REPORTED	172	418	988	Kg/Day		302	458	1006	Mg/l	11/31	24
	PERMIT CONDITION	NA	4500	7600	Day		NA	1500	2500		1/7	24
Oil & Grease 00556	REPORTED	--	--	--			1.6	2.5	3.5	Mg/l	4/31	Gr
	PERMIT CONDITION	NA	NA	NA	NA		NA	NA	10		1/7	Gr
Phenols 32730	REPORTED	.0048	.0055	.0062	Kg/Day		.0054	.0058	.0062	Mg/l	4/31	24
	PERMIT CONDITION	NA	NA	0.3	Day		NA	NA	.100		1/7	24
Residual Chlorine 50060	REPORTED	--	--	--			0	0	0	Mg/l	26/31	Gr
	PERMIT CONDITION	NA	NA	NA	NA		NA	0.1	0.3		1/7	Gr
Temperature	REPORTED	--	--	--			5	11.1	18.5		26/31	
	PERMIT CONDITION	NA	NA	NA	NA		NA	NA	NA	°C	1/7	

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	W	H	President, Diamond Shamrock Corporation	8	10	4	0	9
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Effluent



Diamond Shamrock

Ashtabula Plant

May 6, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of April. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert
Plant Manager

lm

Attachments

14 M 8212 780831
WHL REPORT FORM

ADDRESS, CITY, COUNTY, ZIP

40 SHARROCK CORP
 RICH DEPARTMENT SEMI-WK
 BUYER FACILITY
 PRIOR AVENUE
 ID 44114 ASHTABULA

STATION CODE
F302001

REPORTED DATE (MONTH, YEAR)
APR., 1981

PAGE PRINTING DATE APPLICATION NO
1 01/14/81 0H0029149

SAMPLING STATION DESCRIPTION
001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPE

ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE			REPORTING LAB				ANALYST			
ENTER FREQUENCY OF SAMPLING			Ashtabula Semi-Works				S. Pierce			
3	1	1	2	2	3	2	3	2	2	
1	999	999	997	997	1	997	1	997	997	
PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-105C	RESIDUE NFLT	ORG TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TOT	
S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L	
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045	
7.7	.230	19			2.6	11	0	20	860	
7.0	.245	17.5	274	0			0			
7.3	.230	19.5					0			
7.0	.230	19					0			
6.9	.230	16	296	12			0			
7.2	.230	14					0			
7.3	.230	18.5	638	6			0			
7.1	.245	20			1.6	3	0	20	550	
7.2	.245	18	344	0			0			
7.0	.245	19					0			
7.1	.245	20.5					0			
7.2	.288	17.5	308	2			0			
7.1	.288	15.5					0			
4	.048	AH					AH			
7.0	.162	16					0			
7.0	.295	17					0			
7.0	.320	23					0			
7.0	.221	26					0			
7.2	.230	16	298	4			0			
7.3	.223	17.5					0			
7.2	.187	16	344	14			0			
7.1	.210	AH'			1.1	4	0	20	680	
7.2	.307	AH'	278	30			0			
7.6	.240	16					0			
7.9	.196	16					0			
7.3	.181	19	340	6			0			
7.0	.192	21.5					0			
7.3	.348	20	272	10			0			
7.1	.374	20			1.8	5	0	20	650	
6.7	.243	21.5	282	0			0			
TOTAL	208	7.161	500	3674	84	7.1	23	0	80	2740
VG.	7.2	.239	18.5	328	8.06	1.8	5.4	0	20	681
AX.	7.9	.374	26	638	30	2.6	11	0	20	860
IN.	6.7	.048	14	272	0	1.1	3	0	20	550

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH = no flow at sample time
 i' = operator forgot to record temperature

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

DATE REPORT COMPLETED 5/5/81	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
---------------------------------	--	------------------------------------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

As Approved
ID NO. 150-7007

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "7 hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-0 Oh ST	10-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		TO			
120-211 120-212 120-213 8 1 0 4 0 1 YEAR MO DAY		120-211 120-212 120-213 8 1 0 4 30 YEAR MO DAY			

PARAMETER		QUANTITY (3 card only)				CONCENTRATION (4 card only)				FREQUENCY OF ANALYSIS	SAMPLE TYPE					
		100-21				100-21										
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM			UNITS	NO. EX			
COPPER TOTAL	REPORTED						20	20	20	Mg/L	4/30	24				
	PERMIT CONDITION						NA	NA	NA	Mg/L	1/30	24				
IRON TOTAL	REPORTED						.550	.681	.860	Mg/L	4/30	24				
	PERMIT CONDITION						NA	NA	NA	Mg/L	1/30	24				
	REPORTED															
	PERMIT CONDITION															
	REPORTED															
	PERMIT CONDITION															
	REPORTED															
	PERMIT CONDITION															
	REPORTED															
	PERMIT CONDITION															
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.									
Bricker	W	H	President			8						1	0	15	0	15
LAST	FIRST	MI	TITLE			YEAR						MO	DAY	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0047

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-00 Oh ST	10-100 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-311 120-320 120-324 REPORTING PERIOD: FROM 8 10 4 0 1 YEAR MO DAY			120-371 120-381 120-381 TO 8 1 0 4 3 0 YEAR MO DAY		

PARAMETER		QUANTITY				UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow 50050	REPORTED	.048	.239	.374	MM								
	PERMIT CONDITION	NA	NA	NA	Gals./Day	NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	7.60	34.9	KG/Day	0	8.06	30			11/30	24	
	PERMIT CONDITION	NA	76	230		NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	233	310	557	KG/Day	.272	328	638			11/30	24	
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED	---	---	---	NA	1.1	1.8	2.6			4/30	GR	
	PERMIT CONDITION	NA	NA	NA		NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.0025	.0052	.0095	KG/Day	.003	.005	.011			4/30	24	
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED	---	---	---	NA	0	0	0			29/30	GR	
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED	---	---	---	NA	6.7	7.2	7.9			29/30		
	PERMIT CONDITION	NA	NA	NA		6.0	NA	9.0	STA UNITS		DAILY	GR	
Temperature 00010	REPORTED	---	---	---	NA	14	18.5	26			27/30		
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	°C				
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief each item of information is true, complete, and accurate.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Bricker W H		President			8 1 05 0 5								
LAST FIRST MI		TITLE			YEAR MO DAY								



Diamond Shamrock

66
Ashtabula Plant

June 4, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of May. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

lm

Attachments

STATION ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION #

**MOND SHAMROCK CORP
 EARTH DEPARTMENT SEMI-WK
 TARULA FACILITY
 0 PERIOR AVENUE
 V ID 44114 ASHTABULA**

F302001

MAY, 1981

1 OF 1 01/14/81 0H002914

**SAMPLING STATION DESCRIPTION
 001 MAIN PLANT DISCHARGE TO FIELDS BROOK**

NOTE: THIS FORM MUST BE TYPED

(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST		
(2) - ENTER FREQUENCY OF SAMPLING				Ashtabula Semi-Works			S. Pierce		
(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU,TOT UG/L	IRON FE,TOT UG/L
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
7.2	.121	21					0		
7	.162	21					0		
7.1	.259	22	290	6			0		
7	.238	24					0		
7.4	.238	25.5	286	2	1.42	2.8	0	20	870
7	.238	22					0		
7	.220	20.5	300	4			0		
7	.209	22					0		
7.1	.188	21					0		
7.5	.193	21.5	274	4			0		
7	.200	21					0		
7.5	.137	16	272	2	3.93	0	0	20	440
8.1	.101	17.5					0		
7.9	.147	18	260	4			0		
7	.226	AB					0		
7	.123	AB					AH		
AH	.022	AB					AH		
7.2	.253	26					0		
7.5	.349	AB	282	10	2.37	1.1	0	30	270
6.5	.24	26					0		
8.1	.23	28	274	2			0		
7	.192	26.5					0		
7.1	.319	28.5					0		
7.9	.317	29.5	290	0			0		
7.2	.187	27.5					0		
7.5	.23	29					0		
7.5	.223	27.5	268	0	1.31	1.3	0	20	250
7.4	.216	27	308	4			0		
7	.216	29					0		
7.1	.216	27					0		
7.5	.230	27	288	10			0		
7.3	.208	24.1	284	4.2	2.11	1.42	0	23.7	441
8.1	.349	29.5	308	10	3.93	2.8	0	30	870
6.5	.022	16	260	0	1.31	0	0	20	250

ADDITIONAL REMARKS (AM REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

04 = no flow at sample time
 = analytical data lost

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED 6/4/81	SIGNATURE OF REPORTER <i>[Signature]</i>	TITLE OF REPORTER Plant Manager
---------------------------------	---	------------------------------------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1545-0047

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 1 0 5 0 1 YEAR MO DAY	TO	8 1 0 5 3 1 YEAR MO DAY	

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow 50050	REPORTED	.022	.208	.349	MM								
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA
Total Suspended Solids 00530	REPORTED	0	3.68	13.2	KG/Day		0	4.2	10			12/31	24
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24
Total Dissolved Solids 70300	REPORTED	141	247.6	373	KG/Day		260	284	308			12/31	24
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24
Oil & Grease 00556	REPORTED				NA		1.31	2.11	3.93			4/31	GR
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR
Phenols 32730	REPORTED	0	.0013	.0025	KG/Day		0	.0014	.0028			4/31	24
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24
Residual Chlorine 50060	REPORTED				NA		0	0	0			29/31	GR
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR
pH 00400	REPORTED				NA		6.5	7.3	8.1	STA		29/31	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	UNITS		DAILY	GR
Temperature 00010	REPORTED				NA		16	24.1	29.5			27/31	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C			
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker WM		H President			8 1 0 6 0 4								
LAST	FIRST	MI	TITLE			YEAR							MO

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

[Signature]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

as Approved
EPA NO. 136-70073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

OH STATE	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		810501 YEAR MO DAY	TO	810531 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED							.02	.024	.03			4/31	24
	PERMIT CONDITION							NA	NA	NA			1/30	24
IRON TOTAL	REPORTED							.25	.44	.87			4/31	24
	PERMIT CONDITION							NA	NA	NA			1/30	24
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	WM	H	President	81	0604
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Ashtabula Plant

July 7, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of June. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

mjf

Attachments

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

USE Approved
MS NO. 15-M-79073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "1/1" is equivalent to 1 analysis performed every 1 day.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-0 OH ST	14-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		120-311 8 1 0 6 0 1 YEAR MO DAY	TO	120-311 8 1 0 6 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM			
COPPER TOTAL	REPORTED							.010	.015	.030	MG/L	4/30	24
	PERMIT CONDITION							NA	NA	NA		1/30	24
IRON TOTAL	REPORTED							.18	.43	.63	MG/L	4/30	24
	PERMIT CONDITION							NA	NA	NA		1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker Wm.	H	President		8 1 0 7 0 7	
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT


Form Approved
OMB NO. 1545-0047

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "— hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 1 0 6 0 1 YEAR MO DAY	TO	8 1 0 6 3 0 YEAR MO DAY	

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	.006	.207	.277	MM Gals./Day									
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	5.1	10.6	KG/Day		0	5.4	12			6/30	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	234	396	461	KG/Day		268	416	524			6/30	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA		1.7	2.4	3.4			4/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.0008	.0011	.0015	KG/Day		.0009	.0012	.0017			4/30	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0			16/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA		6.5	7	7.6			16/30		
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	STA UNITS		DAILY	GR	
Temperature 00010	REPORTED				NA		25	30.8	36			16/30		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief each information is true, complete, and accurate.							
Bricker Wm.		President			8 1 0 7 0 7									
LAST	FIRST	MI	TITLE	YEAR	MO	DAY								
												 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

Effluent



Diamond Shamrock

Ashtabula Plant

August 7, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

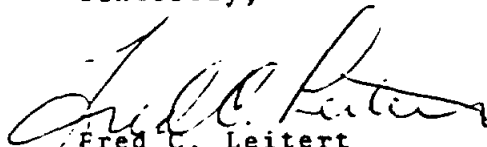
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U. S. EPA monitoring report forms for the month of July. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert
Plant Manager

mjf

Attachments

104 H 8212 780831
MONTHLY REPORT FORM

810331 **ONCEPA**

REPORTED
STATION CODE DATE (MONTH, YEAR) PAGE PRINTING DATE APPLICATION N
F302001 JULY, 1981 1 OF 1 01/14/81 OH002914

MCND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
TARJULA FACILITY
10 SUPERIOR AVENUE
ASHTABULA 44114 ASHTABULA

SAMPLING STATION DESCRIPTION
001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE OS-105C MG/L	RESIDUE T. NFLT MG/L	ORG TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
	S.U.									
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
	AH	0								
	6.9	.096	28					0		
	6.4	.222	28.5					0		
	6.7	.223	28					0		
	7.1	.258	29	374	2			0		
	6.6	.226	32					0		
	7.1	.231	32	422	4	2.24	2.5	0	120	1000
	6.9	.236	33					0		
	7.6	.261	31	336	0			0		
	7	.232	29					0		
	AH	.084	22							
	7.4	.131	29					0		
	7.5	.230	29					0		
	5	.202	28	310	4	1.33	1.9	0	60	580
	7.1	.202	29					0		
	7.4	.176	27	326	6			0		
	AH	.017	32							
	AH	0								
	7.5	.038	28	312	10			0		
	7.2	.278	29					0		
	7.5	.221	29	314	2	2.32	1.9	0	60	180
	6.9	.05	28					0		
	7.5	.191	26	564	0			0		
	7.5	.158	27					0		
	7.3	.126	27					0		
	7.6	.445	27	1142	2			0		
	6.7	.247	26					0		
	7.6	.314	26	984	2	.92	2.8	0	60	230
	6.9	.379	26					0		
	7.2	.185	26	1396	16			0		
	7.1	.167	27					0		
	193.7	5.823	818.5	6480	48	6.18	9.1	0	300	1990
	7.2	.188	28	661	3.41	1.64	2.3	0	74	475
	7.6	.445	33	1396	16	2.32	2.8	0	120	1000
	6.4	0	22	310	0	.92	1.9	0	60	180

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

No flow at sample time

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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.

NO EPA-4500 (10-80)
ONLY EPA SUR 1

DATE REPORT COMPLETED
August 6, 1981

SIGNATURE OF REPORTER
F. C. Leitert *F. C. Leitert*

TITLE OF REPORTER
Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

As Approved
NS NO. 150-70073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dashed lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 1 0 7 0 1 YEAR MO DAY	TO	8 1 0 7 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow 50050	REPORTED	0	.188	.445	MM								
	PERMIT CONDITION	NA	NA	NA	Gals./Day	NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	2.96	11.21	KG/Day	0	3.41	16			11/31	24	
	PERMIT CONDITION	NA	76	230		NA	25	75	Mg/l		1/7	24	
Total Dissolved Solids 70300	REPORTED	44.7	574	1924	KG/Day	310	661	1396			11/31	24	
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA	.92	1.64	2.32			4/31	GR	
	PERMIT CONDITION	NA	NA	NA		NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.0015	.0021	.0033	KG/Day	.0019	.0023	.0028			4/31	24	
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA	0	0	0			28/31	GR	
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA	6.4	7.2	7.6			27/31		
	PERMIT CONDITION	NA	NA	NA		6.0	NA	9.0	STA UNITS		DAILY	GR	
Temperature 00010	REPORTED				NA	22	28	33			29/31		
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	°C		1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker Wm.		H. President			8 1 0 8 0 6								
LAST FIRST MI		TITLE			YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Rev. Approved
4D NO. 124-P0073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

16-B Oh ST	16-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-211 120-212 120-213 REPORTING PERIOD: FROM		8 1 0 7 0 1 YEAR MO DAY	TO		8 1 0 7 3 1 YEAR MO DAY

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS	NO. EX.	(4 card only)			UNITS	NO. EX.		
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED						60	74	120	Mg/L		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						.180	.475	1.00	Mg/L		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm.	H. President		8 1 0 8	Q 6
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NS Approved
4D NO. 150-00073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

19-01 Oh BY 0029149 PERMIT NUMBER 117-101 001 DIS 2818 SIC 415330 LATITUDE 804620 LONGITUDE

REPORTING PERIOD: FROM 8 1 0 7 0 1 YEAR MO DAY TO 8 1 0 7 3 1 YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
COPPER TOTAL	REPORTED							.060	.074	.120	Mg/L		4/31	24
	PERMIT CONDITION							NA	NA	NA			1/30	24
IRON TOTAL	REPORTED							.180	.475	1.00	Mg/L		4/31	24
	PERMIT CONDITION							NA	NA	NA			1/30	24
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker	Wm.	H.	President	8	1	0	8							9



Diamond Shamrock

Ashtabula Plant

September 4, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U. S. EPA monitoring report forms for the month of August. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

mjf

Attachments

MONTHLY REPORT FORM

REPORTED

REG. ADDRESS CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION N

MOND SHAMROCK CORP
 RESEARCH DEPARTMENT SEMI-WK
 TABULA FACILITY
 100 SUPERIOR AVENUE
 WYOMING 44124 ASHTABULA

F302001

AUG. 1981

Pf1 01/14/81 OH002914

SAMPLING STATION DESCRIPTION
 001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-105C	RESIDUE T. NFLT	O&G TOTAL	PHENOLS	CHLGR TOT RES	COPPER CU, TOT	IRON FE, TOT
	S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
	7	.346	28					0		
	7.2	.200	28	1736	16			0		
	7.1	.183	28					0		
	7.8	.221	28	1264	10	.82	2.1	0	10	1100
	7.4	.262	28					0		
	7.8	.234	28	1388	10			0		
	7.3	.259	26					0		
	7	.080	26					0		
	7.7	.089	26	1316	0			0		
	7.7	.062	27					0		
	7.6	.362	28	1204	20	1.67	2.3	0	20	1100
	7.2	.331	28					0		
	7.7	.341	28	1592	18			0		
	7.8	.230	28	630	2			0		
	7.2	.252	29					0		
	7.8	.205	28	1168	12			0		
	7.2	.197	24					0		
	7.3	.199	27	1314	8	1.38	2.4	0	40	700
	7.5	.101	27	1314	8			0		
	7.8	.235	28	1194	14			0		
	7.3	.230	28					0		
	7.2	.229	22					0		
	7.8	.211	28	1130	2			0		
	7.4	.197	22					0		
	7.7	.242	27	1278	4	1.5	1.2	0	10	420
	6.9	.226	27					0		
	7.3	.215	27	564	2			0		
	7.3	.216	26					0		
	7.4	.239	26					0		
	7.5	.254	26	936	0			0		
	7.4	.259	26					0		
	230	6.908	833	18028	126	5.37	8	0	80	3320
	7.4	.223	26.9	1202	9.5	1.39	2	0	19	862
	7.8	.362	29	1736	20	1.67	2.4	0	40	1100
	6.9	.062	22	564	0	.82	1.2	0	10	420

ADDITIONAL REMARKS (AM REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED 9/3/81	SIGNATURE OF REPORTER F. C. Leitert <i>[Signature]</i>	TITLE OF REPORTER Plant Manager
---------------------------------	---	------------------------------------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM MONITORING REPORT

Approved
OMB NO. 154-00673

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency not continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM			TO		
8 1 0 8 0 1 YEAR MO DAY			8 1 0 8 3 1 YEAR MO DAY		

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow 50050	REPORTED	.062	.223	.362	MM									
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	7.98	27.5	KG/Day		0	9.5	20			15/31	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	443	1014	2058	KG/Day		564	1202	1736			15/31	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA		.82	1.39	1.67			4/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.0011	.0020	.0032	KG/Day		.0012	.0020	.0024			4/31	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0			31/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA		6.9	7.4	7.8	STA		31/31		
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	UNITS		DAILY	GR	
Temperature 00010	REPORTED				NA		22	26.9	29			31/31		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7		

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	Wm	H	President	8	1	0	9	0
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	HR	MIN

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM REPORTING REPORT

Approved
O&D NO. 15-R0073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh 0029149 PERMIT NUMBER

001 DIS 2818 SIC

415330 LATITUDE 804620 LONGITUDE

REPORTING PERIOD: FROM 8/10/80 TO 8/10/80

YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		(2 cond only)		(4 cond only)		(2 cond only)		(4 cond only)					
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM			UNITS	NO. EX
COPPER TOTAL	REPORTED						.010	.019	.040	MG/L		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						.42	.86	1.1	MG/L		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker	Wm	President			8/10/80								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
LAST	FIRST	TITLE			DATE								

effluent



Diamond Shamrock

Ashtabula Plant

October 7, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of September. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

mjf

Attachments

MONTHLY REPORT FORM

PLANT ADDRESS, CITY, COUNTY, ZIP

MOND SHAMROCK CORP
 RESEARCH DEPARTMENT SEMI-WK
 TA LA FACILITY
 100 SUPERIOR AVENUE
 VANDERBILT 44114 ASHTABULA

STATION CODE
 F302001

REPORTED DATE (MONTH, YEAR)
 SEPT., 1981

PAGE 1 PRINTING DATE APPLICATION NUMBER
 01/14/81 OH002914

SAMPLING STATION DESCRIPTION
 001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Sherrill Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
	7.2	.266	27	908	10	2.55	2.7	0	10	700
	7.4	.308	26					0		
	7.1	.255	25	602	6			0		
	6.9	.230	23					0		
	6.9	.230	24					0		
	7	.220	23					0		
	7.8	.202	23					0		
	7.9	.241	21			2.61	1.1	0	30	260
	8.2	.211	20					0		
	8.2	.187	22	294	0			0		
	8.1	.187	24					0		
	7.7	.187	25					0		
	7.2	.187	27	272	0			0		
	7.2	.187	24					0		
	7.3	.202	24	502	8	1.77	1.5	0	10	390
	7.2	.202	24					0		
	7.2	.173	23	452	8			0		
	6.7	.173	22					0		
	6.8	.184	22					0		
	7.4	.187	22	456	14			0		
	7.2	.196	21					0		
	7.4	.239	21	498	2	1.49	1.2	0	10	410
	7.7	.194	20					0		
	7.5	.202	21	500	2			0		
	7.3	.187	21					0		
	7.4	.177	24					0		
	7.5	.176	24	324	2			0		
	7.9	.185	21					0		
	AH	.061		354	2	AH	3.1		10	610
	AH	0								

207	5.835	644	5162	54	8.42	9.6	0	70	2370
7.4	.195	23	498	5.2	2.13	1.75	0	14.8	459
8.2	.308	27	908	14	2.61	3.1	0	30	700
6.7	0	20	272	0	1.49	1.1	0	10	260

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

= low at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED: October 6, 1981
 SIGNATURE OF REPORTER: F. C. Leitert
 TITLE OF REPORTER: Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

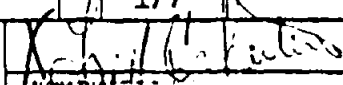
Form Approved
OMB NO. 1545-0073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing slashes. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIB	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 1 0 9 0 1 YEAR MO DAY	TO	8 1 0 9 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX.		MINIMUM	AVERAGE	MAXIMUM	NO. EX.		
Flow 50050	REPORTED	0	.195	.308	MM							
	PERMIT CONDITION	NA	NA	NA	Gals./Day	NA	NA	NA	NA	CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	3.8	10.1	KG/Day	0	5.2	14		11/30	24	
	PERMIT CONDITION	NA	76	230		NA	25	75	Mg/L	1/7	24	
Total Dissolved Solids 70300	REPORTED	82.1	366.5	914.7	KG/Day	.272	498	908		11/30	24	
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500	Mg/L	1/7	24	
Oil & Grease 00556	REPORTED				NA	1.49	2.13	2.61		4/30	GR	
	PERMIT CONDITION	NA	NA	NA		NA	NA	10	Mg/L	1/7	GR	
Phenols 32730	REPORTED	.00072	.00134	.00272	KG/Day	.0011	.0017	.0031		5/30	24	
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100	Mg/L	1/7	24	
Residual Chlorine 50060	REPORTED				NA	0	0	0		28/30	GR	
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3	Mg/L	1/7	GR	
pH 00400	REPORTED				NA	6.7	7.4	8.2		28/30		
	PERMIT CONDITION	NA	NA	NA		6.0	NA	9.0	STA UNITS	DAILY	GR	
Temperature 00010	REPORTED				NA	20	23	27		28/30		
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	°C	1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					
Bricker Wm H		President			8 1 10 0 6							

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 15-70073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in space marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified to permit.

Oh 17	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 1 YEAR	0 9 MO	0 1 DAY	TO
		8 1 YEAR	0 9 MO	3 0 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS			(3 card only)			UNITS				
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
COPPER TOTAL	REPORTED							.010	.015	.030	Mg/L		5/30	24	
	PERMIT CONDITION							NA	NA	NA			1/30	24	
IRON TOTAL	REPORTED							.26	.46	.70	Mg/L		5/30	24	
	PERMIT CONDITION							NA	NA	NA			1/30	24	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm	H	President	8 1	1 0 0 1 6
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE



Diamond Shamrock

Ashtabula Plant

November 9, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216


RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of October. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert
Plant Manager

mjf

Attachments

MONTHLY REPORT FORM

ADDRESS, CITY, COUNTY, ZIP

JND SHAMROCK CORP
ARCH DEPARTMENT SEMI-WK
ABM A FACILITY
ERIOR AVENUE
D 44114 ASHTABULA

STATION CODE

F302001

REPORTED

DATE (MONTH, YEAR)

OCT. 1981

PAGE PRINTING DATE APPLICATION NO

P1 01/14/81 OH0029149

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE
ENTER FREQUENCY OF SAMPLING

REPORTING LAB
Ashtabula Semi-Works

ANALYST
Sherrn Pierce

3	1	1	2	2	3	2	3	2	2	
1	999	999	997	997	1	997	1	997	997	
PH	CONDUIT FLOW	WATER TEMP.	RESIDUE OS-105C	RESIDUE T. NFLT	O&G TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TOT	
S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L	
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045	
7.6	.159	18	290	0			0			
7.5	.217	12					0			
7.1	.195	14					0			
7.4	.122	14	578	12			0			
7.2	.086	17					0			
7.2	.119	19	230	8	1.31	1.5	0	10	730	
7.3	.158	15					0			
7.2	.173	15	422	8			0			
7.2	.147	17					0			
7.3	.13	26					0			
7.5	.149	17	384	6			0			
7.5	.144	18					0			
7.4	.153	19	368	20			0			
7.7	.173	19			1.04	2.8	0	10	1100	
	.244	18	404	12			0			
	.136	16					0			
7.2	.173	18					0			
AH	.116	17	392	22						
AH	0									
AH	0									
AH	.05	15								
7.4	.267	20					0			
6.7	.31	12					0			
6.7	.269	11					0			
7.5	.122	14					0			
7.6	.209	15					0			
AH	.091									
AH	0									
7.7	.151	17	312	0	.9	1.9	0	30	350	
7.4	.222	15					0			
7.4	.175	16					0			
AL	181.7	4.66	444	3380	88	3.25	6.3	0	50	2180
B	7.3	.15	16	376	9.5	1.06	2.1	0	17	745
K	7.7	.31	26	578	22	1.31	2.8	0	30	1100
L	6.7	0	11	230	0	.9	1.5	0	10	350

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

flow at sample time

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION 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 REPORT COMPLETED
Nov. 9, 1981

SIGNATURE OF REPORTER
F. C. Leitert

TITLE OF REPORTER
Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM MONITORING REPORT


As Approved
48 NO. 151-10073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 NIC	415330 LATITUDE	804620 LONGITUDE					
REPORTING PERIOD: FROM			TO							
8	1	1	0	0	1	8	1	0	3	1
YEAR	MO	DAY	YEAR	MO	DAY					

PARAMETER	REPORTED	QUANTITY				UNITS	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS						
		NO. EX	NO. EX	NO. EX	NO. EX		NO. EX	NO. EX	NO. EX							
Flow 50050	0	.15	.31	MM												
	PERMIT CONDITION	NA	NA	NA	Gals./Day	NA	NA	NA	NA		CONT.	NA				
Total Suspended Solids 00530	0	5.6	11.6	KG/Day	0	9.5	22	Mg/L			9/31	24				
	PERMIT CONDITION	NA	76	230	KG/Day	NA	25	75	Mg/L		1/7	24				
Total Dissolved Solids 70300	103.7	219.7	373.6	KG/Day	230	376	578	Mg/L			9/31	24				
	PERMIT CONDITION	NA	4500	7600	KG/Day	NA	1500	2500	Mg/L		1/7	24				
Oil & Grease 00556				NA	.9	1.06	1.31	Mg/L			3/31	GR				
	PERMIT CONDITION	NA	NA	NA	NA	NA	10	Mg/L			1/7	GR				
Phenols 32730	.00068	.00120	.00184	KG/Day	.0015	.0021	.0028	Mg/L			3/31	24				
	PERMIT CONDITION	NA	NA	0.3	KG/Day	NA	NA	.100	Mg/L		1/7	24				
Residual Chlorine 50060				NA	0	0	0	Mg/L			25/31	GR				
	PERMIT CONDITION	NA	NA	NA	NA	0.1	0.3	Mg/L			1/7	GR				
pH 00400				NA	6.7	7.3	7.7	STA UNITS			25/31					
	PERMIT CONDITION	NA	NA	NA	NA	6.0	9.0	STA UNITS			DAILY	GR				
Temperature 00010				NA	11	16	26	°C			27/31					
	PERMIT CONDITION	NA	NA	NA	NA	NA	NA	°C			1/7					
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.									
Bricker	WM	H	President			8							1	1	0	9
LAST	FIRST	MI	TITLE			YEAR							MO	DAY		
											 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM MONITORING REPORT

Form Approved
EPA NO. 134-R-60-3

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/31" is equivalent to 3 analyses performed every 31 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

13-01 OH 17	10-10 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		120-221 120-220 120-220 8 1 1 1 0 0 1 YEAR MO DAY	TO	120-221 120-221 120-221 8 1 1 0 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED							.010	.017	.030	Mg/L		3/31	24
	PERMIT CONDITION							NA	NA	NA			1/30	24
IRON TOTAL	REPORTED							.35	.74	1.1	Mg/L		3/31	24
	PERMIT CONDITION							NA	NA	NA			1/30	24
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	1	1	1	0	9
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Effluent



Diamond Shamrock

Ashtabula Plant

December 8, 1981

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U. S. EPA monitoring report forms for the month of November. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert
Plant Manager

mjf

Attachments

MONTHLY REPORT FORM

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

MOND SHAMROCK CORP
SEARCH DEPARTMENT SEMI-WK
ITAPULA FACILITY
100 SUPERIOR AVENUE
ITAPULA ID 44114 ASHTABULA

F302001

NOV., 1981

PAGE 1 PRINTING DATE 01/14/81 APPLICATION NO 0H002914

SAMPLING STATION DESCRIPTION
001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

M(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST			
M(2) - ENTER FREQUENCY OF SAMPLING				Ashtabula Semi-Works			Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
	S.U.									
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
1	7.7	.151	15	838	16			0		
2	7.5	.173	15					0		
3	7.6	.202	15	770	4	1.57	2.4	0	20	590
4	AH	.043								
5	AH	0								
6	7.5	.253	11					0		
7	7.7	.144	11					0		
8	7.9	.142	14	506	0			0		
9	7.8	.199	14					0		
10	7.3	.115	17	582	4	.81	1.5	0	20	340
11	7.5	.13	14					0		
12	7.5	.144	14	612	10			0		
13	7.4	.151	13					0		
14	7.4	.144	14					0		
15	7.8	.13	13	552	16			0		
16	AH	0								
17	AH	0								
18	AH	0								
19	AH	0								
20	AH	0								
21	AH	0								
22	7.5	.036	10	628	12			0		
23	7.4	.108	6					0		
24	7.3	.199	7	488	2	1.18	1.9	0	20	300
25	7.4	.06	8					0		
26	7.4	.208	9					0		
27	7.4	.079	9					0		
28	7.2	.117	9					0		
29	7.2	.216	7	474	20			0		
30	7.4	.202	8					0		
31	--	--	--							
32	164.8	3.346	253	5450	84	3.56	5.8	0	60	1230
33	7.5	.112	11.5	601	9.3	1.25	2	0	20	422
34	7.9	.253	17	838	20	1.57	2.4	0	20	590
35	7.2	0	6	474	0	.81	1.5	0	20	300

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

= low at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY C...

DATE REPORT COMPLETED 12/7/81 SIGNATURE OF REPORTER F. C. Leitert TITLE OF REPORTER Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM MONITORING REPORT

Form Approved
OMB NO. 15-1087

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "1/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

0h ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 1 1 1 Q1 YEAR MO DAY	TO	8 1 1 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050 Total	REPORTED	0	.112	.253	MM									
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA	
Suspended Solids 00530 Total	REPORTED	0	5.2	16.4	KG/Day		0	9.3	20			9/30	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	85.7	338.1	589.5	KG/Day		474	601	838			9/30	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA		.81	1.25	1.57			3/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR	
Phenols 32730 Residual	REPORTED	.00065	.00131	.00184	KG/Day		.0015	.002	.0024			3/30	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24	
Chlorine 50060	REPORTED				NA		0	0	0			22/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA		7.2	7.5	7.9	STA		22/30		
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	UNITS		DAILY	GR	
Temperature 00010	REPORTED				NA		6	11.5	17			22/30		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7		

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	Wm	H	President	8	1	1	2	0
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM MONITORING REPORT

USE APPROVED
OND NO. 134-RC-17

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days (e.g. "3/3" is equivalent to 3 analyses performed every 3 days.) If continuous enter "CONT".
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

OH STATE PERMIT NUMBER 0029149

DISCHARGE NO. 001 SIC 2818

LATITUDE 415330 LONGITUDE 804620

REPORTING PERIOD: FROM 8/1/81 TO 8/31/81

PARAMETER		QUANTITY				CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
COPPER TOTAL	REPORTED					.02	.02	.02	MG/L	3/30	24
	PERMIT CONDITION					NA	NA	NA		1/30	24
IRON TOTAL	REPORTED					.3	.422	.59	MG/L	3/30	24
	PERMIT CONDITION					NA	NA	NA		1/30	24
	REPORTED										
	PERMIT CONDITION										
	REPORTED										
	PERMIT CONDITION										
	REPORTED										
	PERMIT CONDITION										
	REPORTED										
	PERMIT CONDITION										
	REPORTED										
	PERMIT CONDITION										

NAME OF PRINCIPAL EXECUTIVE OFFICER: Bricker Wm H
TITLE OF THE OFFICER: President
DATE: 8/1/81

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Wm H Bricker
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Ashtabula Plant

January 12, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U. S. EPA monitoring report forms for the month of December. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert

mjf

Attachments

1104 M 8712 780831
MONTHLY REPORT FORM

AGENCY

810331



NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

MOND SHAMROCK CORP
SEARCH DEPARTMENT SEMI-WK
17 ULA FACILITY
3 PERIOR AVENUE
26 AND 44114 ASHTABULA

F302001

DEC., 1981

Pf1 01/14/81 0H00291

SAMPLING STATION DESCRIPTION
001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE F

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-105C	RESIDUE T. NFLT	O&G TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TOT
	S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
Y	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
31	6.9	.187	9	440	10	1.06	1.2	0	10	160
32	AH	.127								
33	7.4	.121	10	422	8			0		
34	7.4	.202	11					0		
35	AH	.034								
6	AH	0								
7	AH	0								
8	AH	0								
9	AH	0								
0	AH	0								
1	AH	0								
2	AH	0								
3	AH	0								
4	AH	0								
5	AH	0								
6	7.4	.052	5					0		
7	7.3	.081	2	410	2			0		
8	5.7	.081	3					0		
9	6.8	.081	3					0		
10	7.2	.075	3	476	4	1.91	2	0	10	600
11	7.2	.042	2					0		
12	AH	.012								
13	AH	0								
14	7.2	.127	6					0		
15	7.1	.062	5					0		
16	7.2	.035	5					0		
17	7.6	.04	4	452	0			0		
18	7.6	.04	5					0		
19	AH	.134					2.8		20	250
20	AH	0								
21	AH	0								
TAL	101	1.533	73	2200	24	2.97	6	0	40	1010
W.G.	7.2	.049	5.2	437	6.55	1.30	1.89	0	13.4	274
AX.	7.6	.202	11	476	10	1.91	2.8	0	20	500
N.	6.7	0	2	410	0	1.06	1.2	0	10	160

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH flow at Sample Time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED
 January 8, 1982

SIGNATURE OF REPORTER
 F. C. Leitert

TITLE OF REPORTER
 Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

USE APPROPRIATE
OMB NO. 151-00073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DISE	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 1 1 1 2 0 1 1 YEAR MO DAY	TO	8 1 1 1 2 3 1 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX		MINIMUM	AVERAGE	MAXIMUM			
Flow 50050 Total	REPORTED	0	.049	.202	MM							
	PERMIT CONDITION	NA	NA	NA	Gals./Day	NA	NA	NA	NA	CONT.	NA	
Suspended Solids 00530	REPORTED	0	2.5	7.09	KG/Day	0	6.5	10		5/31	24	
	PERMIT CONDITION	NA	76	230		NA	25	75	Mg/L	1/7	24	
Total Dissolved Solids 70300	REPORTED	68.5	167	311.8	KG/Day	410	437	476		5/31	24	
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500	Mg/L	1/7	24	
Oil & Grease 00556	REPORTED				NA	1.06	1.30	1.91		2/31	GR	
	PERMIT CONDITION	NA	NA	NA		NA	NA	10	Mg/L	1/7	GR	
Phenols 32730	REPORTED	.00057	.00095	.00142	KG/Day	.0012	.0019	.0028		3/31	24	
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100	Mg/L	1/7	24	
Residual Chlorine 50060	REPORTED				NA	0	0	0		14/31	GR	
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3	Mg/L	1/7	GR	
pH 00400	REPORTED				NA	6.7	7.2	7.6	STA	14/31		
	PERMIT CONDITION	NA	NA	NA		6.0	NA	9.0	UNITS	DAILY	GR	
Temperature 00010	REPORTED				NA	2	5.2	11		13/31		
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	°C	1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					
Bricker Wm H		President			8 2 0 1 08							
LAST FIRST MI		TITLE			YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
MD NO. 154-70073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

10-01 OH ST	10-10 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-01 REPORTING PERIOD: FROM		120-02 8 11 2 0 1 YEAR MO DAY	TO	120-03 8 11 2 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		(3 card only)		UNITS	(4 card only)			UNITS	NO. EX.				
		MINIMUM	AVERAGE		MINIMUM	AVERAGE	MAXIMUM						
COPPER TOTAL	REPORTED							.01	.013	.02	Mg/L	3/31	24
	PERMIT CONDITION							NA	NA	NA		1/30	24
IRON TOTAL	REPORTED							.16	.27	.6	Mg/L	3/31	24
	PERMIT CONDITION							NA	NA	NA		1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Bricker	Wm	H	President	8	2 0 1 0 8		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	



Diamond Shamrock

Ashtabula Plant

February 5, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of January. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION #

RAMOND SHANROCK CORP
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
100 SUPERIOR AVENUE
ASHTABULA OH 44114

F302001

JAN., 1982

1 OF 1 01/14/81 0H002314

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPEWRITTEN

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST		
IN(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works						Sherm Pierce		
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-105C	RESIDUE NFLT	O&G TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TOT
	S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50050	01042	01045
01	AH	0								
02	AH	0								
03	8.5	.188	3	700	2			0		
04	8.6	.166	3					0		
05	8.2	.179	5	602	2	1	1.6	0	20	700
06	8.3	.154	5					0		
07	8	.183	3	592	6			0		
08	7.4	.165	3					0		
09	7.3	.14	4					0		
10	7.6	.108	4	560	4			0		
11	8	.073	5					0		
12	AH	.047								
13	AH	0								
14	AH	0								
15	AH	0								
16	AH	0								
17	AH	0								
18	AH	0								
19	7.9	.03	5					0		
20	7.6	.189	3	566	12	1.6	3.7	0	40	1100
21	7.4	.226	3	548	2			0		
22	7.2	.119	3					0		
23	7	.255	1					0		
24	7.1	.129	1	600	10			0		
25	7.2	.076	2					0		
26	7.2	.153	2	504	0	1.2	4.7	0	40	1300
27	7	.174	3					0		
28	7	.17	3	472	0			0		
29	6.4	.174	4					0		
30	7	.15	4					0		
31	8	.154	10	508	0			0		
TOTAL	165.9	3.402	79	5652	38	3.83	10	0	100	3100
AVG.	7.5	.110	3.6	567	3.7	1.29	3.3	0	33	1021
MAX.	8.6	.255	10	700	12	1.63	4.7	0	40	1300
MIN.	6.4	0	1	472	0	1	1.6	0	20	700

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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.

FORM NO. EPA-4500 (10-80) IMPROVED EPA SUR.

DATE REPORT COMPLETED	SIGNATURE OF REPORTER	TITLE OF REPORTER
February 6, 1982	F. C. Leitert <i>[Signature]</i>	Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCH. MONITORING REPORT

Form Approved
E NO. 154-R0073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" to represent 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 2 0 1 0 1 YEAR MO DAY	TO		8 2 0 1 3 1 YEAR MO DAY

PARAMETER		QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow 50050	REPORTED	0	.110	.255	MM								
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA
Total Suspended Solids 00530	REPORTED	0	2.4	8.6	KG/Day		0	3.7	12			10/31	24
	PERMIT CONDITION	NA	75	230			NA	25	75	Mg/L		1/7	24
Total Dissolved Solids 70300	REPORTED	229	361	499	KG/Day		472	567	700			10/31	24
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24
Oil & Grease 00556	REPORTED				NA		1	1.29	1.63			3/31	GR
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR
Phenols 32730	REPORTED	.0011	.0022	.0027	KG/Day		.0016	.0033	.0047			3/31	24
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24
Residual Chlorine 50060	REPORTED				NA		0	0	0			22/31	GR
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR
pH 00400	REPORTED				NA		6.4	7.5	8.6			22/31	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	STA UNITS		DAILY	GR
Temperature 00010	REPORTED				NA		1	3.6	10			22/31	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7	
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Bricker	Wm	H	President	82	9	20							
LAST	FIRST	MI	TITLE	YEAR	MO	DAY							

DISCHARGE MONITORING REPORT

Approved
NO. 134-60371

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("grab" or "hr composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-10 Oh 11	10-10 0029149 PERMIT NUMBER	107-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
100-311 100-310 100-310 REPORTING PERIOD: FROM		8 2 01 01 YEAR MO DAY	TO	8 2 01 31 YEAR MO DAY	

PARAMETER		(3 card only) QUANTITY				UNITS	(4 card only) CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM					
COPPER TOTAL	REPORTED						.02	.03	.04	Mg/L		3/31	24	
	PERMIT CONDITION						NA	NA	NA			1/30	24	
IRON TOTAL	REPORTED						.7	1.0	1.3	Mg/L		3/31	24	
	PERMIT CONDITION						NA	NA	NA			1/30	24	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Cricker	Wm	H	President				8 2 01 05							
LAST	FIRST	MI	TITLE				YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

Effluent



Diamond Shamrock

Ashtabula Plant

March 3, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

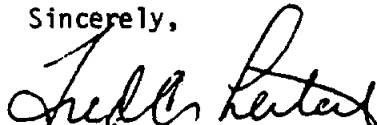
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U. S. EPA monitoring report forms for the month of February. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

sk

Attachments

B104 M R212 7H0R31
MONTHLY REPORT FORM

AGENCY CODE

B10331



REPORTED

NAME ADDRESS, CITY, COUNTY, ZIP

STATION CODE
F302001

DATE (MONTH, YEAR)
FEB., 1982

PAGE PRINTING DATE APPLICATION
P1 01/14/81 OH00291

DIAMOND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
SHUBULA FACILITY
10 SUPERIOR AVENUE
L1 AND 44114 ASHTABULA

SAMPLING STATION DESCRIPTION
001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE 1

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Sherm Pierce			
DAY	PH S.U.	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
AND CODE NO. AT RIGHT	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
01	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
02	7	.086	11					0		
03	6.7	.093	2	596	0	.89	5.2	0	40	1100
04	6.9	.119	4					0		
05	6.8	.133	3	706	2			0		
06	7.1	.225	4					0		
07	7	.208	3					0		
08	6.8	.221	3	486	6			0		
09	6.8	.261	4					0		
10	AH	.115		494	0		1.2		30	500
11	AH	0								
12	AH	0								
13	7.3	.071	3					0		
14	7.2	.271	3					0		
15	AH	.158								
16	6.9	.24	5					0		
17	6.8	.297	5	470	12	.6	4.6	0	60	800
18	6.9	.242	6					0		
19	AH	.095								
20	7.8	.090	5					0		
21	7.6	.128	6					0		
22	7.2	.165	6	810	4			0		
23	6.8	.198	7					0		
24	6.9	.135	8	814	14	1.23	4.5	0	40	700
25	6.9	.109	5					0		
26	6.7	.103	5	684	6			0		
27	6.8	.112	3					0		
28	7.3	.11	4					0		
29	7	.123	5	528	2			0		
30										
31										

TOTAL	161.2	4.108	110	5588	46	2.72	15.5	0	170	3100
VG.	7	.158	4.8	601	6.2	.81	4.1	0	47	769
AX.	7.8	.297	11	814	14	1.23	5.2	0	60	1100
IN.	6.7	.071	2	470	0	.6	1.2	0	30	500

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH - No flow at sample time

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED: March 3, 1982
SIGNATURE OF REPORTER: F. C. Leitert
TITLE OF REPORTER: Plant Manager

NATIONAL POLLY DISCHARGE ELIMINATION SYSTEM MONITORING REPORT

As Approved
MS NO. 134-RJ73

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM			8 12 0 12 0 1 YEAR MO DAY	TO	8 12 0 12 2 8 YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	0	.158	.297	MM Gals./ Day	NA	NA	NA	NA	NA	NA	CONT.	NA	
	PERMIT CONDITION	NA	NA	NA										
Total Suspended Solids 00530	REPORTED	0	3.6	13.5	KG/ Day	NA	0	6.2	14	Mg/l.	NA	9/28	24	
	PERMIT CONDITION	NA	76	230										
Total Dissolved Solids 70300	REPORTED	210	350	529	KG/ Day	NA	470	601	814	Mg/L	NA	9/28	24	
	PERMIT CONDITION	NA	4500	7600										
Oil & Grease 00556	REPORTED				NA	NA	.6	.81	1.23	Mg/L	NA	3/28	GR	
	PERMIT CONDITION	NA	NA	NA										
Phenols 32730	REPORTED	.0005	.0025	.0052	KG/ Day	NA	.0012	.0041	.0052	Mg/L	NA	4/28	24	
	PERMIT CONDITION	NA	NA	0.3										
Residual Chlorine 50060	REPORTED				NA	NA	0	0	0	Mg/L	NA	23/28	GR	
	PERMIT CONDITION	NA	NA	NA										
pH 00400	REPORTED				NA	NA	6.7	7	7.8	STA UNITS	NA	23/28	GR	
	PERMIT CONDITION	NA	NA	NA										
Temperature 00010	REPORTED				NA	NA	2	4.8	11	°C	NA	23/28	GR	
	PERMIT CONDITION	NA	NA	NA										

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker, Wm.	H.	President		8 2 03 0 3	
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief each information is true, complete, and accurate.

Wm. Bricker
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Approved
NO. 15M-70077

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analytical samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-01 Oh ST	13-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
130-311 130-312 130-313 REPORTING PERIOD: FROM 8 2 0 1 1 YEAR MO DAY			TO 8 2 0 2 2 8 YEAR MO DAY		

PARAMETER		QUANTITY (3 card only)				NO. EX	CONCENTRATION (4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER TOTAL	REPORTED						.03	.05	.06	Mg/L		4/28	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						.5	.77	1.1	Mg/L		4/28	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker, Wm. H.		President			8 2 0 3 0 1 3								
LAST	FIRST	MI	TITLE			YEAR	MO	DAY	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				



Diamond Shamrock

01
Ashtabula Plant

April 7, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of March. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

F. C. Leitert

mjf

Attachments

MONTHLY REPORT FORM

NAME, ADDRESS, CITY, COUNTY, ZIP

AMOND SHAMROCK CORP
 SEARCH DEPARTMENT SEMI-WK
 SHTABULA FACILITY
 SUPERIOR AVENUE
 AND 44114 ASHTABULA

STATION CODE
 F302001

DATE (MONTH, YEAR)
 MAR., 1982

PAGE PRINTING DATE APPLICATION
 OF 1 01/14/81 OH00291

SAMPLING STATION DESCRIPTION
 001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE

IN(1) ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN(2) ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Dan Fenner			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH S.U.	CONCUIT FLOW MMGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	ORG TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
AY	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
01	6.9	.169	3					0		
02	6.7	.145	4	546	4	2.92	1.8	0	40	630
03	7.3	.147	5					0		
04	AH	.076								
05	AH	0								
06	AH	0								
07	AH	0								
08	7.3	.125	5					0		
09	6.8	.310	7	376	4	1.18	2.7	0	60	490
10	7.1	.188	10					0		
11	AH	.081								
12	7.6	.190	12					0		
13	7	.273	12.5					0		
14	7	.189	12	424	16			0		
15	7	.199	10.5					0		
16	6.7	.245	10.5	436	2	.91	2.7	0	40	600
17	6.7	.241	10					0		
18	AH	.094								
19	AH	.194								
20	7	.191	10					0		
21	6.8	.247	10.5	412	0			0		
22	6.6	.242	9.5					0		
23	6.7	.177	11	374	0	.49	3.7	0	30	740
24	6.7	.167	12					0		
25	6.8	.164	12.5	270	0			0		
26	7.2	.170	7					0		
27	7.3	.165	6					0		
28	6.8	.175	8	304	0			0		
29	6.9	.161	11					0		
30	6.6	.194	14	262	0	2.46	1.8	0	30	850
31	7	.159	16					0		
TAL	166.5	5.078	229	3404	26	7.96	12.7	0	200	3310
G.	6.9	.164	9.5	378	2.9	1.59	2.5	0	40	662
X.	7.6	.310	16	546	16	2.92	3.7	0	60	850
Y.	6.6	0	3	262	0	.49	1.8	0	30	490

ADDITIONAL REMARKS (AN REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

flow at sample time

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED April 5, 1982	SIGNATURE OF REPORTER F. C. Leitert <i>[Signature]</i>	TITLE OF REPORTER Plant Manager
--	---	------------------------------------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
NO. 154-10873

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-10 Oh 17	10-100 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
100-111 102-20 104-20 REPORTING PERIOD: FROM		8 2 0 3 0 1 YEAR MO DAY	TO		
		8 2 0 3 3 1 YEAR MO DAY			

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow 50050	REPORTED	0	.164	.310	MM	0									
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA			CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	2.25	11.5	KG/Day	0	0	2.9	16		0	9/31	24		
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24		
Total Dissolved Solids 70300	REPORTED	167.8	294.3	441.8	KG/Day	0	262	378	546		0	9/31	24		
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24		
Oil & Grease 00556	REPORTED				NA		.49	1.59	2.92		0	5/31	GR		
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR		
Phenols 32730	REPORTED	.001	.002	.003	KG/Day	0	.0018	.0025	.0037		0	5/31	24		
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24		
Residual Chlorine 50060	REPORTED				NA		0	0	0		0	24/31	GR		
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR		
pH 00400	REPORTED				NA		6.6	6.9	7.6	STA	0	24/31	GR		
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	UNITS		DAILY	GR		
Temperature 00010	REPORTED				NA		3	9.5	16		0	CONT	NA		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7			
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
Brickor	Wm	H	President	8 2 0 4 0 5											
LAST	FIRST	MI	TITLE	YEAR	MO	DAY									

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
NO. 134-00015

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

13-00 Oh 17	10-101 0029149 PERMIT NUMBER	119-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-211 122-20 123-201 REPORTING PERIOD: FROM 8 2 0 3 0 1 YEAR MO DAY		TO 8 2 0 3 3 1 YEAR MO DAY		120-271 120-201 120-211	

PARAMETER		(3 card only) QUANTITY				(4 card only) CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER TOTAL	REPORTED						.03	.04	.06	Mg/L	0	5/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						.49	.66	.85	Mg/L	0	5/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	2	0	4	0	5
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Ashtabula Plant

May 10, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of April. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA NO. 336-1-73

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dashed lines, staple and mail Original to office specified in permit.

10-5 Oh ST	10-10 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		120-211 8 2 0 4 0 1 YEAR MO DAY	TO	120-211 8 2 0 4 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow 50050	REPORTED	0	.153	.271	MM Gals./Day	0								
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	12.9	42.6	KG/Day	0	0	18.5	48		0	9/30	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	105	260	401	KG/Day	0	182	370.5	414		0	9/30	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA		1.35	2.2	2.84		0	4/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.001	.002	.002	KG/Day	0	.0018	.0021	.0024		0	4/30	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0		0	21/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA		6.9	7.5	8.9	STA UNITS	0	21/30	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0			DAILY	GR	
Temperature 00010	REPORTED				NA		7	12.7	18		0	Cont.	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief each item of information is true, complete, and accurate.						
Bricker Wm H		President				8 2 0 5 0 7								
LAST FIRST MI		TITLE				YEAR MO DAY								
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT														

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
ID NO. 156-0007

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "2/2" is equivalent to 2 analyses performed every 2 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-01 Oh ST	10-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		120-211 122-210 124-210 8 2 0 4 0 1 YEAR MO DAY	TO	120-211 122-210 124-211 8 2 0 4 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS				
COPPER TOTAL	REPORTED						.02	.026	.04	Mg/L	0	4/30	24	
	PERMIT CONDITION						NA	NA	NA			1/30	24	
IRON TOTAL	REPORTED						.35	.565	.96	Mg/L	0	4/30	24	
	PERMIT CONDITION						NA	NA	NA			1/30	24	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker	Wm	H	President				8 2 0 5 0 7							
LAST	FIRST	MI	TITLE				YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					



Diamond Shamrock

Ashtabula Plant

June 4, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

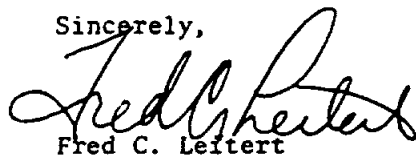
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of May. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,



Fred C. Leitert

mjf

Attachments

STATION CODE

F302001

REPORTED DATE (MONTH, YEAR)

MAY, 1982

PAGE PRINTING DATE APPLICATION NO.

1 OF 1 01/14/81 0H002914

MOND SHAMROCK CORP
EARCH DEPARTMENT SEMI-WK
TAPILA FACILITY
0 PERIOR AVENUE
V D 44114 ASHTABULA

SAMPLING STATION DESCRIPTION
001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST				
(2) - ENTER FREQUENCY OF SAMPLING				Ashtabula Semi-Works			Dan Fenner				
(1)	(2)	3	1	1	2	2	3	2	3	2	2
		PH	CONDUIT FLOW S.U.	WATER TEMP. C	RESIDUE OS-105C MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU,TOT UG/L	IRON FE,TOT UG/L
		REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
		00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
		6.5	.232	21					0		
		7.7	.229	21	362	14			0		
		7.7	.17	21					0		
		7.4	.203	22	300	0	1.88	2.7	0	0	200
		7.6	.193	23					0		
		7.1	.23	25	262	0			0		
		7.6	.222	25					0		
		7.2	.256	24					0		
		7.4	.21	23	340	36			0		
		7.2	.204	22					0		
		7.1	.243	25	246	0	1.23	1.1	0	0	390
		7	.222	25					0		
		7.2	.216	27	310	0			0		
		6	.228	26					0		
		7.1	.218	22					0		
		7.2	.204	24	294	10			0		
		7	.221	27					0		
		7	.221	27	294	0	.75	4.3	0	40	720
		7.3	.222	27					0		
		7.1	.148	26	306	0			0		
		7.2	.212	24					0		
		7.1	.18	24					0		
		7.1	.187	22	260	0			0		
		7.1	.239	25					0		
		7	.206	23	284	0	1.21	5.2	0	40	390
		AH	.127								
		AH	.047								
		7.3	.188	23					0		
		7.2	.188	25					0		
		AH	.162								
		7.2	.088	24					0		
		202	6.116	673	3258	60	5.07	13.3	0	80	1700
		7.2	.197	24	296	5.5	1.25	3.25	0	20	429
		7.7	.256	27	362	36	1.88	5.2	0	40	720
		6.5	.047	21	246	0	.75	1.1	0	0	200

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

= flow at sample time

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED June 3, 1982	SIGNATURE OF REPORTER F. C. Leitert <i>F. C. Leitert</i>	TITLE OF REPORTER Plant Manager
---------------------------------------	---	------------------------------------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

As Approved
JD NO. 154-06073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "A.C. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 2 0 5 0 1 YEAR MO DAY	TO	8 2 0 5 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED							0	.02	.04	Mg/L	4/31	24	
	PERMIT CONDITION							NA	NA	NA		1/30	24	
IRON TOTAL	REPORTED							.2	.43	.72	Mg/L	4/31	24	
	PERMIT CONDITION							NA	NA	NA		1/30	24	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker	Wm	H	President				8 2 0 6 0 3							
LAST	FIRST	MI	TITLE				YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
MB NO. 154-10073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-01 Oh ST	10-101 0029149 PERMIT NUMBER	110-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-101 120-201 120-301 8 2 05 0 1 YEAR MO DAY		TO		120-201 120-301 120-311 8 2 0 5 3 1 YEAR MO DAY	

REPORTING PERIOD: FROM

TO

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	.047	.197	.256	MM									
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	4.4	28.7	KG/Day		0	5.5	36			10/31	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	171.6	235.8	314	KG/Day		246	296	362			10/31	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA		.75	1.25	1.88			4/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.001	.003	.004	KG/Day		.0011	.0033	.0052			4/31	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0			28/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA		6.5	7.2	7.7	STA		28/31		
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	UNITS		DAILY	GR	
Temperature 00010	REPORTED				NA		21	24	27			28/31		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7		

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	2	0	6	0	3
LAST	FIRST	MI	TITLE	YEAR	MO	DAY			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Effluent



Diamond Shamrock

Ashtabula Plant

July 6, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

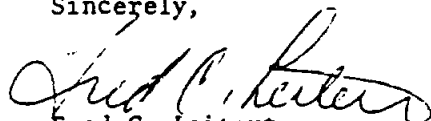
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of June. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

6104 14 212 760831
 MONTHLY REPORT FORM

AGENCY COPY

810331



REPORTED

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

MOND SHAMROCK CORP
 RESEARCH DEPARTMENT SEMI-WK
 TABULA FACILITY
 10 SUPERIOR AVENUE
 VAN DUSEN 44114 ASHTABULA

F302001

JUNE, 1982

Pf1 01/14/81 OH00291

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE F

(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
(2) - ENTER FREQUENCY OF SAMPLING										
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-10SC	RESIDUE NFLT	O&G TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TOT
	S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
	7	.205	23	328	0	1.63	5	0	20	660
	7.1	.193	24					0		
	6.6	.193	22	292	6			0		
	7.1	.199	22					0		
	7	.247	21					0		
	7	.208	21	306	10			0		
	7.1	.179	21					0		
	6.9	.199	26	328	12	1.99	5.5	0	20	750
	7.1	.288	31					0		
	7.1	.336	26	256	0			0		
	7.4	.234	28					0		
	7	.244	25					0		
	7	.266	26	320	2			0		
	7.4	.226	26					0		
	9	.247	26	296	0	2.02	3	0	50	450
	7.1	.259	24					0		
	7	.168	26	284	4			0		
	AH	.089								
	AH	0								
	AH	0								
	7.4	.153	27					0		
	7.1	.217	25	294	10	1.39	2.9	0	20	660
	7.4	.194	25					0		
	7.1	.195	26	318	4			0		
	7	.184	28					0		
	7	.158	25					0		
	6.9	.147	27	358	22			0		
	6.9	.173	29					0		
	6.9	.252	26	326	20	1.2	3.8	0	50	1230
	7.1	.247	28					0		
	190.6	5.9	684	3706	90	8.23	20.2	0	160	3750
	7.1	.197	25	306	6.9	1.64	3.97	0	33	758
	7.4	.336	31	358	22	2.02	5.5	0	50	1230
	6.6	0	21	256	0	1.2	2.9	0	20	450

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

= flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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.

NO EPA-4500 (10-80)

DATE REPORT COMPLETED
7/6/82

SIGNATURE OF REPORTER
F. C. Leitert

F. C. Leitert

TITLE OF REPORTER
Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
18 NO. 15-70073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-2 Oh ST	10-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		82 0 16 0 1 YEAR MO DAY	TO	82 0 16 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
		(3 said only)	(3 said only)	(3 said only)	(4 said only)			(4 said only)	(4 said only)					
Flow 50050	REPORTED	0	.197	.336	MM Gals./Day									
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	5.7	19.1	KG/Day		0	6.9	22			12/30	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	181	254	326	KG/Day		256	306	358			12/30	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA		1.2	1.6	2.0			5/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.0024	.0034	.0041	KG/Day		.0029	.0040	.0055			5/30	24	
	PERMIT CONDITION	NA	NA	0,3			NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0			27/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0,1	0,3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA		6.6	7.1	7.4	STA UNITS		27/30		
	PERMIT CONDITION	NA	NA	NA			6,0	NA	9,0			DAILY	GR	
Temperature 00010	REPORTED				NA		21	25	31			27/30		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Bricker	Wm	H	President	82	2	9								
LAST	FIRST	MI	TITLE	YEAR	MO	DAY								

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Approved
J NO. 134-70013

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-10 Oh BY	10-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-271 (120-272) (120-273) REPORTING PERIOD: FROM		8 2 9 6 9 YEAR MO DAY	TO	120-271 (120-272) (120-273) 8 2 0 6 3 0 YEAR MO DAY	

PARAMETER		QUANTITY (3 card only)				CONCENTRATION (4 card only)				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM (120-281)	AVERAGE (120-282)	MAXIMUM (120-283)	UNITS	NO. EX (120-284)	MINIMUM (120-285)	AVERAGE (120-286)	MAXIMUM (120-287)			UNITS
COPPER TOTAL	REPORTED						.020	.033	.050	Mg/L	5/30	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
IRON TOTAL	REPORTED						.45	.76	1.23	Mg/L	5/30	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		
Bricker	Wm	H	President	82	07	06
LAST	FIRST	MI	TITLE	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief each information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Ashtabula Plant

August 5, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of July. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

sk

Attachments

MONTHLY REPORT FORM

AGENCY COPY

110331 **ONTOLENA**

REPORTED
 STATION CODE: F302001
 DATE (MONTH YEAR): JULY, 1982
 PAGE: 1
 PRINTING DATE: 06/05/82
 APPLICATION NO: OH002914

REPORTING ADDRESS: AMCOB SHAMROCK CORP, SEARCH DEPARTMENT SEMI-WK, HTABULA FACILITY, 00 SUPERIOR AVENUE, E AND 44114 ASHTABULA

SAMPLING STATION DESCRIPTION: 001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE THIS FORM MUST BE TYPEWRITTEN

N(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
N(2) ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH S.U.	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON, FE, TOT UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00430	51050	00010	00515	00533	00550	32730	50060	01042	01045
1	7.3	.217	27					0		
2	7.2	.208	27	276	10			0		
3	7.2	.203	27					0		
4	7.2	.128	29					0		
5	7.4	.12	27					0		
6	7.3	.094	27.5	264	0	.63	6.6	0	20	490
7	7.1	.194	30.5					0		
8	7.4	.306	32	338	0			0		
9	7	.336	33					0		
10	7	.136	30.5					0		
11	6.9	.138	30	326	0			0		
12	7.1	.201	31					0		
13	7.3	.214	31	338	0	1.68	3.6	0	20	580
14	AH	.2						-		
15	7.3	.084	28	320	6			0		
16	7.2	.178	30					0		
17	7.1	.173	31					0		
18	7.1	.162	31	336	8			0		
19	7.1	.171	31					0		
20	7.5	.162	31	328	2	.29	1.5	0	40	980
21	7.3	.117	30.5					0		
22	7.1	.12	30	292	2			0		
23	7.1	.168	30.5					0		
24	7.3	.204	31					0		
25	7.4	.171	31	276	0			0		
26	7.4	.198	30					0		
27	7.1	.236	31	306	0	1.1	1.7	0	20	680
28	7.2	.215	29					0		
29	7.3	.169	28	280	0			0		
30	7	.218	30					0		
31	AH	.089						-		
AL	208.9	5.53	865.5	3680	28	3.7	13.4	0	100	2730
2	7.2	.178	29.8	310	2.2	1.03	2.9	0	24.6	693
3	7.5	.336	33	338	10	1.68	6.6	0	40	980
4	6.9	.084	27	264	0	.29	1.5	0	20	490

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH=No flow at sample time

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED: 8/5/82
 SIGNATURE OF REPORTER: F. C. Leitert
 TITLE OF REPORTER: Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 156-0017

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing exponents. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-10 Oh ST	14-101 0029149 PERMIT NUMBER	117-101 001 D16	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-211 122-2M 122-2M REPORTING PERIOD: FROM 82 07 01 YEAR MO DAY		TO 82 07 31 YEAR MO DAY			

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM				
Flow 50050 Total Suspended Solids 00530	REPORTED	.084	.178	.336	MM								
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA
Total Dissolved Solids 70300	REPORTED	0	1.4	7.9	KG/Day		0	2.2	10			12/31	24
	PERMIT CONDITION	NA	76	230	KG/Day		NA	25	75	Mg/L		1/7	24
Oil & Grease 00556	REPORTED				NA		.29	1.03	1.68			4/31	GR
	PERMIT CONDITION	NA	NA	NA	NA		NA	NA	10	Mg/L		1/7	GR
Phenols 32730 Residual Chlorine 50060	REPORTED	.0009	.0019	.0029	KG/Day		.0015	.0029	.0066			4/31	24
	PERMIT CONDITION	NA	NA	0.3	KG/Day		NA	NA	.100	Mg/L		1/7	24
pH 00400	REPORTED				NA		0	0	0			29/31	GR
	PERMIT CONDITION	NA	NA	NA	NA		NA	0.1	0.3	Mg/L		1/7	GR
Temperature 00010	REPORTED				NA		6.9	7.2	7.5	STA		29/31	
	PERMIT CONDITION	NA	NA	NA	NA		6.0	NA	9.0	UNITS		DAILY	GR
	REPORTED				NA		27	29.8	33			29/31	
	PERMIT CONDITION	NA	NA	NA	NA		NA	NA	NA	°C		1/7	

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm.	H.	President	82	08	05	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief each item of information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
D NO. 154-R0073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-# Oh	14-101 0029149	117-101 001	2818	415330	804620
ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
120-211 120-220 120-221			120-221 120-221 120-221		
REPORTING PERIOD: FROM 8 2 07 0 1			TO 8 2 07 3 1		
YEAR MO DAY			YEAR MO DAY		

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS	NO. EX.	(4 card only)			UNITS	NO. EX.		
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED						.020	.025	.040	Mg/L		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						.49	.69	.98	Mg/L		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER		DATE	
Bricker	Wm.	H.	President	8 2 08 0 5		
LAST	FIRST	MI	TITLE	YEAR	MO DAY	

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Ashtabula Plant

September 3, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of August. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert

mjf

Attachments

AL ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

AMCAD SHAMROCK CORP

F302001

AUG., 1982

Pf 1 06/05/92 0402514

SEARCH DEPARTMENT SEMI-WK

SAMPLING STATION DESCRIPTION

4TH TULA FACILITY

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

300 PERIORK AVENUE

21110 ND

44114 ASHTABULA

NOTE: THIS FORM MUST BE TYPE

(1) ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE			REPORTING LAB				ANALYST			
(2) ENTER FREQUENCY OF SAMPLING			Ashtabula Semi-Works				Chris Castrilla			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW MMGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENYLS UG/L	CHLOR TOT RES MG/L	COPPER CU,TOT UG/L	IRON FE,TOT UG/L
	S.U.									
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	09400	50050	00010	00515	00530	00550	32730	50060	C1042	01045
	6.9	.153	28	308	0			0		
	6.9	.191	28					0		
	6.8	.165	28	312	0	.23	3	0	20	750
	AH	.175								
	7	.09	27					0		
	6.6	.123	29					0		
	7.1	.142	29					0		
	7.2	.288	29	288	4			0		
	7.2	.176	30					0		
	7	.152	28	250	2	.57	2.9	0	20	270
	7.1	.192	26					0		
	7.1	.201	28	304	4			0		
	7.2	.231	26					0		
	7.2	.296	26					0		
	7.1	.171	32					0		
	7.2	.174	32	280	0			0		
	7	.193	27	294	0	.24	3.4	0	20	890
	7	.192	27					0		
	7.3	.161	27	260	0			0		
	6.8	.062	27					0		
	7	.035	26					0		
	7.2	.062	25	304	0			0		
	7.3	.055	23					0		
	7	.042	25	308	8	2.12	1	0	20	380
	7.3	.083	24					0		
	7.2	.079	25	268	0			0		
	7.2	.083	22					0		
	7.2	.083	24					0		
	7	.091	22	338	10			0		
	7.2	.092	25					0		
	7.1	.098	27	324	16	1.48	2.9	0	20	410
	212.4	4.331	802	3838	44	4.46	13.2	0	100	2700
	7.1	.140	26.3	292	2.7	.62	3	0	20	604
	7.3	.296	32	338	16	2.12	3.4	0	20	890
	6.6	.035	22	250	0	.23	1	0	20	270

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

= flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED	SIGNATURE OF REPORTER	TITLE OF REPORTER
September 3, 1982	F. C. Leitert <i>F. C. Leitert</i>	Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 156-0007

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-B Oh ST	10-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-211 120-212 120-213 8 2 0 8 0 1 YEAR MO DAY		TO	120-221 120-222 120-223 8 2 0 8 3 1 YEAR MO DAY		

REPORTING PERIOD: FROM

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	.035	.140	.296	MM Gals./Day	0				NA				
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	1.5	5.9	KG/Day	0	0	2.7	16	Mg/L	0	13/31	24	
	PERMIT CONDITION	NA	76	230			NA	25	75			1/7	24	
Total Dissolved Solids 79300	REPORTED	49	158	314	KG/Day	0	250	292	338	Mg/L	0	13/31	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500			1/7	24	
Oil & Grease 00556	REPORTED				NA		.23	.62	2.12	Mg/L	0	5/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10			1/7	GR	
Phenols 32730	REPORTED	.0002	.0015	.0025	KG/Day		.001	.003	.0034	Mg/L	0	5/31	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100			1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0	Mg/L	0	30/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3			1/7	GR	
pH 00400	REPORTED				NA		6.6	7.1	7.3	STA UNITS	0	30/31	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0			DAILY	GR	
Temperature 00010	REPORTED				NA		22	26.3	32	°C	0	Cont.	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			1/7		

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	2	0	9	0	3
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Signature of Principal Executive Officer or Authorized Agent

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
ND NO. 136-70073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing waterfalls. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" to represent 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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10-9 Oh ST	10-10 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
100-101 (8-20-80) 100-102 (8-20-80) 100-103 (8-20-80)			100-104 (8-20-80) 100-105 (8-20-80) 100-106 (8-20-80)		
REPORTING PERIOD: FROM			TO		
8 2 0 8 0 1 YEAR MO DAY			8 2 0 8 3 1 YEAR MO DAY		

PARAMETER	REPORTED	(3 card only) QUANTITY				UNITS	NO. EX.	(4 card only) CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
COPPER TOTAL	REPORTED							.02	.02	.02	MG/L	0	5/31	24
	PERMIT CONDITION							NA	NA	NA			1/30	24
IRON TOTAL	REPORTED							.27	.60	.89	MG/L	0	5/31	24
	PERMIT CONDITION							NA	NA	NA			1/30	24
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm	II	President	8	2
LAST	FIRST	MI	TITLE	YEAR	MO
				0	1
				9	0
				1	3
				0	1
				3	1

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Ashtabula Plant

October 5, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

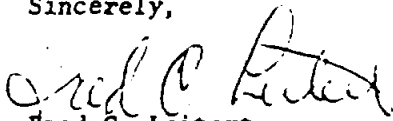
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of September. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

STATION ADDRESS CITY COUNTY ZIP
 MOND SHAMROCK CORP
 RESEARCH DEPARTMENT SEMI-WK
 TAPULA FACILITY
 SUPERIOR AVENUE
 NO 40114 ASHTABULA

STATION CODE DATE (MONTH YEAR)
 F302001 SEPT., 1982

PAGE PRINTING DATE APPLICATION NO
 PF1 06/05/82 OH002914

SAMPLING STATION DESCRIPTION
 001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST			
2) ENTER FREQUENCY OF SAMPLING				Ashtabula Semi-Works			Chris Castrilla			
1)	3	1	2	2	3	2	3	2	2	
2)	1	999	999	997	1	997	1	997	997	
	PH	CONDUIT FLOW S.U.	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	ORG TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU,TOT UG/L	IRON FE,TCT UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	53050	20010	00515	00530	00550	32730	50060	01042	01045
	7	100	26					0		
	7.1	089	24.5	270	0			0		
	7.2	091	39					0		
	7.3	121	24.5					0		
	7.2	201	27.5	304	0			0		
	6.8	034	24					0		
	7.1	187	22	340	4	1.28	2.9	0	20	360
	7.2	126	26					0		
	AH	056								
	7.2	066	25					0		
	7.3	029	24					0		
	AH	018								
	AH	019								
	7.4	019	24	460	14	11	5.3	0	20	500
	7.9	066	23					0		
	7.5	068	22	312	0			0		
	7.2	050	21					0		
	7.4	051	22					0		
	7.6	111	21	370	4			0		
	7.3	086	26					0		
	8	104	18	490	2	1.6	3.1	0	20	430
	7.5	152	18					0		
	8.1	141	18	416	0			0		
	AH	113								
	7.3	148	18					0		
	7.4	107	18	348	2			0		
	7.3	279	18					0		
	7.1	163	18	1032	6	.79	3.3	0	20	780
	AH	094								
	8.1	171	19	292	0			0		

TAL	183.5	3.06	566.5	4634	32	3.78	14.6	0	80	2070
G	7.3	102	23	430	2.1	1.13	3.2	0	20	526
X	8.1	279	39	1032	14	1.6	5.3	0	20	780
V	6.8	018	18	270	0	11	2.9	0	20	360

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

WH flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED October 5, 1982	SIGNATURE OF REPORTER F. C. Leitert <i>F. C. Leitert</i>	TITLE OF REPORTER Plant Manager
--	---	------------------------------------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
MONITORING REPORT

Form Approved
EPA NO. 130-00073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "M" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

OH ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804520 LONGITUDE
REPORTING PERIOD: FROM		82 YEAR	09 MO	01 DAY	TO
		82 YEAR	09 MO	31 DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	NO. EX.		MINIMUM	AVERAGE	MAXIMUM				
Flow 50050	REPORTED	.018	.102	.279	MM						Cont.		
	PERMIT CONDITION	NA	NA	NA	Gals./Day	NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	.98	3.7	KG/Day	0	2.1	14			11/30	24	
	PERMIT CONDITION	NA	76	230		NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 79300	REPORTED	33	201	638	KG/Day	270	430	1032			11/30	24	
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA	.11	1.13	1.6			4/30	GR	
	PERMIT CONDITION	NA	NA	NA		NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.0004	.0014	.0021	KG/Day	.0029	.0032	.0053			4/30	24	
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA	0	0	0			25/30	GR	
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA	6.8	7.3	8.1	STA		25/30	GR	
	PERMIT CONDITION	NA	NA	NA		6.0	NA	9.0	UNITS		DAILY	GR	
Temperature 00010	REPORTED				NA	18	23	39			Cont.	NA	
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	°C		1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief each information is true, complete, and accurate.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Bricker Wm H		President			82 10 015								
LAST FIRST MI		TITLE			YEAR MO DAY								

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA NO. 134-76373

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was one/one, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-B Oh ST	14-151 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		100-101 8 2 09 YEAR MO DAY	100-102 0 1 DAY	TO	100-101 8 2 09 YEAR MO DAY

PARAMETER		QUANTITY				CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS	(4 card only)			UNITS		
		MINIMUM	AVERAGE	MAXIMUM		NO. EX	MINIMUM	AVERAGE			
COPPER TOTAL	REPORTED					.02	.02	.02	Mg/L	4/30	24
	PERMIT CONDITION					NA	NA	NA		1/30	24
IRON TOTAL	REPORTED					.36	.53	.78	Mg/L	4/30	24
	PERMIT CONDITION					NA	NA	NA		1/30	24
	REPORTED										
	PERMIT CONDITION										
	REPORTED										
	PERMIT CONDITION										
	REPORTED										
	PERMIT CONDITION										
	REPORTED										
	PERMIT CONDITION										
	REPORTED										
	PERMIT CONDITION										

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	Wm	H	President	8	2	1	0	0
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

X. J. Christ
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

effluent



Diamond Shamrock

Ashtabula Plant

November 4, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

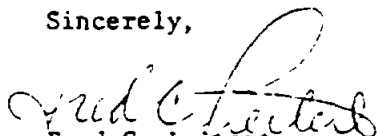
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of October. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

8104 M 8212 7MC831
MONTHLY REPORT FORM

AGENCY COPY

810331 **UNIOPLA**

STATION ADDRESS CITY COUNTY ZIP

STATION CODE

REPORTED DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION NO

AMCNC SHAMPOCK CORP
SEARCH DEPARTMENT SEMI-WK
HTASBULA FACILITY
01 SUPERIOR AVENUE
E NO 44114 ASHTABULA

F302001

OCT., 1982

Pf 1 06/05/92 0H002914

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE FYP:

(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE REPORTING LAB ANALYST
(2) ENTER FREQUENCY OF SAMPLING Ashtabula Semi-Works Chris Castrilla, Sherman Pic

(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	FH S.U.	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	O&G TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	30010	30515	00530	03550	32730	50060	01042	01045
1	7.2	.070	18					0		
2	7.2	.063	19					0		
3	7.1	.062	16	1616	0			0		
4	7.8	.114	16					0		
5	7.2	.135	18					0		
6	6.6	.130	21	314	8	.81	4.9	0	20	640
7	7.1	.253	21	746	0			0		
8	7.6	.166	23							
9	AH	AH								
0	AH	AH								
1	AH	AH								
2	AH	.209						0		
3	7.3	.163	17	1282	0	1.59	2.0	0	20	550
4	7.3	.279	17	1480	0			0		
5	7.3	.310	14					0		
6	8.1	.314	14					0		
7	7.0	.228	12	1614	2			0		
8	7.1	.282	16					0		
9	7.7	.293	16	1590	0	.80	2.0	0	20	260
0	7.5	.165	16					0		
1	7.7	.207	15	1660	2			0		
2	7.7	.219	11					0		
3	7.3	.239	11					0		
4	7.3	.235	13	1460	12			0		
5	7.5	.253	13					0		
6	7.4	.198	15					0		
7	7.6	.216	15					0		
8	7.4	.211	15	1128	10	1.28	2.0	0	20	320
9	7.3	.222	16					0		
0	7.2	.237	16					0		
1	7.2	.309	16	776	6			0		
TAL	198.7	5.78	430	13666	40	4.48	10.9	0	80	1770
G	7.4	.187	16	1245	3.7	1.12	2.5	0	20	397
X	8.1	.314	23	1660	12	1.59	4.9	0	20	640
4	6.6	0	11	314	0	.80	2.0	0	20	260

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

[-] = flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED 11/4/82	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
----------------------------------	--	------------------------------------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-00473

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "2/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-M Oh ST	10-IN 0029149 PERMIT NUMBER	112-001 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-011 122-00 124-00 REPORTING PERIOD: FROM		8 2 1 0 0 1 YEAR MO DAY	TO	130-071 132-001 130-011 8 2 1 0 3 YEAR MO DAY	

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050 Total	REPORTED	0	.187	.314	MM Gals./ Day					NA		Cont.	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			CONT.	NA	
Suspended Solids 00530 Total	REPORTED	0	3.0	10.7	KG/ Day		0	3.7	12	MG/L		11/31	24	
	PERMIT CONDITION	NA	76	230			NA	25	75			1/7	24	
Dissolved Solids 70300 Total	REPORTED	155	1016	1766	KG/ Day		314	1245	1660	MG/L		11/31	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500			1/7	24	
Oil & Grease 00556	REPORTED				NA		.80	1.1	1.59	MG/L		4/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10			1/7	GR	
Phenols 32730	REPORTED	.0012	.0019	.0024	KG/ Day		.0020	.0025	.0049	MG/L		4/31	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100			1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0	MG/L		27/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3			1/7	GR	
pH 00400	REPORTED				NA		6.6	7.4	8.1	STA UNITS		27/31	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0			DAILY	GR	
Temperature 00010	REPORTED				NA					°C		Cont.	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Bricker Wm H		President			82 1 1 0 4									
LAST FIRST MI		TITLE			YEAR MO DAY									

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
JMD NO. 154-70073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

15-01 Oh ST	16-101 0029149 PERMIT NUMBER	117-101 001 D11	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-211 120-210 120-210 REPORTING PERIOD: FROM 8 2 1 0 0 1			120-211 120-210 120-211 TO 8 2 10 3 1		
YEAR MO DAY			YEAR MO DAY		

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER TOTAL	REPORTED						.02	.02	.02	Mg/L		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						.26	.40	.64	Mg/L		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	Wm	H	President	8	2	11	04	
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

effluent



Diamond Shamrock

Ashtabula Plant

December 9, 1982

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of November. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

STATION ADDRESS CITY COUNTY ZIP STATION CODE DATE (MONTH YEAR) PAGE PRINTING DATE APPLICATION NO.
 AMOND SHAMROCK CORP F302001 NOV., 1982 P#1 06/05/82 0H002514
 SEARCH DEPARTMENT SEMI-WK
 ASHTABULA FACILITY
 30 PERIOR AVENUE
 31 ND 44114 ASHTABULA
 SAMPLING STATION DESCRIPTION
 Q01 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST			
(2) ENTER FREQUENCY OF SAMPLING				Ashtabula Semi-Works			Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-105C	RESIDUE T. NFLT	O&G TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TCT
	S.U.	MMGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50150	50010	00515	00530	00550	32730	50060	01042	01045
7.2		360	18					0		
7.1		279	19	700	2	1.39	3.40	0	40	330
7.4		247	18					0		
7.4		235	16	804	6			0		
7.2		197	12					0		
7.4		184	10					0		
7.3		200	12	882	4			0		
7.3		209	11					0		
7.3		209	12	1092	2	.95	7.0	0	40	360
7.3		181	11					0		
7.4		238	13	966	2			0		
8.2		242	12					0		
7.5		236	11					0		
7.7		264	9	932	2			0		
7.5		281	9					0		
7.3		258	9	1056	0	1.53	2.20	0	20	200
7.2		236	11					0		
7.1		235	12	1284	2			0		
7.5		231	14					0		
7.7		242	14					0		
7.2		262	14	1056	24			0		
7.0		277	14					0		
7.0		271	14	1124	22	1.61	1.10	0	20	600
7.0		270	13					0		
6.9		226	11					0		
7.2		291	11					0		
7.1		285	11					0		
7.2		255	10	1090	2			0		
7.5		257	10					0		
7.3		262	11					0		
7.3		247	12	997	6.4	1.39	3.2	0	29.6	375
8.2		360	19	1284	24	1.61	7.0	0	40	600
6.9		181	9	700	0	.95	1.1	0	20	200

ADDITIONAL REMARKS (ALL REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

= flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0067

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing materials. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "1/7" is equivalent to 1 analysis performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-01 Oh ST	10-101 0029149 PERMIT NUMBER	110-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-011 122-010 124-010 REPORTING PERIOD: FROM			8 2 1 1 0 1 YEAR MO DAY	TO	8 2 1 1 3 0 YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050 Total	REPORTED	.181	.247	.360	MM							Cont	NA	
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA	
Suspended Solids 00530	REPORTED	0	6.0	23.8	KG/Day		0	6.4	24			10/30	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	669	930	1154	KG/Day		700	997	1284			10/30	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA		.95	1.39	1.61			4/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.0011	.0031	.0055	KG/Day		.0011	.0032	.0070			4/30	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0			30/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA		6.9	7.3	8.2			30/30	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	STA UNITS		DAILY	GR	
Temperature 00010	REPORTED				NA		9	12	19			Cont.	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.							
Bricker Wm H		President			82 12 08									
LAST FIRST MI		TITLE			YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							

GENERAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
NO. 134-70073

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-B Oh ST	14-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
130-211 130-212 130-213 8 2 1 1 0 1 YEAR MO DAY		TO		130-271 130-272 130-273 8 2 1 1 3 0 YEAR MO DAY	

REPORTING PERIOD: FROM

TO

133-271

134-271

135-271

PARAMETER		QUANTITY (3 card only) 134-271 135-271 136-271				CONCENTRATION (4 card only) 137-271 138-271 139-271 140-271				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM			UNITS
COPPER TOTAL	REPORTED						.02	.03	.04	MG/L	4/30	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
IRON TOTAL	REPORTED						.2	.38	.6	MG/L	4/30	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	2	1	2	0	8
LAST	FIRST	MI	TITLE	YEAR	MO	DAY			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

S. Chester
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Ashtabula Plant

January 10, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of December. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert

mjf

Attachments

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION N°

AMOND SHAMROCK CORP
SEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
100 SUPERIOR AVENUE
E AND 44114 ASHTABULA

F302001

DEC. 1982

Pf 1 06/05/82 0H002914

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

IN(1) - ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-105C	RESIDUE T. NFLT	O&G TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU,TOT	IRON FE,TCT
	S.U.	MMGD	C	M6/L	M6/L	M6/L	UG/L	M6/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
Y	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
1	7.6	.226	15					0		
2	7.6	.187	16	910	2			0		
3	7.4	.233	17					0		
4	7.2	.287	15					0		
5	7.2	.266	15	974	0			0		
6	7.7	.244	13					0		
7	7.5	.232	13	1144	2	1.69	1.80	0	50	230
8	7.7	.207	12					0		
9	7.6	.213	10	1032	0			0		
0	7.9	.221	10					0		
1	AH	.243								
2	7.6	.216	8	1008	4			0		
3	7.5	.194	9					0		
4	AH	.121		882	0	AH	1.20		30	260
5	H	0								
6	7.5	.168	8	1006	2			0		
7	7.4	.231	9					0		
8	7.5	.220	9					0		
9	7.5	.227	9	978	0			0		
0	7.8	.282	9					0		
1	7.3	.214	9	1100	4	1.56	6.60	0	30	280
2	7.5	.263	9					0		
3	AH	.204								
4	AH	0								
5	6.8	.053	9					0		
6	7.3	.275	12	944	6			0		
7	7.3	.310	14					0		
8	AH	.236	15	1206	0	AH	4.10		20	310
9	AH	0								
0	8.0	.229	7					0		
1	AH	.194								
AL	172.4	6.20	272	11184	20.0	3.25	13.7	0	130	1080
2	7.5	.200	11	1023	1.93	1.63	3.7	0	32.8	271
3	8.0	.310	17	1206	6.0	1.69	6.6	0	50	310
4	6.8	0	7	882	0	1.56	1.2	0	20	230

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED 1/10/83	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
----------------------------------	--	------------------------------------

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0001

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

154-01 Oh ST	154-02 0029149 PERMIT NUMBER	154-03 001 DIS	154-04 2818 SIC	154-05 415330 LATITUDE	154-06 804620 LONGITUDE
154-07 REPORTING PERIOD: FROM			154-08 8 2 1 2 0 1 YEAR MO DAY	TO	154-09 8 2 1 2 3 1 YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	0	.200	.310	MM Gals./Day					NA				
	PERMIT CONDITION	NA	NA	NA										NA
Total Suspended Solids 00530	REPORTED	0	1.57	6.25	KG/Day					Mc/L			11/31 - 24	
	PERMIT CONDITION	NA	75	230										NA
Total Dissolved Solids 70300	REPORTED	404	830	1079	KG/Day					Mg/L			11/31 - 24	
	PERMIT CONDITION	NA	4500	7600										NA
Oil & Grease 00556	REPORTED				NA					Mg/L			2/31 - GR	
	PERMIT CONDITION	NA	NA	NA										NA
Phenols 32730	REPORTED	.00055	.0028	.0054	KG/Day					Mg/L			4/31 - 24	
	PERMIT CONDITION	NA	NA	0.3										NA
Residual Chlorine 50060	REPORTED				NA					Mg/L			23/31 - GR	
	PERMIT CONDITION	NA	NA	NA										NA
pH 00400	REPORTED				NA					STA UNITS			23/31 - GR	
	PERMIT CONDITION	NA	NA	NA										NA
Temperature 00010	REPORTED				NA					°C			cont. - NA	
	PERMIT CONDITION	NA	NA	NA										NA
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.							
Bricker	Wm	H	President			8								3
LAST	FIRST	MI	TITLE			YEAR	MO	DAY	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
NO. 154-R0013

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing exponents. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

15-B Oh ST	16-100 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		100-211 100-212 100-213 8 2 1 2 0 1 YEAR MO DAY	TO	100-221 100-222 100-223 8 2 1 2 3 1 YEAR MO DAY	

PARAMETER		(3 card only) QUANTITY				UNITS	(4 card only) CONCENTRATION				FREQ. OF ANALYSIS	SAMPLE TYPE
		100-201 MINIMUM	100-202 AVERAGE	100-203 MAXIMUM	100-204 NO. EX.		100-211 MINIMUM	100-212 AVERAGE	100-213 MAXIMUM	100-214 NO. EX.		
COPPER TOTAL	REPORTED						.02	.03	.05	Mg/L	4/31	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
IRON TOTAL	REPORTED						.23	.27	.31	Mg/L	4/31	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	Wm	H	President	8	3	0	1	10
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Effluent



Diamond Shamrock

Ashtabula Plant

February 10, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of January. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

1 1 6412 710031
MONTHLY REPORT FORM

AGENCY COPY

REPORTED

010031



NAME ADDRESS CITY, COUNTY, ZIP
APOND SHAMROCK CORP
SEARCH DEPARTMENT SEMI-WK
H1 LA FACILITY
0 SUPERIOR AVENUE
E. AND 44114 ASHTABULA

STATION CODE
F3C2001

DATE (MONTH, YEAR)
JAN., 1983

PAGE PRINTING DATE APPLICATION NO
PF 1 06/05/82 CM002914

SAMPLING STATION DESCRIPTION
001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

IN(1): ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN(2): ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. NFLT MG/L	ORG TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00410	50050	00110	00515	00530	01550	32730	50060	01742	01045
1	7.5	159	8					0		
2	7.5	267	8	974	2			0		
3	7.3	236	7					0		
4	7.1	240	8	676	4	0.82	5.00	0	20	440
5	7.1	280	10					0		
6	7.2	211	10	936	12			0		
7	7.4	231	11					0		
8	7.3	232	9					0		
9	7.5	207	9	1060	12			0		
0	7.4	216	10					0		
1	7.3	279	10	1056	6	1.83	5.40	0	40	290
2	7.4	296	11					0		
3	7.2	233	8	1136	18			0		
4	PH	162								
5	PH	0								
6	7.2	205	6	1268	4			0		
7	7.2	316	5					0		
8	7.1	312	4	1158	18	1.00	3.60	0	20	500
9	7	313	5					0		
0	7	318	11	1040	10			0		
1	7.5	275	8					0		
2	7.2	299	8					0		
3	7.1	319	11	840	4			0		
4	7.1	374	11					0		
5	7.5	312	10	1098	8	0.92	4.10	0	20	720
6	7.1	201	9					0		
7	7.1	198	9	970	8			0		
8	7	209	11					0		
9	7.2	231	10					0		
0	7	211	10	444	6			0		
1	7	221	10					0		
AL	209.5	7.56	257	12656	112	4.57	18.10	0	100	1950
	7.2	244	9	980	8.64	1.14	4.47	0	24.9	496
S	7.5	374	11	1268	18	1.83	5.40	0	40	720
	7.0	0	4	444	2	0.82	3.60	0	20	290

ADDITIONAL REMARKS (AN REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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.

NO EPA-4500 (10-80) DATE REPORT COMPLETED 2/8/83 SIGNATURE OF REPORTER F. C. Leitert TITLE OF REPORTER Plant Manager

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1545-0007

Diam Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-0 Oh 1T	12-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-211 (3 word only) 120-221 REPORTING PERIOD: FROM		120-211 8 3 0 1 0 1 YEAR MO DAY	120-211 TO	120-211 (3 word only) 120-221 8 2 0 1 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX.		MINIMUM	AVERAGE	MAXIMUM	UNITS		
COPPER TOTAL	REPORTED						0.02	0.02	0.04	MG/L	4/31	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
IRON TOTAL	REPORTED						0.29	0.50	0.72	MG/L	4/31	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	3	0	2	0	8
LAST	FIRST	MI	TITLE	YEAR	MO	DAY			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0007

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dashed lines, staple and mail Original to office specified in permit.

ST	OH	PERMIT NUMBER 0029149	DIS 001	SIC 2818	LATITUDE 415330	LONGITUDE 804620
REPORTING PERIOD: FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
8	3	0	1	3	1	

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow 50050	REPORTED	0	244	374		MM Gals./Day									
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA		NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	2.02	8.34	21.28		KG/Day	2	8.64	18				13/31	24	
	PERMIT CONDITION	NA	75	230			NA	25	75		Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	355	947	1369		KG/Day	444	980	1268				13/31	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500		Mg/L		1/7	24	
Oil & Grease 00556	REPORTED					NA	0.82	1.14	1.83				4/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10		Mg/L		1/7	GR	
Phenols 32730	REPORTED	0.0043	0.0048	0.0057		KG/Day	0.0036	0.0045	0.0054				4/31	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100		Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED					NA	0	0	0				29/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3		Mg/L		1/7	GR	
pH 00400	REPORTED					NA	7.0	7.2	7.5				29/31	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0		STA UNITS		DAILY	GR	
Temperature 00010	REPORTED					NA	4	9	11				Cont.	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA		°C				
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief each information is true, complete, and accurate.							
Bricker Wm H		President				8 3 0 2 0 8									
LAST	FIRST	MI	TITLE	YEAR	MO	DAY									

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

Effluent



Diamond Shamrock

Ashtabula Plant

March 10, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of February. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert

mjf

Attachments

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0007

Diamo. Lamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM			8 3 0 2 0 1 YEAR MO DAY	TO	8 3 0 2 2 8 YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM				
Flow 50050	REPORTED	0	.191	.339	MM Gals./ Day					NA			
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			CONT.	NA
Total Suspended Solids 00530	REPORTED	3.64	7.52	20.16	KG/ Day		4	7.66	20	MG/L		8/28	24
	PERMIT CONDITION	NA	76	230			NA	25	75			1/7	24
Total Dissolved Solids 70300	REPORTED	371	683	910	KG/ Day		466	696	944	MG/L		8/28	24
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500			1/7	24
Oil & Grease 00556	REPORTED				NA		.99	1.52	2.37	MG/L		3/28	GR
	PERMIT CONDITION	NA	NA	NA			NA	NA	10			1/7	GR
Phenols 32730	REPORTED	.0031	.0049	.0068.	KG/ Day		.0036	.0052	.0075	MG/L		3/28	24
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100			1/7	24
Residual Chlorine 50060	REPORTED				NA		0	0	0	MG/L		9/28	GR
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3			1/7	GR
pH 00400	REPORTED				NA		6.9	7.2	7.7	STA UNITS		9/28	GR
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0			DAILY	GR
Temperature 00010	REPORTED				NA		6	12	22	°C			NA
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA				

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	Wm	H	President	8	3	0	3	10
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

W. Keeler
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-7007

Diam. Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in excess of those specified. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "2/7" is equivalent to 2 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("Grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

OH ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 3 0 2 0 1 YEAR MO DAY	TO	8 3 0 2 2 8 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
COPPER TOTAL	REPORTED							0.02	0.03	0.04	MG/L		3/28	24
	PERMIT CONDITION							NA	NA	NA			1/30	24
IRON TOTAL	REPORTED							0.61	0.92	1.50	MG/L		3/28	24
	PERMIT CONDITION							NA	NA	NA			1/30	24
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm	II	President	8 3 0 3 10	
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

effluent



Diamond Shamrock

Ashtabula Plant

April 8, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

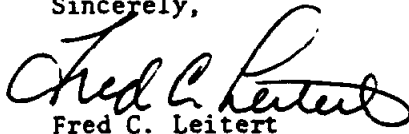
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of March. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMJ NO. 1A-10473

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "1/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-2 Oh ST	12-10 0029149 PERMIT NUMBER	117-101 001 DIS	2818 NC	415330 LATITUDE	804620 LONGITUDE
120-111 120-112 120-113 8 3 0 3 0 1 YEAR MO DAY			120-121 120-122 120-123 83 0 3 3 1 YEAR MO DAY		

REPORTING PERIOD FROM

TO

PARAMETER		QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow 50050	REPORTED	0	.202	.341	MM Gals./Day				NA				
	PERMIT CONDITION	NA	NA	NA			NA	NA		NA		CONT.	NA
Total Suspended Solids 00530	REPORTED	0	4.9	13.9	KG/Day		0	5.64	18	Mg/L		11/31	24
	PERMIT CONDITION	NA	76	230			NA	25	75			1/7	24
Total Dissolved Solids 70300	REPORTED	248	329	525	KG/Day		302	375	640	Mg/L		11/31	24
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500			1/7	24
Oil & Grease 00556	REPORTED				NA		1.51	1.97	2.40	Mg/L		4/31	GR
	PERMIT CONDITION	NA	NA	NA			NA	NA	10			1/7	GR
Phenols 32730	REPORTED	.0033	.0038	.0044	KG/Day		.0041	.0048	.0056	Mg/L		4/31	24
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100			1/7	24
Residual Chlorine 50060	REPORTED				NA		0	0	0	Mg/L		28/31	GR
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3			1/7	GR
pH 00400	REPORTED				NA		6.9	7.3	7.6	STA UNITS		28/31	GR
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0			DAILY	GR
Temperature 00010	REPORTED				NA		7	11	14	°C		28/31	NA
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			1/7	

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	3	0	4	0	7
LAST	FIRST	MI	TITLE	YEAR	MO	DAY			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Wm. H. Bricker
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0007

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the column labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

10-1 Oh ST	10-10 0029149 PERMIT NUMBER	107-101 001 DIS	2818 HC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		100-101 100-102 100-103 8 3 0 3 0 1 YEAR MO DAY	TO	100-101 100-102 100-103 8 3 0 3 3 1 YEAR MO DAY	

PARAMETER		(3 each only)					(4 each only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY		CONCENTRATION			QUANTITY		CONCENTRATION				
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.		
COPPER TOTAL	REPORTED						.02	.02	.02	MG/L		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						.270	.357	.600	MG/L		4/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					
Bricker	Wm	H	President			8 3 0 4 0 7							
LAST	FIRST	MI	TITLE			YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

Wm H Bricker



Diamond Shamrock

Ashtabula Plant

May 10, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

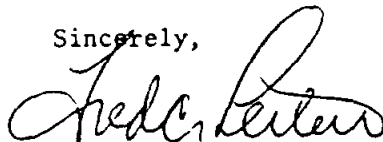
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of April. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM

AGENCY COPY

REPORTED ON

NAME ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION #

AMCND SHAHROCK CORP
SEARCH DEPARTMENT SEMI-WK
HTABULA FACILITY
D SUPERIOR AVENUE
E IND 44114 ASHTABULA

F302001

APR., 1983

Pf 1 06/05/82 0H00291

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

N(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
N(2) ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Sherman Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDUE DS-105C	RESIDUE T. NFLT	O&G TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TCT
	S.U.	MG/D	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00430	50050	00010	00515	00530	00550	32730	50060	01042	01045
	7	.246	12					0		
	AH	.158								
	AH	0								
	7	.046	14					0		
	7.4	.274	11	334	10	1.12	5.5	0	30	420
	7.3	.201	12					0		
	7.5	.261	13	274	4			0		
	7.4	.261	17					0		
	7.3	.250	15					0		
	7.7	.257	13	262	0			0		
	7.6	.246	13					0		
	7.7	.231	16	286	4	1.63	3.4	0	30	320
	7.6	.198	14					0		
	7.5	.208	14	268	0			0		
	7.4	.262	12					0		
	7.2	.295	13					0		
	7.9	.343	12	298	14			0		
	7.3	.373	12					0		
	7.4	.227	12	464	8	0.68	5.4	0	30	350
	7.3	.261	12					0		
	7.2	.213	11	492	0			0		
	7.0	.143	14					0		
	6.9	.135	14					0		
	7.2	.119	11	452	6			0		
	7.4	.101	11					0		
	AH	.043				AH	AH		AH	AH
	AH	0								
	AH	0								
	AH	0								
	AH	0								
	AH	0								
	169.2	5.35	298	3130	46	3.43	14.3	0	90	1090
	7.4	.178	13	337	5.64	1.14	4.8	0	30	367
	7.9	.373	17	492	14	1.63	5.5	0	30	420
	6.9	0	11	262	0	0.68	3.4	0	30	320

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)
H flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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

NO. EPA-4500 (10-80)

DATE REPORT COMPLETED
May 9, 1983

SIGNATURE OF REPORTER
F. C. Leitert

TITLE OF REPORTER
Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0007

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

117-101 Oh ST	14-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-201 120-202 120-203 REPORTING PERIOD: FROM 8 3 9 4 9 YEAR MO DAY		TO 8 3 0 4 3 0 YEAR MO DAY			

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow 50050	REPORTED	0	.178	.373	MM									
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	5.1	18.2	KG/Day		0	5.64	14			9/30	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	204	303	399	KG/Day		262	337	492			9/30	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA		.68	1.14	1.63			3/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.0030	.0044	.0057	KG/Day		.0034	.0048	.0055			3/30	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0			23/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA		6.9	7.4	7.9	STA		23/30	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	UNITS		DAILY	GR	
Temperature 00010	REPORTED				NA		11	13	17			23/30	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7		

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	13	0	15	0	19
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Signature
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-00473

Diamonrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/3" is equivalent to 3 analyses performed every 3 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 3 0 4 0 1 YEAR MO DAY	TO	8 30 4 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER TOTAL	REPORTED						0.03	0.03	0.03	MG/L		3/30	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						0.32	0.37	0.42	MG/L		3/30	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	Wm	H	President			8 3 0 5 0 9		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock

Ashtabula Plant

June 8, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

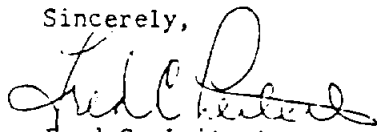
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of May. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE (NUMBER DATE APPLICATION)

ANING BAYBROOK CORP
SEARCH DEPARTMENT SEMI-WK
HTC LA FACILITY
SUPERIOR AVENUE
AND 44114 ASHTABULA

1312001

MAY, 1983

P 1 06/01/83 1312001A

SAMPLING STATION DESCRIPTION

C I MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE THIS FORM MUST BE FILLED

IN 1 ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN 2 ENTER FREQUENCY OF SAMPLING		Ashtabula, Semi-Works					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDUE SS-1000	RESIDUE T. SOLT	TDS TOTAL	PHENOLS	CHLOR TOT RES	COPPER CU, TOT	IRON FE, TOT
	S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
Y	00300	00000	00010	00015	00030	00050	32730	50060	01042	01040
1	AH	0								
2	7.2	.288	17					0		
3	6.9	.281	15	282	14	1.16	6.1	0	20	170
4	7.1	.288	15					0		
5	7.1	.417	16	414	14			0		
6	7.1	.353	17					0		
7	AH	0								
8	AH	0								
9	AH	0								
0	AH	0		AH	AH	AH	AH		AH	AH
1	AH	0								
2	AH	0								
3	AH	0								
4	AH	0								
5	AH	0								
6	6.9	.297	15	894	30			0		
7	6.9	.391	14	898	30	1.38	2.3	0	20	1840
8	6.8	.225	17					0		
9	7.1	.197	18	1226	12			0		
0	AH	.029								
1	AH	0								
2	AH	0								
3	AH	0								
4	AH	0		AH	AH	AH	AH		AH	AH
5	AH	0								
6	AH	0								
7	AH	0								
8	AH	0								
9	AH	0								
0	AH	0								
1	7.2	.226	16	1332	64	1.13	3.8	0	20	800
AL	70.3	2.99	160	5046	164	3.67	12.2	0	60	2810
B	7.03	.097	16	780	26	1.15	5.1	0	20	451
X	7.2	.417	18	1332	64	1.38	6.1	0	20	1840
L	6.8	0	14	282	12	1.13	2.30	0	20	150

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

H flow at sample time

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY KNOWLEDGE AND 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.

M. NO. EPA-450C (10-80) (REV. 1-81)

DATE REPORT COMPLETED
June 8, 1983

SIGNATURE OF REPORTER
P. C. Leitert

TITLE OF REPORTER
Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-00873

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd G E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is one analysis in 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	10-101 0029149 PERMIT NUMBER	119-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		130-211 130-220 130-231 8 3 0 1 5 0 1 YEAR MO DAY	TO	130-231 130-220 130-211 8 3 0 1 5 3 1 YEAR MO DAY	

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow 50050	REPORTED	0	.097	.417	MM Gals./Day								
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			CONT.	NA
Total Suspended Solids 00530	REPORTED	8.96	29.8	54.8	KG/Day		12	26	64		1	6/31	24
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24
Total Dissolved Solids 70300	REPORTED	300	891	1331	KG/Day		.282	780	1332			6/31	24
	PERMIT CONDITION	NA	4500	7500			NA	1500	2500	Mg/L		1/7	24
Oil & Grease 00556	REPORTED				NA		1.13	1.15	1.38			3/31	GR
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR
Phenols 32730	REPORTED	0	.0033	.0065	KG/Day		.0023	.0051	.0061			3/31	24
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24
Residual Chlorine 50060	REPORTED				NA		0	0	0			10/31	GR
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR
pH 00400	REPORTED				NA		6.8	7.03	7.2	STA UNITS		10/31	GR
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0			DAILY	GR
Temperature 00010	REPORTED				NA		14	16	18			10/31	NA
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/7	

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		
Bricker	Wm	H	President	8 3 0 1 6 0 1 8		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE

DIAMOND SHAMROCK CORPORATION
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1417-0013

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases consisting of "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/31" to represent 3 analyses performed every 31 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-B oh ST	14-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		130-111 (82-18) 130-111 8 3 0 5 0 1 YEAR MO DAY	TO	130-111 130-111 130-111 8 3 0 5 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				NO. EX.	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER TOTAL	REPORTED						.020	.020	.020	MG/L		3/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						.170	.451	1.84	MG/L		3/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

[Handwritten Signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Tricker	Wm	H	President	8	3 0 6 0 8
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

effluent



Diamond Shamrock

Ashtabula Plant

July 8, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

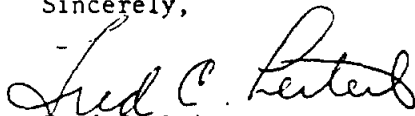
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of June. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM

AGENCY COPY

REPORTED:

NAME ADDRESS CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

AROND SHAMROCK CORP
SEARCH DEPARTMENT SEMI-WK
HARTFORD FACILITY
0 SUPERIOR AVENUE
E AND 44114 ASHTABULA

F3C2001

JUNE, 1983

PF 1 06/05/82 CH00291

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE F

IN(1) - ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula, Semi-Works					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH S.U.	CONDUIT FLOW MGD	WATER TEMP. C	RESIDUE DS-105C MG/L	RESIDUE T. VFLT MG/L	ORG TOTAL MG/L	PHENOLS UG/L	CHLOR TOT RES MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
Y	00400	50050	00010	00515	00530	00550	32730	53060	01042	01045
1	7.0	.121	18					0		
2	AH	.052								
3	7.1	.153	20					0		
4	7.1	.244	19					0		
5	7.0	.243	21	1310	16			0		
6	7.2	.306	21					0		
7	7.0	.295	22	1164	18	0.92	2.7	0	20	800
8	7.3	.275	22					0		
9	AH	.123		1210	28					
0	AH	0								
1	AH	0								
2	AH	0								
3	AH	0								
4	AH	0				AH	AH		AH	AH
5	AH	0								
6	AH	0								
7	AH	0								
8	AH	0								
9	7.1	.230	25	1248	16			0		
0	7.0	.245	25					0		
1	7.3	.250	25	1148	14	1.22	5.1	0	20	630
2	7.4	.240	25					0		
3	7.5	.228	27	936	4			0		
4	6.9	.217	29					0		
5	6.8	.298	29					0		
6	7.8	.295	28	936	16			0		
7	7.6	.314	29					0		
8	7.7	.365	25	902	6	1.76	2.7	0	20	240
9	7.9	.238	25					0		
0	7.4	.196	25	1014	2			0		
1										
AL	138.1	4.93	460	9868	120	3.9	10.5	0	60	1670
2	7.3	.164	24	1080	12.6	1.34	3.36	0	20	529
3	7.9	.365	29	1310	28	1.76	5.1	0	20	800
4	6.8	0	18	902	2	0.92	2.7	0	20	240

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

H flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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

NO. EPA-4500 (10-80)

DATE REPORT COMPLETED
July 8, 1983

SIGNATURE OF REPORTER
F. C. Leitner *[Signature]*

TITLE OF REPORTER
Plant Manager

DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0007

Diamond Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	10-101 0029149 PERMIT NUMBER	317-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM			8 3 0 6 0 1 YEAR MO DAY	TO	8 3 0 6 3 0 YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM				
Flow 50050	REPORTED	0	.164	.365	MM								
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA	CONT.	NA	
Total Suspended Solids 00530	REPORTED	1.49	11.81	20.31	KG/Day		2	12.6	28		9/30	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L	1/7	24	
Total Dissolved Solids 70300	REPORTED	564	1012	1301	KG/Day		902	1080	1310		9/30	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L	1/7	24	
Oil & Grease 00556	REPORTED				NA		0.92	1.34	1.76		3/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L	1/7	GR	
Phenols 32730	REPORTED	.0030	.0039	.0048	KG/Day		.0027	.0034	.0051		3/30	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L	1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0		19/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L	1/7	GR	
pH 00400	REPORTED				NA		6.8	7.3	7.9	STA UNITS	19/30	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0		DAILY	GR	
Temperature 00010	REPORTED				NA		18	24	29			NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C			

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm	H	President	8	3 0 7 0 8
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE

DISCHARGE MONITORING REPORT

Form Approved
ONR NO. 134-0007


Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd 6, E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

OH ST	10-101 0029149 PERMIT NUMBER	107-101 001 DISE	2818 SIC	415330 LATITUDE	804620 LONGITUDE
100-011 REPORTING PERIOD: FROM		100-011 8 3 0 6 0 1 YEAR MO DAY	TO		100-011 8 3 0 6 3 0 YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER TOTAL	REPORTED						0.020	0.020	0.020	Mg/L		3/30	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						0.24	0.53	0.80	Mg/L		3/30	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Bricker	Wm	II	President			8 3 0 7 0 8				
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

Effluent



Diamond Shamrock

Ashtabula Plant

August 8, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

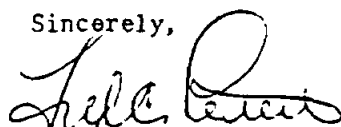
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of July. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM

AGENCY CITY

REPORTED

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION N

DIAPHRAGM SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
60 SUPERIOR AVENUE
WELAND 44114 ASHTABULA

3IF00002001 JUL 1983

PF 1 06/14/83 06002914

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROCK

NOTE: THIS FORM MUST BE TYPED

N(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST			
N(2) ENTER FREQUENCY OF SAMPLING				Ashtabula Semi-Works			Sherrn Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUI FLOW MGD	WATER TEMP. C	RESIDU US-105 MG/L	RESIDU T. NFL MG/L	C&G TOTAL MG/L	PHENOL UG/L	CHLOR TOT RE MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
	AH	160								
2	7.2	.085	26					0		
3	7.2	.274	29	812	8			0		
4	7.5	.260	29					0		
5	7.6	.252	27	800	6	2.09	1.60	0	10	160
6	7.5	.267	27					0		
7	7.6	.285	27	762	0			0		
8	7.2	.344	25					0		
9	AH	.157								
10	7.9	.191	25	864	12			0		
11	7.3	.261	26					0		
12	AH	.097								
13	7.6	.298	27					0		
14	7.4	.308	30	684	6	1.18	3.00	0	10	350
15	7.1	.257	29					0		
16	7.1	.222	29					0		
17	7.3	.228	30	686	10			0		
18	7.3	.265	30					0		
19	7.4	.243	29	572	10	0.99	3.80	0	10	200
20	7.6	.177	30					0		
21	7.4	.301	28	584	64			0		
22	6.8	.147	30					0		
23	6.9	.076	26					0		
24	8.0	.110	27	664	12			0		
25	7.8	.053	25					0		
26	AH	.018				AH	AH		AH	AH
27	AH	0								
28	AH	0								
29	AH	0								
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151	AH	0								
152	AH	0								
153	AH	0								
154	AH	0								
155	AH	0								

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0007

Diamond Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing "AVERAGE" in average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate, permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" to represent 3 analyses performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh IT	0029149 PERMIT NUMBER	001 DIS	2818 BIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 3 0 7 0 1 YEAR MO DAY	TO	8 3 0 7 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	0	.172	.344	MM Gals./ Day	NA	NA	NA	NA	NA	NA	CONT.	NA	
	PERMIT CONDITION	NA	NA	NA										
Total Suspended Solids 00530	REPORTED	0	13.95	73.0	KG/ Day	NA	0	15	64	MG/L	NA	9/31	24	
	PERMIT CONDITION	NA	76	230										
Total Dissolved Solids 70300	REPORTED	276.8	657.4	843.2	KG/ Day	NA	572	712	864	MG/L	NA	9/31	24	
	PERMIT CONDITION	NA	4500	7600										
Oil & Grease 00556	REPORTED				NA	NA	0.99	1.41	2.09	MG/L	NA	3/31	GR	
	PERMIT CONDITION	NA	NA	NA										
Phenols 32730	REPORTED	0.0015	0.0028	0.0035	KG/ Day	NA	.0016	.0028	.0038	MG/L	NA	3/31	24	
	PERMIT CONDITION	NA	NA	0.3										
Residual Chlorine 50060	REPORTED				NA	NA	0	0	0	MG/L	NA	22/31	GR	
	PERMIT CONDITION	NA	NA	NA										
pH 00400	REPORTED				NA	NA	6.8	7.4	8	STA UNITS	NA	22/31	GR	
	PERMIT CONDITION	NA	NA	NA										
Temperature 00010	REPORTED				NA	NA	25	28	30	OC	NA	22/31	NA	
	PERMIT CONDITION	NA	NA	NA										

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm	II	President	8	3
LAST	FIRST	MI	TITLE	YEAR	MO
				DAY	

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DISCHARGE MONITORING REPORT

SYSTEM

Form Approved
OMB NO. 1545-0046

Diamor Lamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing a slash. "AVERAGE" is average computed over actual time discharge to operating "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/31" is equivalent to 3 analyses performed every 31 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dashed lines, staple and mail Original to office specified in permit.

14-0 Oh ST	16-101 0029149 PERMIT NUMBER	157-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
180-311 182-89 184-81 REPORTING PERIOD: FROM 8 3 0 7 0 1 YEAR MO DAY		TO 8 3 0 7 3 1 YEAR MO DAY			

PARAMETER		QUANTITY				NO. EX	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS		
COPPER TOTAL	REPORTED						0.010	0.010	0.010	MG/L	3/31	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
IRON TOTAL	REPORTED						0.160	0.245	0.350	MG/L	3/31	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	3	0	8	0	8
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Effluent



Diamond Shamrock
Now Diamond Chemicals Company

Ashtabula Plant

September 8, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of August. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

NAME ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION N

DIAMOND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
10 SUPERIOR AVENUE
VELAND 44114 ASHTABULA

3IF00002001 AUG 1983

PF 1 06/14/83 0H002914

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPEWRITTEN

N(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST			
N(2) - ENTER FREQUENCY OF SAMPLING				Ashtabula		Semi-Works		Sherman Pierce		
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDU DS-105	RESIDU T. NFL	O&G TOTAL	PHENOL	CHLOR TOT RE	COPPER CU, TOT	IRON FE, TCT
	S.U.	MGC	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
	7.0	.225	26					0		
2	7.4	.233	26	622	20	1.19	1.7	0	20	370
3	6.9	.219	26					0		
4	7.5	.248	26	622	12			0		
5	7.4	.155	28					0		
6	7.3	.200	27					0		
7	7.7	.199	27	658	24			0		
8	AH	.143								
9	AH	0				AH	AH		AH	AH
10	AH	0								
11	7.0	.160	25	938	18			0		
12	7.0	.153	27					0		
13	AH	.036								
14	AH	0								
15	AH	0								
16	AH	0				AH	AH		AH	AH
17	AH	0								
18	AH	.016								
19	7.6	.272	27					0		
20	7.4	.275	27					0		
21	7.2	.250	27	946	0			0		
22	7.2	.205	26					0		
23	AH	.086				AH	AH		AH	AH
24	AH	0								
25	AH	0								
26	AH	0								
27	7.5	.015	26					0		
28	7.0	.209	31	826	12			0		
29	6.9	.293				0.62	2.3	0	20	390
30	AH	.038								
31	AH	0								
32	AH	0								
33	AH	0								
34	7.5	.015	26					0		
35	7.0	.209	31	826	12			0		
36	6.9	.293				0.62	2.3	0	20	390
37	AH	.038								
38	AH	0								
39	AH	0								
40	AH	0								
41	116	3.63	402	4612	86	1.81	4.00	0	40	760
42	7.3	.117	27	762	13.7	0.87	2.03	0	20	381
43	7.7	.293	31	946	24	1.19	2.30	0	20	390
44	6.9	0	25	622	0	.62	1.70	0	20	370

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY THAT 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 REPORT COMPLETED 9/7/83	SIGNATURE OF REPORTER F. C. Leitner <i>[Signature]</i>	TITLE OF REPORTER Plant Manager
---------------------------------	---	------------------------------------

Diamond Brock Corporation
Ashtabu Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide data for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing "AVERAGE" or "MINIMUM" unless you are reporting actual time discharge in operating "MAJORITY" permit conditions in the column labeled "No. 2." If "No. 1" permit, enter "0".
3. Specify frequency of analysis for each parameter as No. samples/No. days (e.g., "3/7PM" is one lot in 3 analyses performed every 7 days.) If continuous, enter "CONT".
4. Enter "NA" if no analysis was performed.
5. Appropriate tolerance is required on bottom of this form.
6. Remove carbon and retain copy for your records.
7. Field along dashed lines, staple and mail Original to office specified in permit.

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15-1002
0029149
PERMIT NUMBER

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DIS

15-1004
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SIC

15-1005
813 018 011
YEAR MO DAY

15-1006
415330
LATITUDE

15-1007
804620
LONGITUDE

15-1008
813 018 311
YEAR MO DAY

15-1009
TO

15-1010
813 018 311
YEAR MO DAY

15-1011
REPORTING PERIOD: FROM

PARAMETER	QUANTITY (15-1011)		CONCENTRATION (15-1012)		UNITS	NO. OF SAMPLES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM (15-1013)	AVERAGE (15-1014)	MINIMUM (15-1015)	AVERAGE (15-1016)				
Flow 50050 TOTAL	REPORTED	0	.117	.293	MM			
	PERMIT CONDITION	NA	NA	NA	Gals./Day			NA
Suspended Solids 00530 TOTAL	REPORTED	0	11.2	18.1	KG/Day			CONT.
	PERMIT CONDITION	NA	76	230				6/31
Dissolved Solids 70300	REPORTED	496.3	624.9	896.3	KG/Day			1/7
	PERMIT CONDITION	NA	4500	7600				6/31
Oil & Grease 00556	REPORTED	NA	NA	NA	NA			1/7
	PERMIT CONDITION	NA	NA	NA				2/31
Phenols 32730 RESIDUAL	REPORTED	.0015	.0020	.0026	KG/Day			1/7
	PERMIT CONDITION	NA	NA	0.3				2/31
Chlorine 50060	REPORTED	NA	NA	NA	NA			1/7
	PERMIT CONDITION	NA	NA	NA				16/31
pH 00400	REPORTED	NA	NA	NA	NA			1/7
	PERMIT CONDITION	NA	NA	NA				16/31
Temperature 00010	REPORTED	NA	NA	NA	STA UNITS			DAILY
	PERMIT CONDITION	NA	NA	NA				15/31
NAME OF PRINCIPAL EXECUTIVE OFFICER						DATE		
Bricker Wm H						8 13 0 9 0 17		
TITLE						YEAR MO DAY		
President								
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER						OFFICE OR APPROVED OFFICER		
<i>Wm H Bricker</i>						<i>Wm H Bricker</i>		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief each information is true, complete, and accurate.

Diamon amrock Corporation
Ashtab Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

11-2 Oh ST	10-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
110-101 111-101 112-101 REPORTING PERIOD: FROM 8 3 0 8 0 1 YEAR MO DAY		TO 8 3 0 8 3 1 YEAR MO DAY			

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		(3 card only) QUANTITY				UNITS	(4 card only) CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX		MINIMUM	AVERAGE	MAXIMUM	NO. EX			
COPPER TOTAL	REPORTED						0.020	0.020	0.020	MG/L	2/31	24	
	PERMIT CONDITION						NA	NA	NA		1/30	24	
IRON TOTAL	REPORTED						0.370	0.381	0.390	MG/L	2/31	24	
	PERMIT CONDITION						NA	NA	NA		1/30	24	
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	3	0	8	0	17
LAST	FIRST	MI	TITLE	YEAR	MO	DAY			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

effluent



Diamond Shamrock
Now Diamond Chemicals Company

Ashtabula Plant

October 7, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of September. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM

AGENCY COPY

810301 **UNEP**

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

DIAMOND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
HTABULA FACILITY
0 SUPERIOR AVENUE
CLEVELAND 44114 ASHTABULA

31F00002001 SEP 1983

1 06/14/83 CH00251

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE T

N(1): ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE REPORTING LAB ANALYST
N(2): ENTER FREQUENCY OF SAMPLING Ashtabula, Semi-Works Sherman Pierce

(1)	3	1	1	2	2	3	2	3	2	
(2)	1	999	999	997	997	1	997	1	997	
	PH	CONDUI	WATER	RESIDU	RESIDU	ORG	PHENOL	CHLGR	COPPER	IRON
	S.U.	FLCH	TEMP.	OS-105	T. NFL	TOTAL	UG/L	TOT RE	CU, TOT	FE, TCT
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01092	01045
1	AH	0								
2	AH	0								
3	AH	0								
4	AH	0								
5	AH	0								
6	AH	0								
7	7.2	.084	23					0		
8	7.1	.277	25	742	8			0		
9	7.3	.284	25					0		
0	7.5	.263	28					0		
1	7.8	.288	28	708	10			0		
2	8.1	.233	26			1.3	1.7	0	20	260
3	AH	0								
4	AH	0								
5	AH	0								
6	AH	0								
7	AH	0								
8	AH	0								
9	AH	0								
0	AH	0								
1	AH	0								
2	AH	0								
3	7.2	.341	15					0		
4	7.1	.288	16					0		
5	7.7	.259	16	518	12			0		
6	7.7	.275	18	510	8	0.93	1.10	0	20	290
7	AH	.235								
8	AH	0								
9	AH	0								
0	AH	0								
1										

AL	74.7	2.827	220	2478	38	2.23	2.80	0	40	550
S	7.5	.094	22	622	9.5	1.10	1.38	0	20	276
K	8.1	.341	28	742	12	1.30	1.70	0	20	290
	7.1	0	15	510	8	.93	1.10	0	20	260

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED: October 7, 1983 SIGNATURE OF REPORTER: F. C. Leiterer TITLE OF REPORTER: Plant Manager

Diamon mrock Corporation
 Ashtabl Semi-Works
 P O Box 488
 State Rd & E 6th St
 Ashtabula, Ohio 44004

Oh
 11

0029149
 REPORT NUMBER

001
 DIST

2818
 SIC

415330 804620
 LATITUDE LONGITUDE

REPORTING PERIOD FROM
 8 3 0 P 0 1
 YEAR NO DAY

70
 8 3 0 9 3 10
 YEAR NO DAY

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter or subparameter. Do not enter values in "MINIMUM" and "AVERAGE" for elements which were not analyzed during the reporting period. "NA" stands for "Not Analyzed".
3. Specify the number of analyzed samples that selected the minimum and/or maximum or appropriate small conditions in the column headed "No. of". If none, enter "0".
4. Specify frequency of analysis for each parameter as "No. analyses/No. days" (e.g., "3/1" to enter "3 analyses performed every 1 day"). If continuous enter "CONT." or "C" if frequency was continuous.
5. Appropriate signature is required on bottom of this form.
6. Remove carbon and retain copy for your records.
7. Print along dotted lines, single and multi Original to office specified in permit.

PARAMETER	REPORTED	QUANTITY			UNITS	CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM		
COPPER TOTAL	REPORTED									
	PERMIT CONDITION									
	REPORTED									
IRON TOTAL	REPORTED									
	PERMIT CONDITION									
	REPORTED									

NAME OF PRINCIPAL EXECUTIVE OFFICER
 Bricker Wm II
 TITLE OF THE OFFICER
 President
 DATE
 83 10 0 7
 YEAR NO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Wm Bricker
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER ON ANALYTICAL REPORT

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-004

Diamond Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was unobtainable, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-B Oh ST	10-101 0029149 PERMIT NUMBER	117-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 3 0 9 0 1 YEAR MO DAY	TO	8 3 0 9 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	0	.094	.341	MM Gals./Day					NA		Cont.		
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			CONT.	NA	
Total Suspended Solids 00530	REPORTED	8.3	9.9	11.8	KG/Day		8	9.5	12	MG/L		4/30	24	
	PERMIT CONDITION	NA	76	230			NA	25	75			1/7	24	
Total Dissolved Solids 79300	REPORTED	508.5	647.9	779	KG/Day		510	622	742	MG/L		4/30	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500			1/7	24	
Oil & Grease 00556	REPORTED				NA		.93	1.10	1.30	MG/L		2/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10			1/7	GR	
Phenols 32730	REPORTED	0.0011	0.0013	0.0015	KG/Day		0.0011	0.0014	0.0017	MG/L		2/30	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100			1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0	MG/L		10/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3			1/7	GR	
pH 00400	REPORTED				NA		7.1	7.5	8.1	STA UNITS		10/30	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0			DAILY	GR	
Temperature 00010	REPORTED				NA		15	22	28	°C		10/30	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Bricker	Wm	II	President			8 3 1 0 0 7 YEAR MO DAY								

Effluent



**Diamond Shamrock
Chemicals Company**

Ashtabula Plant

November 8, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of October. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM
 NAME ADDRESS, CITY, COUNTY, ZIP

AGENCY COPY

REPORTED

0.2524

DIAMOND SHAMROCK CCPP
 RESEARCH DEPARTMENT SEMI-WK
 ASPEN FACILITY
 10 SUPERIOR AVENUE
 CLEVELAND 44114 ASHTARULA

STATION CODE DATE (MONTH, YEAR)
 31F00002001 OCT 1983

PAGE PRINTING DATE APPLICATION NO.
 P1 06/14/83 GH002914

SAMPLING STATION DESCRIPTION
 001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPE

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST		
IN(2) - ENTER FREQUENCY OF SAMPLING				Ashtabula Semi-Works			Sherman Pierce		
(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
FF	CONDUIT FLOW	WATER TEMP.	RESIDUOS-105	RESIDU T. NFL	O&G TOTAL	PHENOL	CHLOR TOT RE	COPPER CU, TOT	IRON FE, TOT
S.U.	M/GC	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
1	AH	0							
2	AH	0							
3	AH	0							
4	AH	0							
5	AH	0							
6	AH	0							
7	7.4	.273	18				0		
8	7.8	.315	18				0		
9	7.8	.301	18	628	8		0		
0	8.4	.248	18				0		
1	8.2	.163	18				0		
2	7.5	.352	19	484	14	0.35	1.10	0	20 140
3	7.1	.340	19	548	2		0		
4	7.2	.305	19				0		
5	7.4	.282	19				0		
6	AH	.194		802	14				
7	AH	0							
8	AH	0							
9	AH	0							
0	AH	0							
1	AH	0							
2	AH	0							
3	AH	0							
4	7.8	.288	14				0		
5	7.7	.204	15	496	4	1.26	3.00	0	20 240
6	7.7	.347	14				0		
7	7.5	.272	13	370	0		0		
8	7.5	.251					0		
9	7.5	.290	15				0		
0	7.4	.270	14	382	2		0		
1	7.3	.264	15				0		
AL	129.2	4.959	266	3710	44	1.61	4.10	0	40 380
2	7.6	.160	17	521	6.3	.68	1.80	0	20 177
3	8.4	.352	19	802	14	1.26	3.00	0	20 240
4	7.1	0	13	370	0	.35	1.10	0	20 140

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

= No flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED: November 8, 1983
 SIGNATURE OF REPORTER: F. C. Leitert
 TITLE OF REPORTER: Plant Manager

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 15-70-

Diamc Amrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

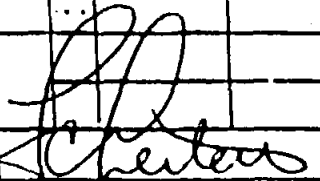
1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-0 OH ST	12-101 0029149 PERMIT NUMBER	119-101 001 OIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
100-001 REPORTING PERIOD: FROM		119-111 119-112 119-113 8 3 1 1 0 0 1 YEAR MO DAY	TO	119-201 119-202 119-211 8 3 1 1 0 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED						0.020	0.020	0.020	Mg/L		2/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						0.14	0.18	0.24	Mg/L		2/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm	H	President	8 3	1 1 0 8
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 151-700

Diamon Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in basic chemical notation. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh ST	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 3 1 0 0 1 YEAR MO DAY	TO	8 3 1 0 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM				
Flow 50050	REPORTED	0	.160	.352	MM Gals./ Day					NA	Cont.	NA	
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	NA				
Total Suspended Solids 00530	REPORTED	0	6.5	18.7	KG/ Day		0	6.3	14	MG/L	7/30	24	
	PERMIT CONDITION	NA	76	230		NA	25	75					
Total Dissolved Solids 70300	REPORTED	381.4	544.8	716.4	KG/ Day		370	521	802	MG/L	7/30	24	
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500					
Oil & Grease 00556	REPORTED				NA		0.35	0.68	1.26	MG/L	2/30	GR	
	PERMIT CONDITION	NA	NA	NA		NA	NA	10					
Phenols 32730	REPORTED	0.0015	0.0019	0.0023	KG/ Day		0.0011	0.0018	0.0030	MG/L	2/30	24	
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100					
Residual Chlorine 50060	REPORTED				NA		0	0	0	MG/L	17/30	GR	
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3					
pH 00400	REPORTED				NA		7.1	7.6	8.4	STA UNITS	17/30	GR	
	PERMIT CONDITION	NA	NA	NA		NA	6.0	NA	9.0				
Temperature 00010	REPORTED				NA		13	17	19	OC	16/30	NA	
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	NA				

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm	H	President	8 3 1 1 0 1 8	
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

Effluent



Diamond Shamrock
Chemicals Company

Ashtabula Plant

December 12, 1983

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of November. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM

AGENCY COPY

REPORTED

910303 **UNION**

NAME, ADDRESS CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO.

DIAMOND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
80 SUPERIOR AVENUE
LEVELAND 44114 ASHTABULA

JIF0002001

NOV 1983

P1 06/14/83 OH002514

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

N(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
N(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Sherman Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDU DS-105	RESIDU T. NFL	O&G TOTAL	PHENOL	CHLOR TOT RE	COPPER CU, TOT	IRON FE, TOT
	S.U.	MGC	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
1	7.3	.263	16	394	12	2.11	5.1	0	10	130
2	7.2	.261	17					0		
3	7.3	.305	13	538	8			0		
4	7.1	.286	12					0		
5	7.3	.284	12					0		
6	7.3	.264	14	604	14			0		
7	7.2	.270	14	560	18	1.29	1.1	0	10	170
8	AH	0								
9	AH	0								
10	AH	0								
11	AH	0								
12	AH	0								
13	AH	0								
14	4	.314	14					0		
15	7.1	.279	12	560	6	1.16	3.4	0	10	380
16	7.3	.270	12					0		
17	6.9	.264	11	496	6			0		
18	7.3	.270	14					0		
19	7.3	.243	12					0		
20	7.0	.244	14	520	2			0		
21	7.2	.227	14					0		
22	7.6	.164	14	604	0	1.07	2.7	0	10	220
23	AH	.005								
24	AH	0								
25	AH	0								
26	AH	0								
27	AH	0								
28	AH	0								
29	AH	0								
30	AH	0								
31	AH	0								
32	AH	0								
33	AH	0								
34	AH	0								
35	AH	0								
36	AH	0								
37	AH	0								
38	AH	0								
39	AH	0								
40	AH	0								
41	115.8	4.213	215	4276	66	5.63	12.3	0	40	900
42	7.2	.140	13	531.6	8.72	1.44	3.10	0	10	228
43	7.6	.314	17	604	18	2.11	5.10	0	10	380
44	6.9	0	11	394	0	1.07	1.10	0	10	130

TOTAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

1: flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY C
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 REPORT COMPLETED 12/12/83	SIGNATURE OF REPORTER F. C. Leitert <i>F. C. Leitert</i>	TITLE OF REPORTER Plant Manager
-----------------------------------	---	------------------------------------

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1545-0047

Diamond Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in these columns unless. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" to represent 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency not continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-9 Oh 17	10-101 0029149 PERMIT NUMBER	110-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-111 120-112 120-113 8 3 1 1 0 1 YEAR MO DAY			TO	120-121 120-122 120-123 8 3 1 1 3 1 0 YEAR MO DAY	

PARAMETER		QUANTITY (2-3)				UNITS	NO. EX.	CONCENTRATION (4-6)			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	0	.140	.314	MM							Cont.		
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	8.5	18.4	KG/Day		0	8.72	18			8/30	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	375	517	621.9	KG/Day		394	531.6	604			8/30	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA		1.07	1.44	2.11			4/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	0.0011	0.0029	0.0051	KG/Day		0.0011	0.0031	0.0051			4/30	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0			16/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA		6.9	7.2	7.6	STA		16/30	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	UNITS		DAILY	GR	
Temperature 00010	REPORTED				NA		11	13	17			16/30	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C		1/17		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Bricker Wm H		President				8 3 1 1 2 1 2								
LAST FIRST MI		TITLE				YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						

Diamor nrock Corporation
Ashtab. Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing "AVERAGE" as average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/3" is equivalent to 3 analyses performed every 3 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "— hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-0 Oh 1T	10-101 0029149 PERMIT NUMBER	117-101 001 DII	2818 IIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		120-101 121-101 122-101 8 3 1 1 0 1 YEAR MO DAY	TO	123-101 124-101 125-101 8 3 1 1 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	FREQ. OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED							0.010	0.010	0.010	MG/L	4/30	24
	PERMIT CONDITION							NA	NA	NA		1/30	24
IRON TOTAL	REPORTED							0.13	0.23	0.38	MG/L	4/30	24
	PERMIT CONDITION							NA	NA	NA		1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE
Bricker	Wm	H	President			8 3 1 2 1 2				



Diamond Shamrock
Chemicals Company

Ashtabula Plant

January 10, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of December. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM

AGENCY COPY

610331 **Q. J. EPA**

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION N

DIAMOND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
00 SUPERIOR AVENUE
LEVELAND 44114 ASHTABULA

3IF0002001

DEC 1983

PF 1 06/14/83 CH002914

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BRCK

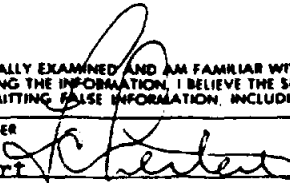
NOTE: THIS FORM MUST BE TYP

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Semi-Works					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONJUI FLOW MGD	WATER TEMP. C	RESIDU OS-105 MG/L	RESIDU T. NFL MG/L	O&G TOTAL MG/L	PHENOL UG/L	CHLOR TOT RE MG/L	CCPPTR CU,TOT UG/L	IRON FE,TCT UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
Y	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
1	AH	0								
2	7.3	.189	14					0		
3	7.2	.280	7					0		
4	6.8	.283	9	638	0			0		
5	7.0	.283	9					0		
6	6.8	.188	10	652	6	1.08	1.5	0	10	310
7	6.8	.268	5					0		
8	AH	.103								
9	AH	0								
10	AH	0								
11	AH	0								
12	AH	0								
13	AH	0				AH	AH		AH	AH
14	AH	0								
15	AH	0								
16	AH	0								
17	AH	0								
18	AH	0								
19	8.1	.146	8					0		
20	6.7	.314	10					0		
21	6.7	.274	5	680	4	1.03	1.6	0	10	510
22	AH	.256								
23	AH	0								
24	AH	0								
25	AH	0								
26	AH	0								
27	AH	0				AH	AH		AH	AH
28	AH	0								
29	AH	0								
30	AH	0								
31	AH	0								
32	AH	0								
33	63.4	2.584	77	1970	10	2.11	3.1	0	20	820
34	7.0	.235	9	657	3	1.05	1.56	0	10	429
35	8.1	.314	14	680	6	1.08	1.6	0	10	510
36	6.7	.103	5	638	0	1.03	1.5	0	10	310

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

0 = No flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED	SIGNATURE OF REPORTER	TITLE OF REPORTER
January 9, 1984	E. C. Leitert 	Plant Manager

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1545-0047

Diamon Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-0 Oh ST	10-101 0029149 PERMIT NUMBER	110-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-111 8 YEAR	120-112 3 MO	120-113 1 DAY	120-201 8 YEAR	120-202 3 MO	120-203 1 DAY

REPORTING PERIOD: FROM

TO

PARAMETER		(2 card only) QUANTITY				UNITS	(4 card only) CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow 50050	REPORTED	.103	.235	.314	MM Gals./Day						Cont.	NA
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	NA	NA	CONT.	NA
Total Suspended Solids 00530	REPORTED	0	2.8	4.3	KG/Day	0	3	6	Mg/L	3/31	24	
	PERMIT CONDITION	NA	76	230		NA	25	75		1/7	24	
Total Dissolved Solids 70300	REPORTED	464	618	705	KG/Day	.638	657	680	Mg/L	3/31	24	
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500		1/7	24	
Oil & Grease 00556	REPORTED				NA	1.03	1.05	1.08	Mg/L	2/31	GR	
	PERMIT CONDITION	NA	NA	NA		NA	NA	10		1/7	GR	
Phenols 32730	REPORTED	.0011	.0014	.0017	KG/Day	.0015	.0016	.0016	Mg/L	2/31	24	
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100		1/7	24	
Residual Chlorine 50060	REPORTED				NA	0	0	0	Mg/L	9/31	GR	
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3		1/7	GR	
pH 00400	REPORTED				NA	6.7	7	8.1	STA UNITS	9/31	GR	
	PERMIT CONDITION	NA	NA	NA		6.0	NA	9.0		DAILY	GR	
Temperature 00010	REPORTED				NA	5	9	14	°C	9/31	NA	
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA		1/7		

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	Wm	H	President	8	4	0	1	0
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Chertier
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE

Diamonrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter or appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

OH ST	0029149 PERMIT NUMBER	001 OIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 3 1 2 0 1 YEAR MO DAY	TO	8 3 1 2 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED							.01	.01	.01	Mg/L	2/31	24	
	PERMIT CONDITION							NA	NA	NA		1/30	24	
IRON TOTAL	REPORTED							.31	.429	.51	Mg/L	2/31	24	
	PERMIT CONDITION							NA	NA	NA		1/30	24	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm	H	President	8 4 0 1 0 9	
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Wm Bricker
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Effluent



Diamond Shamrock
Chemicals Company

Ashtabula Plant

February 6, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

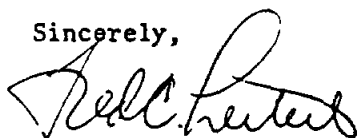
RE: Ashtabula, Ohio Semi-Works
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of January. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

301 7 2412 70031
MONTHLY REPORT FORM

AGENCY COPY

810331



NAME ADDRESS CITY COUNTY, ZIP STATION CODE DATE (MONTH, YEAR) PAGE PRINTING DATE APPLICATION
 DIAMOND SHAMROCK CORP 3IF00002001 JAN 1984 P1 06/14/83 CH00291
 RESEARCH DEPARTMENT SEMI-WK
 ASHTABULA FACILITY SAMPLING STATION DESCRIPTION
 100 SUPERIOR AVENUE 001 MAIN PLANT DISCHARGE TO FIELDS BROOK
 CLEVELAND 44114 ASHTABULA

NOTE: THIS FORM MUST BE TYPED

IN(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST		
IN(2) ENTER FREQUENCY OF SAMPLING		Ashtabula, Semi-Works						Sherrn Pierce		
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
ANALYSIS	FF	COND LI FLOW	WATER TEMP.	RESIDU DS-105	RESIDU T. NFL	O&G TCTAL	PHENOL	CHLOR TCT RE	COPPER CU, TOT	IRON FE, TCT
UNIT	S.U.	MG/L	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
AY	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
01	AH	0								
02	7.7	.162	5					0		
03	7.4	.228	5	784	18	.92	.7	0	10	840
04	7.5	.232	6					0		
05	AH	.064								
06	7.4	.176	7					0		
07	7.3	.195	5					0		
08	7.3	.201	6	938	2			0		
09	7.1	.245	5					0		
10	7.3	.222	3	748	0	1.31	1.5	0	10	160
11	AH	.151								
12	AH	0								
13	AH	0								
14	AH	0								
15	AH	0								
16	AH	0								
17	AH	0				AH	AH		AH	AH
18	7.0	.208	8					0		
19	7.2	.201	4	1140	0			0		
20	7.1	.211	4					0		
21	7.1	.205	4					0		
22	7.2	.212	5	1038	10			0		
23	7.2	.203	5					0		
24	7.2	.174	7	1054	4	1.51	3.4	0	10	380
25	AH	.005								
26	AH	0								
27	AH	0								
28	AH	0								
29	AH	0								
30	AH	0								
31	AH	0								
TOTAL	109	3.295	79	5702	34	3.74	5.6	0	30	1380
AVG.	7.3	.183	5	942	5.9	1.22	1.74	0	10	470
MAX.	7.7	.245	8	1140	18	1.51	3.4	0	10	840
MIN.	7	.005	3	748	0	.92	.7	0	10	160

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH = No flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED February 3, 1984	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
---	--	------------------------------------

WASTEWATER POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Diamond Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide data for points covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in these columns unless "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyses completed during the reporting period in the column labeled "No. An." If none, enter "0".
- Specify frequency of analysis for each parameter as follows: (e.g., "1/7" is once a week; "1/3" is once a month; "1/30" is once a quarter; "1/365" is once a year; "CONT." is continuous; "1/7" is once a week; "1/3" is once a month; "1/30" is once a quarter; "1/365" is once a year; "CONT." is continuous.) If frequency was once a month, enter "1/3".
- Specify sample type ("grab" or "integrated composite") as applicable. If frequency was once a month, enter "1/3".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fill along dotted lines, circle and mark Original to office specified in permit.

0029149
PERMIT NUMBER

001
DIS

2818
SIC

415330
LATITUDE

804620
LONGITUDE

8401011
YEAR MO DAY

840131
YEAR MO DAY

REPORTING PERIOD: FROM

PARAMETER	QUANTITY			CONCENTRATION			UNITS	MINIMUM	AVERAGE	MAXIMUM	NO. AN.	FREQ. OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM							
Flow	REPORTED	.005	.183	.245	MM							1R/31	NA
50050	PERMIT CONDITION	NA	NA	NA	Gals./Day							CONT.	NA
Total	REPORTED	0	4.6	15.5	KG/Day		0	5.9	18			6/31	24
Suspended Solids	PERMIT CONDITION	NA	76	230			NA	25	75			1/7	24
00530	REPORTED	629	736	867	KG/Day		748	942	1140			6/31	24
Dissolved Solids	PERMIT CONDITION	NA	4500	7600			NA	1500	2500			1/7	24
Oil & Grease	REPORTED						.92	1.22	1.51			3/31	GR
00556	PERMIT CONDITION	NA	NA	NA			NA	NA	10			1/7	GR
Phenols	REPORTED	.0006	.0014	.0022	KG/Day		.0007	.0017	.0034			3/31	24
32730	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100			1/7	24
Residual Chlorine	REPORTED	NA	NA	NA			0	0	0			15/31	GR
50060	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3			1/7	GR
pH	REPORTED						7	7.3	7.7			15/31	GR
00400	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0			DAILY	GR
Temperature	REPORTED						3	5	8			15/31	NA
00010	PERMIT CONDITION	NA	NA	NA			NA	NA	NA			1/17	NA

NAME OF PRINCIPAL EXECUTIVE OFFICER: _____ TITLE OF THE OFFICER: _____

NAME OF OFFICER: _____ TITLE: _____

DATE: 84 0 2 0 3

YEAR MO DAY

Signature: *J. Schuler*

DATE: 1/17

Signature: _____

DATE: _____

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1547

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in base concentration. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-9 Oh 17	16-10 0029149 PERMIT NUMBER	117-101 001 D11	2818 IIC	415330 LATITUDE	804620 LONGITUDE
110-211 122-201 124-211 REPORTING PERIOD: FROM 8 4 0 1 0 1 YEAR MO DAY			110-211 122-201 124-211 TO 8 4 0 1 3 1 YEAR MO DAY		

PARAMETER		QUANTITY				UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS		
COPPER TOTAL	REPORTED						.01	.01	.01	Mg/L	3/31	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
IRON TOTAL	REPORTED						.16	.47	.84	Mg/L	3/31	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER		DATE	
Bricker	Wm	H	President		8 4 0 2 03	
LAST	FIRST	MI	TITLE		YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock
Chemicals Company

Ashtabula Plant

March 8, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

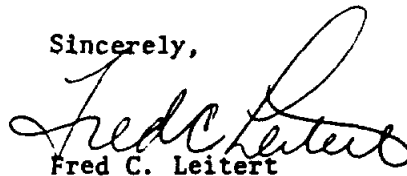
RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of February. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,



Fred C. Leitert

mjf

Attachments

DIAMOND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
HTASULA FACILITY
00 SUPERIOR AVENUE
EVELAND 44114 ASHTABULA

3IF00002001

FEB 1984

Pf 1 06/14/83 OH002914

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula, Ohio					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CUNDOI FLOW	WATER TEMP.	RESIDU OS-105	RESIDU T. NFL	OS&G TOTAL	PHENOL	CHLOR TOT RE	COPPER CU, TOT	IRGN FE, TCT
	S.U.	MGC	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
Y	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
01	7.4	.116	5					0		
02	7.2	.183	6	1204	6			0		
03	6.8	.19	6					0		
04	6.9	.184	7					0		
05	7.2	.176	5	1202	0			0		
06	7.3	.197	5					0		
07	7.2	.178	5	1318	2	1.96	1.6	0	10	140
08	7.5	.17	6					0		
09	7.1	.166	6	1296	0			0		
10	7.0	.13	10					0		
11	7.0	.072	11					0		
12	7.1	.094	10	1394	10			0		
13	6.8	.118	9					0		
14	6.9	.100	13	1144	2	1.38	7.6	0	10	250
15	7.0	.102	10					0		
16	AH	.049								
17	AH	0								
18	AH	0								
19	AH	0								
20	AH	0								
21	AH	0				AH	AH		AH	AH
22	AH	0								
23	7.7	.177	7	1122	2			0		
24	7.2	.099	8					0		
25	7.4	.181	8					0		
26	7.1	.223	8	1076	0			0		
27	7.1	.235	4					0		
28	7.2	.242	3	1074	4	1.08	3	0	10	190
29	7.7	.233	3					0		
30										
31										
TAL	157.8	3.615	155	10830	26	4.42	12.2	0	30	580
G.	7.2	.157	7	1186	2.5	1.44	3.41	0	10	184
UX	7.7	.242	13	1394	10	1.96	7.6	0	10	250
N.	6.8	.049	3	1074	0	1.08	1.6	0	10	140

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

A: No flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED	SIGNATURE OF REPORTER	TITLE OF REPORTER
March 8, 1984	F. C. Leitert <i>[Signature]</i>	Plant Manager

DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-006

Diamond Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" to equal to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-1 Oh	10-101 0029149 PERMIT NUMBER	112-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
130-111 130-112 130-113 8 4 0 2 0 1 YEAR MO DAY		130-111 130-112 130-113 8 4 0 2 29 YEAR MO DAY		130-111 130-112 130-113	

REPORTING PERIOD: FROM

TO

132-111

130-101

PARAMETER		QUANTITY (If card only)				UNITS	NO. EX	CONCENTRATION (If card only)			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	.049	.157	.242	MM Gals./ Day					NA		23/29	N/A	
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	NA		NA	CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	1.7	4.2	KG/ Day		0	2.5	10	Mg/L		9/29	24	
	PERMIT CONDITION	NA	76	230		NA	25	75	1/7		24			
Total Dissolved Solids 70300	REPORTED	433	768	984	KG/ Day		1074	1186	1394	Mg/L		9/29	24	
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500	1/7		24			
Oil & Grease 00556	REPORTED				NA		1.08	1.44	1.96	Mg/L		3/29	GR	
	PERMIT CONDITION	NA	NA	NA		NA	NA	10	1/7		GR			
Phenols 32730	REPORTED	.0011	.0022	.0029	KG/ Day		.0016	.0034	.0076	Mg/L		3/29	24	
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100	1/7		24			
Residual Chlorine 50060	REPORTED				NA		0	0	0	Mg/L		22/29	GR	
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3	1/7		GR			
pH 00400	REPORTED				NA		6.8	7.2	7.7	STA UNITS		22/29	GR	
	PERMIT CONDITION	NA	NA	NA		NA	6.0	NA	9.0		DAILY	GR		
Temperature 00010	REPORTED				NA		3	7	13	°C		22/29	N/A	
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	NA		1/7			

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	4	0	3	0	8
LAST	FIRST	MI	TITLE	YEAR	MO	DAY			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0007

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

11-9 OH	10-101 0029149 PERMIT NUMBER	119-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-111 120-120 120-130 REPORTING PERIOD: FROM 8 4 0 2 0 1 YEAR MO DAY			120-171 120-181 120-211 TO 8 4 0 2 2 9 YEAR MO DAY		

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM				
COPPER TOTAL	REPORTED							.01	.01	.01	Mg/L	3/29	24
	PERMIT CONDITION							NA	NA	NA		1/30	24
IRON TOTAL	REPORTED							.14	.184	.25	Mg/L	3/29	24
	PERMIT CONDITION							NA	NA	NA		1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm	H	President	8 4 0 3 0 8	
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Effluent



**Diamond Shamrock
Chemicals Company**

Ashtabula Plant

April 10, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of March. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

8301 & 8412 780831
MONTHLY REPORT FORM

AGENCY COPY

810331 **Ono-PA**

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION N

DIAMOND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
00 SUPERIOR AVENUE
EVELAND 44114 ASHTABULA

SIF00002001

MAR 1984

Pf 1 06/14/83 OH002914

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST		
IN(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Plant						Sherm Pierce		
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
AND CODE NO. AT RIGHT	PH S.U.	CONDUIT FLOW MG/C	WATER TEMP. C	RESIDU DS-105 MG/L	RESIDU T. NFL MG/L	O&G TOTAL MG/L	PHENOL UG/L	CHLOR TOT RE MG/L	COPPER CU, TOT UG/L	IRON FE, TOT UG/L
AY	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
01	7.5	.214	4	908	18			0		
02	7.6	.215	6					0		
03	7.8	.206	5					0		
04	7.8	.213	6	1204	2			0		
05	7.9	.220	7					0		
06	7.6	.230	7	1218	0	1	3	0	20	150
07	7.5	.241	6					0		
08	7.6	.237	11	1144	0			0		
09	AH	.010								
10	AH	0								
11	AH	0								
12	AH	0								
13	AH	0				AH	AH		AH	AH
14	AH	0								
15	7.4	.194	11	1236	0			0		
16	7.9	.214	10					0		
17	7.3	.226	9					0		
18	7.3	.262	9	882	14			0		
19	7.1	.261	9					0		
20	7.4	.248	10	706	0	.92	3.8	0	20	300
21	AH	.130								
22	AH	.015								
23	AH	.016								
24	AH	.015								
25	AH	.015								
26	7.4	.184	8					0		
27	7.4	.262	9	858	4	.98	3.4	0	20	250
28	7.7	.202	9					0		
29	7.8	.255	9	600	0			0		
30	7.5	.250	11					0		
31	7.6	.299	10					0		
TOTAL	151.1	4.834	166	8756	38	2.9	10.2	0	60	700
VG.	7.6	.186	8	958	4.3	.97	3.41	0	20	236
AX.	7.9	.299	11	1236	18	1	3.8	0	20	300
UN.	7.1	.010	4	600	0	.92	3	0	20	150

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH = No flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED April 10, 1984	SIGNATURE OF REPORTER F. C. Leitert <i>F. C. Leitert</i>	TITLE OF REPORTER Plant Manager
---	---	------------------------------------

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-006

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/31" is equivalent to 3 analyses performed every 3 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh
17

150-101
0029149
PERMIT NUMBER

150-101
003
DII

150-101
2818
SIC

150-101
415330
LATITUDE

150-101
804620
LONGITUDE

150-101 150-101 150-101
8 4 0 3 0 1
YEAR MO DAY

150-101 150-101 150-101
8 4 0 3 3 1
YEAR MO DAY

REPORTING PERIOD: FROM TO

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow 50050	REPORTED	.01	.186	.299	MM							26/31	NA
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA
Total Suspended Solids 00530	REPORTED	0	3.8	14.6	KG/Day		0	4.3	18			9/31	24
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24
Total Dissolved Solids 70300	REPORTED	579	852	1060	KG/Day		600	958	1236			9/31	24
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24
Oil & Grease 00556	REPORTED				NA		.92	.97	1			3/31	GR
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR
Phenols 32730	REPORTED	.0026	.0032	.0036	KG/Day		.003	.0034	.0038			3/31	24
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24
Residual Chlorine 50060	REPORTED				NA		0	0	0			20/31	GR
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR
pH 00400	REPORTED				NA		7.1	7.6	7.9	STA		20/31	GR
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	UNITS		DAILY	GF
Temperature 00010	REPORTED				NA		4	8	11			20/31	NA
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	OC		1/7	

NAME OF PRINCIPAL EXECUTIVE OFFICER: Bricker Wm H
TITLE OF THE OFFICER: President
DATE: 8 4 0 4 1 0

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Signature: *Wm H Bricker*
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM MONITORING REPORT

Form Approved
OMB NO. 14-100-1

Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio. 44004

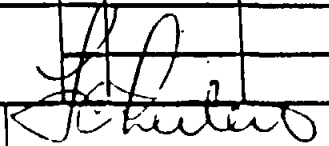
INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values to bases containing a decimal. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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7. Remove carbon and retain copy for your records.
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14-100-1	0029149	14-100-2	001	2818	14-100-3	415330	804620
	PERMIT NUMBER		011	IIC		LATITUDE	LONGITUDE
14-100-4	8 4 0 3 0 1	14-100-5	8 4 0 3 3 1				
	REPORTING PERIOD: FROM		TO				
	YEAR MO DAY		YEAR MO DAY				

PARAMETER		QUANTITY				CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM AVERAGE MAXIMUM			UNITS	MINIMUM AVERAGE MAXIMUM			UNITS			
		NO. EX.	NO. EX.	NO. EX.		NO. EX.	NO. EX.	NO. EX.				
COPPER TOTAL	REPORTED						.02	.02	.02	Mg/L	3/31	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
IRON TOTAL	REPORTED						.15	.236	.3	Mg/L	3/31	24
	PERMIT CONDITION						NA	NA	NA		1/30	24
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true and correct.
Bricker Wm	H President	8 4 014 1 0	





Diamond Shamrock
Chemicals Company

Ashtabula Plant

May 11, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

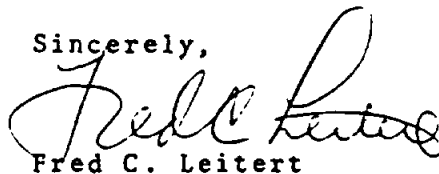
RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

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If you have any questions regarding this matter, please contact me.

Sincerely,



Fred C. Leitert

mjf

Attachments

DIAMOND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
10 SUPERIOR AVENUE
CLEVELAND 44114 ASHTABULA

STATION CODE **3IF00002001** DATE (MONTH, YEAR) **APR 1984**

PAGE **1** PRINTING DATE **06/14/83** APPLICATION **OH00291**

SAMPLING STATION DESCRIPTION
001 MAIN PLANT DISCHARGE TO FIELDS BROOK

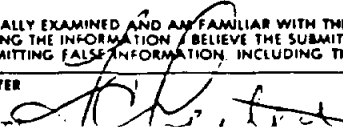
NOTE: THIS FORM MUST BE TYPED

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Plant					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH S.U. REPORTING CODE	CONDUIT FLOW MGD REPORTING CODE	WATER TEMP. C REPORTING CODE	RESIDU DS-105 MG/L REPORTING CODE	RESIDU T. NFL MG/L REPORTING CODE	C&G TOTAL MG/L REPORTING CODE	PHENCL UG/L REPORTING CODE	CHLOR TOT RE MG/L REPORTING CODE	COPPER CU, TOT UG/L REPORTING CODE	IRON FE, TOT UG/L REPORTING CODE
Y	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
01	8.1	.255	12	724	2			0		
02	7.8	.227	11					0		
03	7.4	.219	11	718	6	1.16	6.4	0	10	160
04	AH	.033								
05	AH	0								
06	AH	0								
07	AH	0								
08	AH	0								
09	7.6	.232	10					0		
10	7.3	.252	12	518	0	1.05	5.1	0	10	270
11	7.3	.300	13					0		
12	7.0	.260	15	432	12			0		
13	6.7	.260	11					0		
14	6.6	.243	15					0		
15	6.2	.241	15	398	8			0		
16	7.1	.216	15					0		
17	7.2	.186	12	388	10	1.24	7.6	0	10	450
18	AH	.127								
19	AH	0								
20	AH	0								
21	AH	0								
22	AH	0								
23	AH	0								
24	7.5	.158	7	498	14	2.12	2.3	0	10	550
25	7.7	.199	15					0		
26	7.7	.219	14	388	4			0		
27	7.3	.225	18					0		
28	7.5	.215	20					0		
29	7.5	.245	20	412	14			0		
30	AH	.047								
31										
TOTAL	132.5	4.359	246	4476	70	5.57	21.4	0	40	1430
AVERAGE	7.4	.208	14	500	7.5	1.33	5.48	0	10	336
MAXIMUM	8.1	.300	20	724	14	2.12	7.6	0	10	550
MINIMUM	6.6	.033	7	388	0	1.05	2.3	0	10	160

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE AND COMPLETELY AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

DATE REPORT COMPLETED May 11 1984	SIGNATURE OF REPORTER 	TITLE OF REPORTER Plant Manager
--------------------------------------	---	------------------------------------

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1545-004

Diamond Lumber Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in these columns unless "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" to represent 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

OH ST	0029149 PERMIT NUMBER	001 OIL	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 4 0 4 0 1 YEAR MO DAY	TO		8 4 0 4 3 10 YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050	REPORTED	.033	.208	.3	MM Gals./ Day					NA		21/30	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA		CONT.	NA		
Total Suspended Solids 00530	REPORTED	0	6.4	13	KG/ Day					MG/L		9/30	24	
	PERMIT CONDITION	NA	75	230			NA	25	75		1/7	24		
Total Dissolved Solids 70300	REPORTED	273	428	699	KG/ Day					MG/L		9/30	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500		1/7	24		
Oil & Grease 00556	REPORTED				NA					MG/L		4/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10		1/7	GR		
Phenols 32730	REPORTED	.0014	.0042	.0054	KG/ Day					MG/L		4/30	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100		1/7	24		
Residual Chlorine 50060	REPORTED				NA					MG/L		18/30	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3		1/7	GR		
pH 00400	REPORTED				NA					STA UNITS		18/30	GR	
	PERMIT CONDITION	NA	NA	NA			6.6	7.4	8.1		DAILY	GR		
Temperature 00010	REPORTED				NA					°C		18/30	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA		1/7	NA		

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm	H	President	8 4 0 5 1 1	
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 14-700

Diamon Amrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases constituting "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "2/7" is every 7 days, 2 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-0 Oh ST	14-101 0029149 PERMIT NUMBER	132-101 001 DIE	2818 SIC	415330 LATITUDE	804620 LONGITUDE
120-111 122-10 124-111 REPORTING PERIOD: FROM		84 0 4 0 1 YEAR MO DAY		TO	
				120-111 122-10 124-111 84 0 4 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX.		MINIMUM	AVERAGE	MAXIMUM	NO. EX.			
COPPER TOTAL	REPORTED						.01	.01	.01	Mg/L	4/30	24	
	PERMIT CONDITION						NA	NA	NA		1/30	24	
IRON TOTAL	REPORTED						.16	.336	.55	Mg/L	4/30	24	
	PERMIT CONDITION						NA	NA	NA		1/30	24	
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	Wm	H	President	84	05	11	1	1
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock
Chemicals Company

Ashtabula Plant

June 5, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of May. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NUMBER

DIAMOND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
10 SUPERIOR AVENUE
CLEVELAND 44114 ASHTABULA

3IF00002001

MAY 1984

Pf 1 06/14/83 0H002914

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST			
IN(2) - ENTER FREQUENCY OF SAMPLING				Ashtabula Plant			Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW	WATER TEMP.	RESIDU DS-105	RESIDU T. NFL	O&G TOTAL	PHENOL	CHLOR TOT RE	COPPER CU, TOT	IRON FE, TOT
	S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
Y	00400	50050	00010	00515	00530	00550	32730	50060	01042	01045
1	AH	0								
2	AH	0								
3	AH	0								
4	AH	0								
5	AH	0								
6	AH	0								
7	7.3	275	16					0		
8	7.0	259	17	492	10	1.79	5.5	0	10	270
9	8.0	256	15					0		
0	7.2	238	17	520	8			0		
1	6.9	260	19					0		
2	7.0	254	19					0		
3	7.1	251	21	494	10			0		
4	7.3	254	17					0		
5	7.2	250	18	470	14	1.07	8.1	0	10	460
6	AH	007								
7	AH	0								
8	AH	0								
9	AH	0								
10	AH	0								
11	7.6	155	19					0		
12	7.5	253	22	438	10	89	5.4	0	10	420
13	7.5	239	21					0		
14	7.3	240	23	378	10			0		
15	AH	007								
16	AH	0								
17	AH	0								
18	AH	0								
19	AH	0								
20	AH	0								
21	AH	0								
TAL	94.9	3,198	244	2792	62	3.75	15	0	30	1150
G.	7.3	213	19	466	10.4	1.25	5.01	0	10	382
X.	8.0	275	23	520	14	1.79	5.5	0	10	460
N.	6.9	007	15	378	8	89	4.1	0	10	270

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH = No flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED June 5, 1984	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
---------------------------------------	--	------------------------------------

DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0001

Diamond L. Lock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter or appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") or applicable. If frequency not applicable, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified to permit.

Oh 17	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 4 0 5 0 1 YEAR MO DAY	TO	8 4 0 5 3 1 YEAR MO DAY	

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	REPORTED	.007	.213	.275	MM									15/31	NA
50050	PERMIT CONDITION	NA	NA	NA	Gals./Day									CONT.	NA
Total Suspended Solids	REPORTED	7.2	9.7	13.2	KG/Day									6/31	24
00530	PERMIT CONDITION	NA	76	230										1/7	24
Total Dissolved Solids	REPORTED	343	438	482	KG/Day									6/31	24
70300	PERMIT CONDITION	NA	4500	7600										1/7	24
Oil & Grease	REPORTED				NA									3/31	GR
00556	PERMIT CONDITION	NA	NA	NA										1/7	GR
Phenols	REPORTED	.0039	.0048	.0054	KG/Day									3/31	24
32730	PERMIT CONDITION	NA	NA	0.3										1/7	24
Residual Chlorine	REPORTED				NA									13/31	GR
50060	PERMIT CONDITION	NA	NA	NA										1/7	GR
pH	REPORTED				NA									13/31	GR
00400	PERMIT CONDITION	NA	NA	NA										DAILY	GR
Temperature	REPORTED				NA									13/31	NA
00010	PERMIT CONDITION	NA	NA	NA										1/7	

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Bricker Wm H	President	8 14 0 6 0 15

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true and correct.

Wm H. Bricker

DISCHARGE MONITORING REPORT

Form Approved
JMB NO. 134-70073

Diamond Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/31" to represent 3 analyses performed every 31 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(10-101) 0029149 PERMIT NUMBER	(117-101) 001 DISE	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		TO		
8 4 0 5 0 1	YEAR	MO	DAY	
8 4 0 5 3 1	YEAR	MO	DAY	

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.		
COPPER TOTAL	REPORTED						.01	.01	.01	Mg/L		3/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						.27	.382	.46	Mg/L		3/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Bricker	Wm	H	President	8 4 0 6 0 5	YEAR	MO	DAY	
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Robert
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE



**Diamond Shamrock
Chemicals Company**

Ashtabula Plant

July 11, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of June. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM

AGENCY USE ONLY



STATION ADDRESS CITY COUNTY ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

DIAMOND SHAMROCK CORP
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
1 SUPERIOR AVENUE
WELAND 44124 ASHTABULA

31F00002001 JUN 1984

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE	REPORTING LAB					ANALYST				
(2) ENTER FREQUENCY OF SAMPLING	Ashtabula Plant					Sherm Pierce				
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH S.O. REPORTING CODE 00400 AH	CONDUIT FLOW M/GC REPORTING CODE 50050 0	WATER TEMP. C REPORTING CODE 00010 0	RESIDU OS-105 MG/L REPORTING CODE 00515	RESIDU T. NFL MG/L REPORTING CODE 00530	J&G TOTAL MG/L REPORTING CODE 00550	PHENOL UG/L REPORTING CODE 32750	CHLOR TOT RE MG/L REPORTING CODE 50060	COPPER CU, TOT UG/L REPORTING CODE 01042	IRON FE, TOT UG/L REPORTING CODE 01045
	7.4	.222	22	392	18			0		
	7.2	.232	24					0		
	7.7	.222	27	340	4			0		
	7.2	.229	25	352	16	1.91	2.7	0	20	460
	7.4	.226	26	320	12			0		
	7.3	.220	25					0		
	7.3	.234	26					0		
	7.2	.223	27	324	6			0		
	7.2	.223	16					0		
	AH	.194								
	AH	0				AH	AH		AH	AH
	AH	0								
	AH	0								
	AH	0								
	AH	0								
	7.5	.195	24					0		
	7.1	.109	22					0		
	7.2	.173	23	362	2	1.13	4.5	0	20	550
	7.0	.183	26					0		
	6.8	.181	24					0		
	AH	.103								
	AH	0								
	AH	0								
	AH	0								
	AH	0				AH	AH		AH	AH
	7.6	.154	23					0		
	6.9	.247	22					0		
AL	116	3.57	382	2090	58	3.04	7.2	0	40	1010
	7.3	.198	24	348	10	1.57	3.47	0	20	499
	7.7	.247	27	392	18	1.91	4.5	0	20	550
	6.8	.103	16	320	2	1.13	2.7	0	20	460

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

H = No flow at sample time.

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED July 11, 1984	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
--	--	------------------------------------

Diamond Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in those cases established. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "1/1" to report to 1 analysis performed every 1 day.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous enter "NA".
6. Appropriate signatures is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

OH ST	0029149 PERMIT NUMBER	001 DIE	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 4 0 6 0 1 YEAR MO DAY	TO	8 4 0 6 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM				
Flow 50050 Total	REPORTED	.103	.198	.247	MM Gals./ Day							18/30	NA
	PERMIT CONDITION	NA	NA	NA									
Suspended Solids 00530 Total	REPORTED	1.3	8.2	15.1	KG/ Day							6/30	24
	PERMIT CONDITION	NA	76	230									
Dissolved Solids 70300 Total	REPORTED	237	284	329	KG/ Day							6/30	24
	PERMIT CONDITION	NA	4500	7600									
Oil & Grease 00556	REPORTED				NA							2/30	GR
	PERMIT CONDITION	NA	NA	NA									
Phenols 32730	REPORTED	.0023	.0026	.0029	KG/ Day							2/30	24
	PERMIT CONDITION	NA	NA	0.3									
Residual Chlorine 50060	REPORTED				NA							16/30	GR
	PERMIT CONDITION	NA	NA	NA									
pH 00400	REPORTED				NA							16/30	GR
	PERMIT CONDITION	NA	NA	NA									
Temperature 00010	REPORTED				NA							16/30	NA
	PERMIT CONDITION	NA	NA	NA									

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Bricker	Wm	H	President	8 4	0 7 1 1
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Phelan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

VIOLATION MONITORING REPORT

Form Approved
OMB NO. 16-70

Diamo Lamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd 6 E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in space marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in these spaces unless the "AVERAGE" is average computed over actual time duration in these spaces. "MINIMUM" and "MAXIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that entered the reporting period.
4. Specify conditions in the columns labeled "No. Ex." if any, only "0".
5. Specify frequency of analysis for each parameter as No. analyses/No. days, (e.g., "3/1" to represent 3 analyses performed every 7 days). If continuous enter "CONT".
6. Specify sample type ("GAS" or "LIQ. SAMPLE") as applicable. If frequency was continuous, enter "NA".
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in punch.

OH
17

PENNY NUMBER 0029149

REPORTING PERIOD: FROM 84 01 6 01 1 TO 84 06 30

DIS 001 DIC 2818

LATITUDE 415330 LONGITUDE 804620

PARAMETER	REMOVED	QUANTITY			UNITS	NO. ANALYSES	FREQ. OF ANALYSES	SAMPLING TYPE
		MINIMUM	AVERAGE	MAXIMUM				
COPPER TOTAL	REMOVED							
	PERMITS CONDITION	NA	NA	NA	MG/L	1/30	24	
IRON TOTAL	REMOVED							
	PERMITS CONDITION	.46	.499	.55	MG/L	2/30	24	
	REMOVED							
	PERMITS CONDITION	NA	NA	NA	MG/L	1/30	24	
	REMOVED							
	PERMITS CONDITION							
	REMOVED							
	PERMITS CONDITION							
	REMOVED							
	PERMITS CONDITION							
	REMOVED							
	PERMITS CONDITION							
NAME OF PRINCIPAL EXECUTIVE OFFICER								
Bricker Wm H			TITLE OF THE OFFICER			DATE		
President			8 4 0 7 1 1			YEAR MONTH DAY		
I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.								
						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE		



Diamond Shamrock
Chemicals Company

Ashtabula Plant

August 6, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of July. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

Andrew J. Novak
Andrew J. Novak, P.E.
Technical Superintendent

mjf

Attachments

MONTHLY REPORT FORM

REPORTED



1 ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION NO

**DIAMOND SHARROCK CHEMICALS
RESEARCH DEPARTMENT SEPI-WK
ASHTABULA FACILITY
SUPERIOR AVENUE
WELAND 44114 ASHTABULA**

31F000C2G01

JUL 1984

P1 06/08/84 1002310

SAMPLING STATION DESCRIPTION

001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPED

1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE REPORTING LAB ANALYST
2) ENTER FREQUENCY OF SAMPLING Ashtabula Plant Sherm Pierce

(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CODU FLU- M/D	WATER TEMP. C	RESIDU DS-105 MG/L	RESIDU T. AFL MG/L	ORG TOTAL MG/L	PHENOL UG/L	CHLOR TIT ME MG/L	CUPPER TIT T UG/L	IRON TIT T UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	5000	00410	01515	01530	01550	32730	5000	01540	01500
	AH	.249		562						
	AH	0								
	AH	0				AH	AH		AH	AH
	AH	0								
	AH	0								
	AH	0								
	AH	0								
	AH	0								
	AH	0				AH	AH		AH	AH
	AH	0								
	AH	0								
	AH	0								
	AH	0								
	8.3	.041	23					0		
	8.5	.144	25	540	24	.67	4.5	0	10	450
	AH	.123								
	AH	0								
	AH	0								
	AH	.107								
	AH	0								
	AH	0								
	7.0	.281	25	810	8	1.01	6.1	0	10	1110
	7.1	.239	23	742	10			0		
	7.7	.187	23					0		
	6.9	.177	28					0		
	7.0	.180	26	638	18			0		
	7.2	.145	27					0		
	7.1	.092	28	632	10	1.27	5.5	0	10	690
TOTAL	66.8	1.965	228	3924	70	2.95	16.1	0	30	2250
AVG	7.4	.164	25	671	10.3	.96	5.55	0	10	851
MAX	8.5	.281	28	810	24	1.27	6.1	0	10	1110
MIN	6.9	.041	23	540	0	.67	4.5	0	10	450

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION):

AH = No flow at sample time.

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY REPORTER
GREEN - REPORTER
EPA-4500 (10-80)
FORM NO. EPA-4500 (10-80)
REPLACES EPA-500-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED August 7, 1984	SIGNATURE OF REPORTER A. J. Novak <i>AJ Novak</i>	TITLE OF REPORTER Technical Superintendent
---	--	---

WATER MONITORING REPORT

Diamond Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "24 hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

11-01 OH 0029149 PERMIT NUMBER

117-101 001 2818 OIC

110-101 415330 804620 LATITUDE LONGITUDE

110-111 110-101 110-101 84 07 01 TO 84 07 31 YEAR MO DAY

REPORTING PERIOD: FROM TO

PARAMETER		QUANTITY					CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	MINIMUM	AVERAGE	MAXIMUM	UNITS			NO. EX.
Flow 50050	REPORTED	.041	.164	.281	MM Gals./Day						12/31	NA	
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	NA	NA	CONT.	NA	
Total Suspended Solids 00530	REPORTED	0	7.7	13.1	KG/Day	0	10.3	24			6/31	24	
	PERMIT CONDITION	NA	76	230		NA	25	75	Mg/L		1/7	24	
Total Dissolved Solids 70300	REPORTED	220	502	862	KG/Day	540	671	810			6/31	24	
	PERMIT CONDITION	NA	4500	7600		NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA	.67	.96	1.27			3/31	GR	
	PERMIT CONDITION	NA	NA	NA		NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.0019	.0036	.0065	KG/Day	.0045	.0055	.0061			3/31	24	
	PERMIT CONDITION	NA	NA	0.3		NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA	0	0	0			9/31	GR	
	PERMIT CONDITION	NA	NA	NA		NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA	6.9	7.4	8.5			9/31	GR	
	PERMIT CONDITION	NA	NA	NA		6.0	NA	9.0	STA UNITS		DAILY	GR	
Temperature 00010	REPORTED				NA	23	25	28			9/31	NA	
	PERMIT CONDITION	NA	NA	NA		NA	NA	NA	°C		1/7		
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE	
Bricker Wm H		President			8 14 0 8 0 1 7								
LAST FIRST MI		TITLE			YEAR MO DAY								

DISCHARGE MONITORING REPORT

Form Approved
OND NO. 12-7007

Diamond Amrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/31" is equivalent to 3 analyses performed every 31 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh 17	0029149 PERMIT NUMBER	001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		8 4 0 7 0 1 YEAR MO DAY	TO	8 4 0 7 3 1 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER TOTAL	REPORTED						.01	.01	.01	Mg/L		3/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
IRON TOTAL	REPORTED						.45	.851	1.11	Mg/L		3/31	24
	PERMIT CONDITION						NA	NA	NA			1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Bricker Wm H	President	8 4 0 7 3 1 YEAR MO DAY
LAST FIRST MI	TITLE	YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Wm Bricker
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock
Chemicals Company

Ashtabula Plant

September 11, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

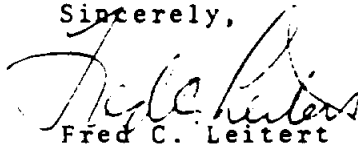
RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of August. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,



Fred C. Leitert

mjf

Attachments

MONTHLY REPORT FORM



STATION CODE: 31F00002C01
 DATE (MONTH YEAR): AUG 1984
 PAGE: 1
 PRINTING DATE: 06/08/84
 APPLICATION NO: 0H002914

DIAMOND SHARROCK CHEMICALS RESEARCH DEPARTMENT SEMI-WK ASHTABULA FACILITY
 C SUPERIOR AVENUE VELAND 44114 ASHTABULA

SAMPLING STATION DESCRIPTION: 001 MAIN PLANT DISCHARGE TO FIELDS BROOK

NOTE: THIS FORM MUST BE TYPE

M:1 ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
M:2 ENTER FREQUENCY OF SAMPLING		Ashtabula Plant					Sherm Pierce			
(1)	3	1	1	2	2	3	2	3	2	2
(2)	1	999	999	997	997	1	997	1	997	997
	PH	CONDUIT FLOW MFD	WATER TEMP. C	RESIDU OS-105 MG/L	RESIDU T. NFL MG/L	ORG TOTAL MG/L	PHENOL UG/L	CHLOR TOT RE MG/L	COPPER CUMULAT UG/L	IRON FE TOT UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
Y	00400	50050	00010	00015	00530	00550	32730	50060	01042	01045
1	AH	.001								
2	AH	0								
3	AH	0								
4	AH	0								
5	AH	0								
6	AH	0								
7	AH	0				AH	AH		AH	AH
8	AH	0								
9	AH	0								
0	AH	0								
1	AH	0								
2	AH	0								
3	AH	0								
4	AH	0				AH	AH		AH	AH
5	AH	0								
6	AH	0								
7	AH	0								
8	AH	0								
9	AH	0								
0	AH	0								
1	AH	0								
2	7.2	.208	22	766	14	1.04	4.1	0	20	540
3	7.2	.177	25	916	10			0		
4	6.5	.197	27					0		
5	7.0	.183	27					0		
6	7.3	.200	27	646	22			0		
7	7.4	.194	27	644	10	1.18	1.5	0	20	360
8	AH	.109								
9	AH	0								
0	AH	0								
1	AH	0								
AL	42.6	1.269	155	2972	56	2.22	5.6	0	40	900
S	7.1	.159	26	739	14.1	1.11	2.85	0	20	453
X	7.4	.208	27	916	22	1.18	4.1	0	20	540
I	6.5	.001	22	644	10	1.04	1.5	0	20	360

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

I = No flow at sample time.

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 EPA NO EPA-4500 (10-80)
 GPO: 1982-501-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY C
 THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I A
 AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT

DATE REPORT COMPLETED: 9/10/84
 SIGNATURE OF REPORTER: F. C. Leite
 TITLE OF REPORTER: Plant Manager

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-106

Diamond Shamrock Corporation
Ashtabula Refinery-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in basic control materials. "AVERAGE" is average computed over actual time discharge is occurring. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/1" is equivalent to 3 analyses performed every 1 day.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

Oh
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100-100
0029149
PERMIT NUMBER

100-100
003
D/I

100-100
2818
SIC

100-100
415330
LATITUDE

100-100
804620
LONGITUDE

100-100 100-100 100-100
8 4 08 01
YEAR MO DAY

100-100 100-100 100-100
8 4 08 3 1
YEAR MO DAY

REPORTING PERIOD: FROM TO

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050 Total	REPORTED	.001	.159	.208	MM							8/31	NA	
	PERMIT CONDITION	NA	NA	NA	Gals./Day		NA	NA	NA	NA		CONT.	NA	
Suspended Solids 00530 Total	REPORTED	6.7	10.4	16.7	KG/Day		10	14.1	22			4/31	24	
	PERMIT CONDITION	NA	76	230			NA	25	75	Mg/L		1/7	24	
Dissolved Solids 70300 Total	REPORTED	473	545	614	KG/Day		644	739	916			4/31	24	
	PERMIT CONDITION	NA	4500	7600			NA	1500	2500	Mg/L		1/7	24	
Oil & Grease 00556	REPORTED				NA		1.04	1.11	1.18			2/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	NA	10	Mg/L		1/7	GR	
Phenols 32730	REPORTED	.0011	.0022	.0032	KG/Day		.0015	.0028	.0041			2/31	24	
	PERMIT CONDITION	NA	NA	0.3			NA	NA	.100	Mg/L		1/7	24	
Residual Chlorine 50060	REPORTED				NA		0	0	0			6/31	GR	
	PERMIT CONDITION	NA	NA	NA			NA	0.1	0.3	Mg/L		1/7	GR	
pH 00400	REPORTED				NA		6.5	7.1	7.4	STA		6/31	GR	
	PERMIT CONDITION	NA	NA	NA			6.0	NA	9.0	UNITS		DAILY	GR	
Temperature 00010	REPORTED				NA		22	26	27			6/31	NA	
	PERMIT CONDITION	NA	NA	NA			NA	NA	NA	°C				

NAME OF PRINCIPAL EXECUTIVE OFFICER: Bricker Wm. H. TITLE OF THE OFFICER: President DATE: 8 4 01 0

I certify that I am familiar with the information contained in this report.

Signature: [Handwritten Signature]

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT**

Form Approved
OMB NO. 1545-0046

**Diamond Shamrock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd 6 E 6th St
Ashtabula, Ohio 44004**

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in base notation unless the "AVERAGE" is average computed over actual unit discharge to operating "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period. "MAXIMUM" are small conditions in the column labeled "No. Cr." if none, enter "0".
3. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/30" is equivalent to "3 analyses performed every 3 days"). If continuous enter "CONT".
4. Enter "NA" if not applicable.
5. Appropriate signature is required on bottom of this form.
6. Remove carbon and retain copy for your records.
7. Fold along dotted lines, staple and mail Original to office specified in permit.

0029149 PERMIT NUMBER

001 SIC

415330 LATITUDE

804620 LONGITUDE

8-14-08 0-11 YEAR MO DAY

8-14-08 0-11 YEAR MO DAY

PARAMETER	QUANTITY (lb./day)				CONCENTRATION (mg./l.)				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
COPPER	REPORTED				.02	.02	.02	MG/L	2/31	24
	PERMIT CONDITION				NA	NA	NA		1/30	24
IRON	REPORTED				.36	.453	.54	MG/L	2/31	24
	PERMIT CONDITION				NA	NA	NA		1/30	24
TOTAL	REPORTED									
TOTAL	PERMIT CONDITION									
REPORTED										
PERMIT CONDITION										
REPORTED										
PERMIT CONDITION										
REPORTED										
PERMIT CONDITION										

DATE: 8-14-08 0-11

TITLE OF THE OFFICER: President

NAME OF PRINCIPAL EXECUTIVE OFFICER: Bricker W.D. H.

DATE: 8-14-08 0-11

I certify that I am familiar with the information obtained in this report and that to the best of my knowledge and belief it is true and correct.



Diamond Shamrock
Chemicals Company

Effluent
Ashtabula Plant

October 4, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

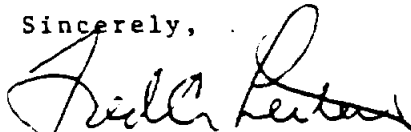
RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of September. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

DAILY REPORT FORM



REPORTED
 STATION CODE: 31F000-2001 DATE (MONTH YEAR): SEP 1984
 REPORTING DATE: 9/1/84 APPLICATION NO:
 ADDRESS: CITY, COUNTY, ZIP: DIAMOND SHARROCK CHEMICALS RESEARCH DEPARTMENT SIPI-6K ASHTABULA FACILITY
 SAMPLING STATION DESCRIPTION: 001 MAIN PLANT DISCHARGE TO FIELDS POND
 70 SUPERIOR AVENUE VELAND 44114 ASHTABULA

NOTE THIS FORM MUST BE TYPED

V.1: ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST			
V.2: ENTER FREQUENCY OF SAMPLING				ASHTABULA PLANT			Sherm Pierce			
(1)	3	1	1	2	3	2	3	2	2	
(2)	1	999	999	997	997	1	997	1	997	
	PH	CONDUIT FLOW	WATER TEMP.	RESIDU DS-105	RESIDU T. NFL	ORg TOTAL	PHENOL	CHLOR TBT RE	COPPER CU	IRON FE
	S.U.	MGD	C	MG/L	MG/L	MG/L	UG/L	MG/L	UG/L	UG/L
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00400	50050	00010	00515	00530	00550	32730	50050	01042	01045
	AH	0								
2	AH	0								
3	7.1	.215	22					0		
4	7.2	.272	24	432	20	1.8	4.5	0	20	350
5	AH	.109								
6	7.3	.112	21	398	10			0		
7	7.1	.196	22					0		
8	7.0	.167	23					0		
9	6.8	.185	24	372	4			0		
0	7.1	.187	25					0		
1	7.0	.215	24	330	10	1.01	3.8	0	20	520
2	7.2	.177	24					0		
3	AH	.061								
4	AH	0								
5	AH	0								
6	AH	0								
7	7.1	.280	21					0		
8	7.1	.233	23	324	2	1.05	5.5	0	20	350
9	AH	.062								
0	7.0	.153	22	302	6			0		
1	6.9	.255	23					0		
2	6.9	.222	24					0		
3	AH	.046								
4	AH	0								
5	7.0	.144	23					0		
6	7.1	.216	21	302	12	1.78	4.1	0	20	550
7	7.2	.214	20	308	12			0		
8	6.9	.160	20					0		
9	6.9	.205	19					0		
0	7.1	.184	20	294	4			0		
1										
TOTAL	141	4.27	445	3062	80	5.64	17.9	0	80	1770
G	7.1	.178	22	341	9.4	1.43	4.5	0	20	435
X	7.3	.28	25	432	20	1.8	5.5	0	20	550
J	6.8	.046	19	294	2	1.01	3.8	0	20	350

TIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH = No flow at sample time.

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 FORM NO. EPA-450 (10-80)
 PREVIOUS EDITIONS OBSOLETE

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED October 4, 1984	SIGNATURE OF REPORTER F. C. Leiter <i>[Signature]</i>	TITLE OF REPORTER Plant Manager
--	--	------------------------------------

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1545-0047

Diamond Rock Corporation
Ashtabula Semi-Works
P O Box 488
State Rd & E 6th St
Ashtabula, Ohio 44004

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter or appropriate. Do not enter values in those cases outside the "AVERAGE" is average computed over actual time discharge is operating. "MAX" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum or appropriate permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "1/1" is one anal to 1 analysis performed every 1 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fill along dotted lines, staple and mail Original to office specified in permit.

110-01 Oh ST	101-01 0029149 PERMIT NUMBER	117-01 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
100-011 100-012 100-013 8 4 0 9 0 1 YEAR MO DAY		100-011 100-012 100-013 8 4 0 9 3 1 0 YEAR MO DAY		100-011 100-012 100-013 8 4 0 9 3 1 0 YEAR MO DAY	

REPORTING PERIOD: FROM

TO

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow 50050 Total	REPORTED	.046	.178	.28	MM Gals./ Day							24/30	N/A	
	PERMIT CONDITION	NA	NA	NA										NA
Suspended Solids 00530 Total	REPORTED	1.8	7	20.6	KG/ Day							9/30	24	
	PERMIT CONDITION	NA	76	230										NA
Dissolved Solids 79300 Total	REPORTED	169	256	445	KG/ Day							9/30	24	
	PERMIT CONDITION	NA	4500	7600										NA
Oil & Grease 00556	REPORTED				NA							4/30	GR	
	PERMIT CONDITION	NA	NA	NA										NA
Phenols 32730	REPORTED	.0031	.004	.0049	KG/ Day							4/30	24	
	PERMIT CONDITION	NA	NA	0.3										NA
Residual Chlorine 50060	REPORTED				NA							20/30	GR	
	PERMIT CONDITION	NA	NA	NA										NA
pH 00400	REPORTED				NA							20/30	GR	
	PERMIT CONDITION	NA	NA	NA										NA
Temperature 00010	REPORTED				NA							20/30	NA	
	PERMIT CONDITION	NA	NA	NA										NA

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	4	1	0	0	4

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

DISCHARGE MONITORING REPORT

Form Approved
 CWS NO. 120-09

Diamond Shamrock Corporation
 Ashtabula Semi-Works
 P O Box 488
 State Rd & E 6th St
 Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values to lower decimal extent. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g. "3/7" is opt. limit to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

Oh 17	10-101 0029149 PERMIT NUMBER	112-101 001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM		100-111 100-120 100-131 8 4 0 9 0 1 YEAR NO DAY	TO	100-131 100-121 100-211 8 4 0 9 3 0 YEAR NO DAY	

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM			
COPPER TOTAL	REPORTED							.02	.02	.02	Mg/L	4/30	24
	PERMIT CONDITION							NA	NA	NA		1/30	24
IRON TOTAL	REPORTED							.35	.435	.55	Mg/L	4/30	24
	PERMIT CONDITION							NA	NA	NA		1/30	24
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			
Bricker	Wm	H	President	8	4	1	0	0	4
LAST	FIRST	MI	TITLE	YEAR	NO	DAY	MO	DAY	YEAR

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Diamond Shamrock
Chemicals Company

Effluent
Ashtabula Plant

November 14, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

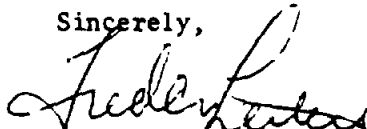
RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of October. You will note that these reports reflect our new NPDES permit conditions. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,


Fred C. Leitert

mjf

Attachments

PERMITTEE NAME, ADDRESS (Include
city, state, county, zip code)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
C No. 2040-1004
as 2-29-84

NAME D. NU-SHAMROCK CHEMICALS COMPANY
ADDRESS P. O. BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
LOCATION ASHTABULA PLANT

PERMIT NUMBER OH0024
DISCHARGE NUMBER 601

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	12	01		85	12	31
	(20-21)	(22-31)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (42-57)	SAMPLE MEASUREMENT (43-51)	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-61)	MINIMUM (54-55)	AVERAGE (56-57)	MAXIMUM (58-61)			
FLOW	SAMPLE MEASUREMENT	.0008	.001	MGPD					31/31	N/A
50050	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	N/A
BOD	SAMPLE MEASUREMENT			N/A	1	1	1	mg/l	1/31	GRAB
00310	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	GRAB
TSS	SAMPLE MEASUREMENT			N/A	2	2	2	mg/l	1/31	GRAB
00530	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	GRAB
COLOR	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	31/31	GRAB
00083	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAB
ODR	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	31/31	GRAB
01330	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAB
TURBIDITY	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	31/31	GRAB
01350	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. E. Stewart
President
TYPE OR PRINTED

I CERTIFY UNDER 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 SEE 18 USC § 1001 AND 22 USC § 1919. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of 5 years & months and 1 year.

F. C. Leitert
F. C. Leitert
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **216 992-3200**
DATE **86 1 13**
AREA CODE NUMBER YEAR MO DAY

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

Effluent



Diamond Shamrock
Chemicals Company

Ashtabula Plant

February 13, 1986

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Attached are both the Ohio EPA and U.S. EPA monitoring report forms for the month of January.

On January 17, we had a major explosion of the ammonium dichromate dryer. The decomposition of the material produced chromic oxide (Cr_2O_3) with low levels of hexavalent chrome. We were not discharging from our effluent system at the time of the explosion but we found later (based on flow chart readings) that we discharged approximately 40,000 gallons of water because the power to the effluent pumps was cut off by the explosion. The source of this water was the sprinkler system, fire hoses, and rain. The extent of contamination in this 40,000 gallons is unknown. However, the final effluent sump at 8:00 a.m. on January 18, contained 0.51 mg/l hexavalent chrome and 25 mg/l total insoluble chrome.

We agreed with the Ohio and Region V EPA emergency response coordinators to monitor our final outfall and a drainage ditch west of our railroad tracks twice a day through January 20, for hexavalent chrome and total soluble chrome. We continued this sampling on a 1/day basis through January 31. The results are attached.

Due to the explosion, approximately 1.5 million gallons of contaminated water was generated and contained in our north pond. The OEPA has granted us a temporary permit to discharge treated effluent at 0.486 mg/l hexavalent chrome and 4.06 mg/l trivalent chrome based on attainment of water quality standards for these parameters in Field's Brook.

Page 2
Ohio Environmental Protection Agency
February 13, 1986

Due to the non-routine nature of activities in the days following the explosion, only one sanitary plant sample was obtained.

If you have any questions regarding this matter please contact me or Jim Taylor at (216) 992-3200.

Sincerely,

DIAMOND SHAMROCK CHEMICALS COMPANY



F. C. Leitert
Plant Manager

mjc

Attachments

ASHTABULA PLANT

SPECIAL CHROMIUM ANALYSES

DATE	West Ditch		Final Sump*	
	Hex Cr (ppb)	Total Soluble (ppb)	Hex Cr (ppb)	Total Soluble (ppb)
1/18/86 0800 hrs	23	26	510	520
1/18/86 2000 hrs	80	108	27	82
1/19/86 0800 hrs	5	6	270	280
1/19/86 2000 hrs	28	31	<2	<5
1/20/86 0800 hrs	7	7	10	14
1/20/86 2000 hrs	31	34	65	78
1/21/86 0800 hrs	6	<5	34	37
1/22/86 0800 hrs	4	6	15	19
1/23/86 0800 hrs	<2	<5	12	6
1/24/86 0800 hrs	Frozen Could Not Sample		<2	<5
1/25/86 0800 hrs	7	11	7	8
1/26/86 0800 hrs	Frozen		5	12
1/27/86 0800 hrs	2	5	5	7
1/28/86 0800 hrs	3	5	Frozen	
1/29/86 0800 hrs	3	5	Frozen	
1/30/86 0800 hrs	3	5	Frozen	
1/31/86 0800 hrs	3	5	Frozen	

* Flow at <1/2 gal/min

MONTHLY REPORT FORM

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

DIAMOND SHAMPOO CHEMICALS
RESEARCH DEPARTMENT SEMI MK
ASHTABULA FACILITY
100 SUPERIOR AVENUE
VILLAND 44114 ASHTABULA

3JF00002001

JAN 1986

Pf 1 05/25/85 0H0029

SAMPLING STATION DESCRIPTION

001 DISCHARGE FIELDS BROOK VIA STATE RD. 55

NOTE: THIS FORM MUST BE 1

IN. 1: ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST		
IN. 2: ENTER FREQUENCY OF SAMPLING		Ashtabula Plant						Sherm Pierce		
DAY	(1)	(2)	1	3	2	2	3	3	2	3
	CONCLI FLOW MFC	WATER TEMP. C	PH S.U.	RESIDU DS-105 PG/L	RESIDU T. NFL MG/L	CHLOR TOT RE MG/L	O&G TOTAL MG/L	PHENOL AAAP TOTUG/	PHOS-T P-MET MG/L	REPORTING CODE
	50010	00010	00400	00515	00530	50060	00550	32730	00665	
01	0									
02	0	AH	AH							
03	0									
04	0									
05	0		AH							
06	0									
07	0		AH							
08	.156									
09	.166	5	7.2	586	2	0				
10	.167									
11	.117									
12	0		AH							
13	.001									
14	.191	2	7.5	608	14	0	.75	2.7		
15	.176								.21	
16	0		AH							
17	0									
18	0									
19	0		AH							
20	0									
21	0		AH							
22	0									
23	0		AH							
24	0									
25	0									
26	0		AH							
27	0									
28	0		AH							
29	0									
30	0		AH							
31	0									
TOTAL	.974	7	14.7	1194	16	0	.75	2.7	.21	
AVG.	.139	4	7.4	598	8.4	0	.75	2.7	.21	
MAX.	.191	5	7.5	608	14	0	.75	2.7	.21	
MIN.	0	2	7.2	586	2	0	.75	2.7	.21	

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

*** = No flow at sample time.

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)
FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY, 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 REPORT COMPLETED February 12, 1986	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
--	--	------------------------------------

4910 M 8609 1986
MONTHLY REPORT FORM

AGENCY USE ONLY

REPORTED



NAME ADDRESS CITY COUNTY ZIP STATION CODE DATE (MONTH, YEAR) PAGE PRINTING DATE APPLICATION
 DIAMOND SHAMROCK CHEMICALS 31F00002601 JAN 1986 P 1 05/25/85 JH0029
 RESEARCH DEPARTMENT SEMI-WK
 ASHTABULA FACILITY
 100 SUPERIOR AVENUE 601 DISCHARGE SANITARY PACKAGE PLANT
 VE LAND 44114 ASHTABULA

NOTE: THIS FORM MUST BE

NO. 1 ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST			
NO. 2 ENTER FREQUENCY OF SAMPLING		Ashtabula Plant						Sherm Pierce			
DAY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	3	3	3	1	3	3					
	1	1	1	999	1	1					
	COLOR SEVER UNITS	COND SEVER UNITS	TURBID SEVER UNITS	CONDUI FLOW MGD	BOD 5 DAY MG/L	RESIDU T. NFL MG/L					
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00043	01330	01350	50050	00310	00330					
01	0	0	0	.0004							
02	0	0	0	.001							
03	0	0	0	.001							
04	0	0	0	.0004							
05	0	0	0	.0004							
06	0	0	0	.001							
07	0	0	0	.001							
08	0	0	0	.001							
09	0	0	0	.001							
10	0	0	0	.001							
11	0	0	0	.0004							
12	0	0	0	.0004							
13	0	0	0	.001							
14	0	0	0	.001	1						
15	0	0	0	.001		32					
16	0	0	0	.001							
17	0	0	0	.001							
18				.0004							
19				.0004							
20				.001							
21	1	0	0	.001		16					
22				.001							
23				.001							
24				.001							
25				.0004							
26				.0004							
27				.001							
28				.001							
29				.001							
30				.001							
31				.001							
TOTAL	1	0	0	.0256	1	48					
AVG.	.07	0	0	.0008	1	24					
MAX.	1	0	0	.001	1	32					
MIN.	0	0	0	.0004	1	16					

ADDITIONAL REMARKS (AM REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

o flow at sample time.

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 FORM NO. EPA-4500 (10-80)
 FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED February 12, 1986	SIGNATURE OF REPORTER F. C. Leitert <i>F. C. Leitert</i>	TITLE OF REPORTER Plant Manager
--	---	------------------------------------

PERMITTEE NAME: **WATER (Include Loading Name/Location)**
OHD-SHAMROCK CHEMICALS COMPANY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (17-19)

Form Approved
 5 No. 2040-0004
 Rev 2-29-64

UNIT: **P-O-BOX-488**
6-STAR-RD-6-E-6TH-STR-EE
ASHTABULA, OHIO 44004
ASHTABULA PLANT

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
86	01	01	86	01	31	31

FROM: **86 01 01** TO: **86 01 31**

NOTE: Read instructions before completing this form.

PARAMETER (22-1)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (1) (2) (3) (4) (5)			QUALITY OR CONCENTRATION (6) (7) (8) (9) (10)			UNITS	NO. OF ANALYSES (11-17)	METHOD OF ANALYSIS (18-20)	SAMPLE TYPE (21-23)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PLOW		.0008	.001	MGPD	N/A	N/A	N/A	N/A	31/31	N/A	N/A
50050		N/A	N/A		N/A	N/A	N/A	N/A	30/30	N/A	N/A
BOD				N/A	1	1	1	MG/L	1/31	GRAB	
00310		N/A	N/A		N/A	30	45		1/30	GRAB	
TSS				N/A	16	24	32	MG/L	2/31	GRAB	
00530		N/A	N/A		N/A	30	45		1/30	GRAB	
COLOR				N/A	0	.067	1		18/31	GRAB	
00083		N/A	N/A		N/A	N/A	N/A		30/30	GRAB	
ODER				N/A	0	0	0		18/31	GRAB	
01330		N/A	N/A		N/A	N/A	N/A		30/30	GRAB	
TURBIDITY				N/A	0	0	0		18/31	GRAB	
01350		N/A	N/A		N/A	N/A	N/A		30/30	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **C. E. Stewart**
President

TELEPHONE: **216 992-3200**

DATE: **86 01 12**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*

AREA CODE: **216** NUMBER: **992-3200** YEAR: **86** MO: **01** DAY: **12**

STATEMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all submittal dates)

PERMITTEE NAME/ADDRESS (Include
County Name/Location - All items)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-008
Rev. 2-29-84

NAME **IND SHAMROCK CHEMICALS COMPANY**
 PERMIT **D** **BOX 488**
 STATE RD. **6 E 6TH STREET**
ASHTABULA, OHIO 44004
 FACILITY **ASHTABULA PLANT**
 LOCATION _____

OH002
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	86	01	01		86	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (2-3)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW 50050	SAMPLE MEASUREMENT	.139	.191	MGPD					7/31	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	N/A
TSS 00530	SAMPLE MEASUREMENT	6	10.1	KG/D	2	8	14	ug/l	2/31	24HC
	PERMIT REQUIREMENT	42	57		N/A	22	30		2/7	24HC
TDS 00515	SAMPLE MEASUREMENT			N/A	586	598	608	ug/l	2/31	24HC
	PERMIT REQUIREMENT	N/A	N/A		N/A	1500	2500		2/7	24HC
O & G 00550	SAMPLE MEASUREMENT			N/A	.75	.75	.75	ug/l	1/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	10		1/7	GRAB
PHENOL 03130	SAMPLE MEASUREMENT			N/A	2.7	2.7	2.7	ug/l	1/31	24HC
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		1/7	24HC
PAC 50060	SAMPLE MEASUREMENT			N/A	0	0	0	ug/l	2/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		2/7	GRAB
PHOSPHORUS 00665	SAMPLE MEASUREMENT			N/A	.21	.21	.21	ug/l	1/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. E. Stewart
President
 TYPED OR PRINTED

I CERTIFY UNDER 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Schetter
P. C. Leitert
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE
216 992-3200
 AREA CODE NUMBER
 DATE
86 01 12
 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include
utility name/Location - if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004
2-29-84

NAME DND SHAMBOCK CHEMICALS COMPANY
 PERMIT P BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
 FACILITY ASHTABULA PLANT
 LOCATION _____

PERMIT NUMBER OH002
 DISCHARGE NUMBER 001

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	86	01	01		86	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (34-41)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (47-49)	FREQUENCY OF ANALYSIS (54-60)	SAMPLE TYPE (60-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMP 00010	SAMPLE MEASUREMENT			N/A	2	4	5		CONT	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		2/7	N/A
PH 00400	SAMPLE MEASUREMENT			N/A	7.2	7.4	7.5		2/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		6.5	N/A	9.0		30/30	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. E. Stewart
President

TYPED OR PRINTED

I CERTIFY UNDER 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 SEE 18 USC 11001 AND 12 USC 13219. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

C. E. Stewart
F. C. Leitert
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

216 992-3200

AREA
CODE

NUMBER

DATE

86 01 12

YEAR MO DAY

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

DISCHARGE MONITORING REPORT

Form Approved
 (B NO. 14-7007)

Diamond Shamrock Corporation
 Ashtabula Semi-Works
 P O Box 488
 State Rd & E 6th St
 Ashtabula, Ohio 44004

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" to represent 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "— hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature to required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

0029149 PERMIT NUMBER		001 DIS	2818 SIC	415330 LATITUDE	804620 LONGITUDE
REPORTING PERIOD: FROM			TO		
8 4	1 0	0 1	8 4	1 0	3 1
YEAR	MO	DAY	YEAR	MO	DAY

PARAMETER		(3 box only)				UNITS	NO. EX.	(4 box only)			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	QUANTITY			MINIMUM	AVERAGE	MAXIMUM				
OPPER OTAL	REPORTED													24
	PERMIT CONDITION							NA	NA	NA	Mg/L		1/30	24
RON OTAL	REPORTED													24
	PERMIT CONDITION							NA	NA	NA	Mg/L		1/30	24
SANITARY SOLIDS	REPORTED							6	6	6	Mg/L		1/31	GR
	PERMIT CONDITION	NA	NA	NA				NA	NA	30	Mg/L		1/30	GR
SANITARY TOTAL SUSPENDED SOLIDS	REPORTED							4	4	4	Mg/L		1/31	GR
	PERMIT CONDITION	NA	NA	NA				NA	NA	30	Mg/L		1/30	GR
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Bricker Wm. H	President	8 4 1 1 1 4

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

effluent



**Diamond Shamrock
Chemicals Company**

Ashtabula Plant

December 13, 1984

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of November. You will note that these reports reflect our new NPDES permit conditions. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

F. C. Leitert

mjf

Attachments

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION NO.

**DIAPYCN SHAPROCK CHEMICALS
 RESEARCH DEPARTMENT SEMI-WK
 ASHTABULA FACILITY
 70 SUPERIOR AVENUE
 VELAND 44114 ASHTABULA**

JIF00002001

NOV 1984

P 1 10/20/84 0H002914

SAMPLING STATION DESCRIPTION

001 DISCHARGE FIELDS BROOK VIA STATE RD. 55

NOTE: THIS FORM MUST BE TYPED

(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE REPORTING LAB ANALYST
 (2) ENTER FREQUENCY OF SAMPLING Ashtabula Plant Frank Carlo

(1)	1	1	3	2	2	3	3	2	3	
(2)	999	999	1	997	997	1	1	997	1	
	CODUCI FLC PGC	WATER TEMP. C	PH S.U.	RESIDU DS-105 MG/L	RESIDU T. NFL MG/L	CHLOR TCT RE MG/L	OR TOTAL MG/L	PHENOL UG/L	PHOS-P MG/L	
	REPORTING CODE 50050	REPORTING CODE 00010	REPORTING CODE 00400	REPORTING CODE 00515	REPORTING CODE 00530	REPORTING CODE 50060	REPORTING CODE 00550	REPORTING CODE 32730	REPORTING CODE 00665	REPORTING CODE
1	0		AH							
2	.155	12	7.5			0				
3	.182	13	7.4			0				
4	.236	14	7.6	630	8	0				
5	.291	14	7.5			0				
6	.213		AH							
7	.108	12	7.4			0				
8	.250	13	7.1	494	2	0	1.46	4.1		
9	.233	14	7.2			0				
0	.228	15	6.6			0				
1	.237	16	7.2	492	2	0				
2	.249	13	7.2			0				
3	.260	12	7.4	474	6	0	1.14	4.8	.59	
4	.259	12	7.4			0				
5	.254	12	7.3	486	6	0				
6	.254	12	7.3			0				
7	.239	12	7.3			0				
8	.230	11	7.5	572	8	0				
9	.198	11	7.4			0				
0	.090		AH							
1	0		AH							
2	0		AH							
3	0		AH							
4	0		AH							
5	0		AH							
6	0		AH							
7	0		AH							
8	.150	11	7.2			0				
9	.186	10	7.3	574	0	0	3.89	2.7		
10	.216	9	7.3			0				
11										
TAL	4.718	248	146.1	3722	32	0	6.49	11.6	.59	
G	.214	12	7.3	529	4.7	0	1.99	4	.6	
X	.291	16	7.6	630	8	0	3.89	4.8	.59	
V	0	9	6.6	474	0	0	1.14	2.7	.59	

ADDITIONAL REMARKS (AM REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

* flow at sample time.

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 EPA NO. EPA-4500 (10-80)
 WORKY EPA 548 1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 REPORT COMPLETED December 13, 1984	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
--	--	------------------------------------

ME. ADDRESS CITY, COUNTY, ZIP STATION CODE DATE (MONTH, YEAR) PAGE PRINTING DATE APPLICATION #
 DIAPOND SHAPROCK CHEMICALS 31F00002601 NOV 1984 1 10/20/84 OH002914
 RESEARCH DEPARTMENT SEMI-WK ASHTABULA FACILITY
 70 SUPERIOR AVENUE 601 DISCHARGE SANITARY PACKAGE PLANT
 VELAND 44114 ASHTABULA

NOTE: THIS FORM MUST BE TYPED

M(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
M(2) ENTER FREQUENCY OF SAMPLING		Ashtabula Plant					Frank Carlo			
(1)	3	3	3	1	3	3				
(2)	1	1	1	999	1	1				
	CELOF SEVER UNITS	COOR SEVER UNITS	TURBID SEVER UNITS	CONDUCT FLOW PGD	BOD 5 DAY MG/L	RESIDU T. AFL MG/L				
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00082	C1330	01350	50050	00310	00530				
1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.0004						
4	0	0	0	.0004						
5	0	0	0	.001						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
9	0	0	0	.001						
0	0	0	0	.0004						
1	0	0	0	.0004						
2	0	0	0	.001						
3	0	0	0	.001	11					
4	0	0	0	.001		6				
5	0	0	0	.001						
6	0	0	0	.001						
7	0	0	0	.0004						
8	0	0	0	.0004						
9	0	0	0	.001						
0	0	0	0	.001						
1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
9	0	0	0	.001						
0	0	0	0	.001						
1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
9	0	0	0	.001						
0	0	0	0	.001						
1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
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9	0	0	0	.001						
0	0	0	0	.001						
1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
9	0	0	0	.001						
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1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
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2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
9	0	0	0	.001						
0	0	0	0	.001						
1	0	0	0	.001						
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3	0	0	0	.001						
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7	0	0	0	.001						
8	0	0	0	.001						
9	0	0	0	.001						
0	0	0	0	.001						
1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
9	0	0	0	.001						
0	0	0	0	.001						
1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
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3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
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5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
9	0	0	0	.001						
0	0	0	0	.001						
1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
9	0	0	0	.001						
0	0	0	0	.001						
1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
9	0	0	0	.001						
0	0	0	0	.001						
1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7	0	0	0	.001						
8	0	0	0	.001						
9	0	0	0	.001						
0	0	0	0	.001						
1	0	0	0	.001						
2	0	0	0	.001						
3	0	0	0	.001						
4	0	0	0	.0004						
5	0	0	0	.0004						
6	0	0	0	.001						
7										

PERMITTEE NAME/ADDRESS (Facility Name/Location if different)

NAME **MOND SHAMROCK CHEMICALS COMPANY**
 ADDRESS **J. BOX 488**
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
 FACILITY **ASHTABULA PLANT**
 LOCATION _____

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004
 Rev 2-29-84

OH0 49
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	11	01		84	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (34-41)			NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW 50050	SAMPLE MEASUREMENT	.214	.291	MGPD					22/30	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	N/A
TSS 00530	SAMPLE MEASUREMENT	4	7.1	Ks/D	0	5	8		7/30	24HC
	PERMIT REQUIREMENT	42	57		N/A	22	30		2/7	24HC
TDS 00515	SAMPLE MEASUREMENT			N/A	474	529	630		7/30	24HC
	PERMIT REQUIREMENT	N/A	N/A		N/A	1500	2500		2/7	24HC
O & G 00550	SAMPLE MEASUREMENT			N/A	1.14	1.99	3.89		3/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	10		1/7	GRAB
PHENOL 03130	SAMPLE MEASUREMENT			N/A	2.7	4	4.8		3/30	24HC
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		1/7	24HC
FAC 50060	SAMPLE MEASUREMENT			N/A	0	0	0		20/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		2/7	GRAB
PHOSPHORUS 00665	SAMPLE MEASUREMENT			N/A	.59	.59	.59		1/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		1/30	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER 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 SEE 18 USC 1001 AND 33 USC 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.					TELEPHONE		DATE	
W. H. Bricker President							F. C. Leitert		216 992-3200	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE NUMBER		YEAR MO DAY	

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

DISCHARGE MONITORING REPORT (DMR) (17-19)

OMB No. 2040-0004
7-79-84

NAME MOND SHAMROCK CHEMICALS COMPANY

OHO 149
PERMIT NUMBER

001
DISCHARGE NUMBER

ADDRESS O, BOX 488

STATE RD, & E 6TH STREET

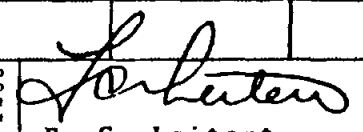
ASHTABULA, OHIO 44004

FACILITY ASHTABULA PLANT

LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	11	01		84	11	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
TEMP 00010	SAMPLE MEASUREMENT			N/A	9	12	16		CONT	N/A		
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A				2/7	N/A
pH 00400	SAMPLE MEASUREMENT			N/A	6.6	7.3	7.6		20/30	GRAB		
	PERMIT REQUIREMENT	N/A	N/A		6.5	N/A	9.0				30/30	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER 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. SEE 18 USC § 1001 AND 18 USC § 1333. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE			
W. H. Bricker President TYPED OR PRINTED	 F. C. Leitert SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							926 CODE	992-3200 NUMBER	12 YEAR	13 MO	84 DAY

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

Permit Name/Location (if different)

NAME **DIAMOND SHAMROCK CHEMICALS COMPANY**

ADDRESS **O. BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004**

FACILITY **ASHTABULA PLANT**

LOCATION

DISCHARGE MONITORING REPORT

OH **149**
PERMIT NUMBER

601
DISCHARGE NUMBER

Expires 2-29-84

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	11	01		84	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX ANALYSIS (62-65)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW 50050	SAMPLE MEASUREMENT	.0008	.001	MGPD				N/A		30/30	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			30/30	N/A
BOD 00310	SAMPLE MEASUREMENT			N/A	11	11	11	mg/l		1/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45			1/30	GRAB
TSS 00530	SAMPLE MEASUREMENT			N/A	6	6	6	mg/l		1/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45			1/30	GRAB
COLOR 00083	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY		30/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS		30/30	GRAB
ODER 01330	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY		30/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS		30/30	GRAB
TURBIDITY 01350	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY		30/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS		30/30	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER 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 SEE 18 USC 1001 AND 33 USC 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.							TELEPHONE	DATE		
W. H. Bricker President	<i>F. C. Leitert</i> F. C. Leitert							216 992-3200	12	13	84
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

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

Effluent



**Diamond Shamrock
Chemicals Company**

Ashtabula Plant

January 10, 1985

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, OH 43216

RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of December. You will note that these reports reflect our new NPDES permit conditions. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

F. C. Leitert
F. C. Leitert

mjf

Attachments

MONTHLY REPORT FORM



NAME ADDRESS CITY, COUNTY, ZIP STATION CODE DATE (MONTH YEAR) PAGE PRINTING DATE APPLICATION
DIANOG SHARROCK CHEMICALS 31F00002001 CEC 1984 P 1 10/20/84 0H0029
RESEARCH DEPARTMENT SEPI-WK
ASHTABULA FACILITY
80 SUPERIOR AVENUE 001 DISCHARGE FIELDS BROOK VIA STATE RD. SS
LEVELAND 44114 ASHTABULA

NOTE: THIS FORM MUST BE

IN(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN(2) ENTER FREQUENCY OF SAMPLING										
(1)	1	1	3	2	2	3	3	2	3	
(2)	999	999	1	997	997	1	1	997	1	
	CONDUI FLCW PCC	WATER TEMP. C	PH S-U.	RESIDU OS-105 MG/L	RESIDU T. NFL PG/L	CHLOR TCT RE PG/L	O&G TOTAL MG/L	PHENOL UG/L	PHOS-T P-MET MG/L	REPORTING
DAY	REPORTING CODE 5005C	REPORTING CODE 00010	REPORTING CODE 00400	REPORTING CODE 00515	REPORTING CODE 00530	REPORTING CODE 50060	REPORTING CODE 00550	REPORTING CODE 32730	REPORTING CODE 00665	
01	.270	9	7.1			0				
02	.196	9	7.5	494	2	0				
03	.200	8	7.2			0				
04	.289	8	7.5	446	6	0	3.89	1.5		
05	.249	8	7.5			0				
06	.070		AH							
07	0		AH							
08	0		AH							
09	0		AH							
10	0		AH							
11	.239	7	8.2	436	20	0	1.44	.7	.31	
12	.238	10	7.5			0				
13	.240	11	7.2	580	2	0				
14	.240	10	7.4			0				
15	.236	11	7.2			0				
16	.230	10	7.6	692	0	0				
17	.215									
18	.212	10	7.3	800	2	0	2.59	1.6		
19	.187									
20	.125		AH							
21	0									
22	0									
23	0		AH							
24	0									
25	0		AH							
26	.082									
27	.209	6	7.3	1010	2	0				
28	.216									
29	.216									
30	.216	7	7.1	748	16	0				
31	0									
TOTAL	4.375	124	103.6	5206	50	0	7.92	3.8	.31	
AVG.	.208	9	7.4	639	6.4	0	2.73	1.3	.31	
MAX.	.289	11	8.2	1010	20	0	3.89	1.6	.31	
MIN.	.070	6	7.1	436	0	0	1.44	.7	.31	

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH = No flow at sample time.

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 FORM NO. EPA-4500 (10-80)
 FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED 1/10/85	SIGNATURE OF REPORTER F. C. Leitert <i>F. C. Leitert</i>	TITLE OF REPORTER Plant Manager
----------------------------------	---	------------------------------------

MONTHLY REPORT FORM



NAME ADDRESS CITY COUNTY ZIP

STATION CODE

REPORTED DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATN

**DIAMOND SHARROCK CHEMICALS
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
100 SUPERIOR AVENUE
EVELAND 44114 ASHTABULA**

31F00002601

DEC 1984

P 1 10/20/84 0H002

SAMPLING STATION DESCRIPTION

601 DISCHARGE SANITARY PACKAGE PLANT

NOTE: THIS FORM MUST F

IN(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST	
IN(2) ENTER FREQUENCY OF SAMPLING		Ashtabula Plant						Sherm Pierce	
ENTER ANALYSES PERFORMED AND CODE NO AT RIGHT	(1)	3	3	3	1	3	3		
	(2)	1	1	1	999	1	1		
		COLOR SEVER UNITS	COJR SEVER UNITS	TURBID SEVEP UNITS	CONDUI FLOW PGD	BOD 5 DAY MG/L	RESIDU T. AFL PG/L		
DAY		REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
		00083	01330	01350	50050	00310	00530		
01	0	0	0	0	.0004				
02	0	0	0	0	.0004				
03	0	0	0	0	.001				
04	0	0	0	0	.001				
05	0	0	0	0	.001				
06	0	0	0	0	.001				
07	0	0	0	0	.001				
08	0	0	0	0	.0004				
09	0	0	0	0	.0004				
10	0	0	0	0	.001				
11	0	0	0	0	.001	5			
12	0	0	0	0	.001				
13	0	0	0	0	.001				
14	0	0	0	0	.001				
15	0	0	0	0	.0004		12		
16	0	0	0	0	.0004				
17	0	0	0	0	.001				
18	0	0	0	0	.001				
19	0	0	0	0	.001				
20	0	0	0	0	.001				
21	0	0	0	0	.001				
22	0	0	0	0	.0004				
23	0	0	0	0	.0004				
24	0	0	0	0	.0004				
25	0	0	0	0	.0004				
26	0	0	0	0	.001				
27	0	0	0	0	.001				
28	0	0	0	0	.001				
29	0	0	0	0	.0004				
30	0	0	0	0	.0004				
31	0	0	0	0	.001				
TOTAL	0	0	0	0	.0238	5	12		
AVG.	0	0	0	0	.0008	5	12		
MAX.	0	0	0	0	.001	5	12		
MIN.	0	0	0	0	.0004	5	12		

ADDITIONAL REMARKS (AM REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 FORM NO. EPA-4500 (10-80)
 FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY KNOWLEDGE AND BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETELY CORRECT. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

DATE REPORT COMPLETED 1/10/85	SIGNATURE OF REPORTER F. C. Leitert <i>[Signature]</i>	TITLE OF REPORTER Plant Manager
----------------------------------	---	------------------------------------

PERMITTEE NAME/ADDRESS (Include Facility No. Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Appro
OMB No. 20
Expires 2-29

NAME DIAMOND SHAMROCK CHEMICALS COMPANY
 ADDR P. O. BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
 FACILITY ASHTABULA PLANT
 LOCATION _____

(2-10) (17-19)
 0029149 PERMIT NUMBER
 001 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 84 12 01 84 12 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

PARAMETER (32-37)	X	(1 Card Only) (46-51) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (34-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
FLOW 50050	SAMPLE MEASUREMENT	.208	.289	MGPD					21/31
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30
TSS 00530	SAMPLE MEASUREMENT	6	18.1	Ks/D	0	6	20	mg/l	8/31
	PERMIT REQUIREMENT	42	57		N/A	22	30		2/7
TDS 00515	SAMPLE MEASUREMENT			N/A	436	639	1010	mg/l	8/31
	PERMIT REQUIREMENT	N/A	N/A		N/A	1500	2500		2/7
O & G 00550	SAMPLE MEASUREMENT			N/A	1.44	2.73	3.89	mg/l	3/31
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	10		1/7
PHENOL 03130	SAMPLE MEASUREMENT			N/A	.7	1.3	1.6	ug/l	3/31
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		1/7
FAC 50060	SAMPLE MEASUREMENT			N/A	0	0	0	mg/l	14/31
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		2/7
PHOSPHORUS 00665	SAMPLE MEASUREMENT			N/A	.31	.31	.31	mg/l	1/31
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		1/30

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C. E. Stewart President TYPED OR PRINTED	I CERTIFY UNDER 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 SEE 18 USC 1001 AND 33 USC 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE DATE	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT C. E. Stewart	1804992-2200 CODE NUMBER	4 MAR 1985	106

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

PERMITTEE
Facility

NAME/ADDRESS (Include location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 20
Expires 2-29

NAME DIAMOND SHAMROCK CHEMICALS COMPANY

(2-16)

(17-19)

ADDRESS P. O. BOX 488

0029149

001

PERMIT NUMBER

DISCHARGE NUMBER

STATE RD. & E 6TH STREET

ASHTABULA, OHIO 44004

FACILITY ASHTABULA PLANT

LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	12	01		84	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			UNITS			
TEMP 00010				N/A			6	9	11	DEG C		CONT	N/
		N/A	N/A		N/A	N/A	N/A	N/A				2/7	N/
pH 00400				N/A			7.1	7.4	8.2	STD.		14/31	GF
		N/A	N/A		6.5	N/A	9.0			UNITS		30/30	GF

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C. E. Stewart President TYPED OR PRINTED	I CERTIFY UNDER 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 1 year.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>C. Stewart</i>	TELEPHONE	DATE
			216 802-3200 01 10 85 CODE NUMBER YEAR MO	

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

PERMIT NAME/ADDRESS (Include Facility location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 20 Expires 2-29

NAME DIAMOND SHAMROCK CHEMICALS COMPANY

(2-16)

(17-19)

ADDRESS P. O. BOX 488

0029149
PERMIT NUMBER

601
DISCHARGE NUMBER

STATE RD. & E 6TH STREET

ASHTABULA, OHIO 44004

FACILITY ASHTABULA PLANT

LOCATION _____

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
84	12	01		84	12	31	
(20-21)		(22-23)		(24-25)		(26-27) (28-29) (30-31)	

NOTE: Read instructions before completing this form

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	B
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	.0008	.001	MGPD					31/31	M
50050	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	M
BOD	SAMPLE MEASUREMENT			N/A	5	5	5	mg/l	1/31	C
00310	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	C
TSS	SAMPLE MEASUREMENT			N/A	12	12	12	mg/l	1/31	G
00530	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	G
COLOR	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	31/31	G
00083	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	G
ODER	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	31/31	G
01330	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	G
TURBIDITY	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	31/31	G
01350	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	G
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. E. Stewart
President

TYPED OR PRINTED

I CERTIFY UNDER 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

216-992-3200-01-10
AREA CODE NUMBER YEAR MO

DATE

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



**Diamond Shamrock
Chemicals Company**

Ashtabula Plant

February 6, 1985

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

Re: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Kindly find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of January. Due to the severe weather encountered in January, the efficiency of our biological treatment system was reduced, resulting in a high Biological Oxygen Demand in our sanitary waste treatment system. This excursion from permitted limits is reported in attached forms.

Sincerely,

F. C. Leitert

sc

Attachs.

BCC: J. L. Holodnak
R. D. Teichner
Effluent
Tom Strang

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION

DEAPONE SHARROCK CHEMICALS
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
1100 SUPERIOR AVENUE
WELAND 44114 ASHTABULA

31F00002601

JAN 1985

8' 1 10/20/84 OH8029

SAMPLING STATION DESCRIPTION

601 DISCHARGE SANITARY PACKAGE PLANT

NOTE: THIS FORM MUST BE

IN 1		2 FOR CONTINUOUS		3 FOR COMPOSITE		3 FOR GRAB SAMPLE		REPORTING LAB		ANALYST	
ENTER 1		ENTER FREQUENCY OF SAMPLING						Ashtabula Plant		Sherm Pierce	
(1)	3	3	3	1	3	3					
(2)	1	1	1	999	1	1					
	CLECF SEVER UNITS	COND SEVER UNITS	TURBID SEVER UNITS	CONDUCT FLOW PGC	BOD 5 DAY MG/L	RESIDU T. MFL PG/L					
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
AY	00082	01350	01350	50050	00310	00530					
01	0	0	0	.0004							
02	0	0	0	.001							
03	0	0	0	.001							
04	0	0	0	.001							
05	0	0	0	.0004							
06	0	0	0	.0004							
07	0	0	0	.001							
08	0	0	0	.001							
09	0	0	0	.001		16					
10	0	0	0	.001							
11	0	0	0	.001							
12	0	0	0	.0004							
13	0	0	0	.0004							
14	0	0	0	.001							
15	0	0	0	.001							
16	0	0	0	.001							
17	0	0	0	.001							
18	0	0	0	.001							
19	0	0	0	.0004							
20	0	0	0	.0004							
21	0	0	0	.001							
22	0	0	0	.001	39						
23	0	0	0	.001							
24	0	0	0	.001							
25	0	0	0	.001							
26	0	0	0	.0004							
27	0	0	0	.0004							
28	0	0	0	.001							
29	0	0	0	.001							
30	0	0	0	.001							
31	0	0	0	.001							
TOTAL	0	0	0	.0256	39	16					
VG	0	0	0	.0008	39	16					
AX	0	0	0	.001	39	16					
IN	0	0	0	.0004	39	16					

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO EPA-4500 (10-80)
FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED February 4, 1985	SIGNATURE OF REPORTER F. C. Letter	TITLE OF REPORTER Plant Manager
---	---------------------------------------	------------------------------------

MONTHLY REPORT FORM

AGENCY COPY

REPORTED



NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICAT

DIAPOND SHAPROCK CHEMICALS
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
100 SUPERIOR AVENUE
LEVELAND 44114 ASHTABULA

SAMPLING STATION DESCRIPTION

001 DISCHARGE FIELDS BROOK VIA STATE RD. SS

NOTE: THIS FORM MUST BE

IN:1 ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE

REPORTING LAB

ANALYST

IN:2 ENTER FREQUENCY OF SAMPLING

Ashtabula Plant

Sherm Pierce

ENTER ANALYSES PERFORMED AND CODE NO. AT RIGHT	(1)	1	1	3	2	2	3	3	2	3	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE									
																					999	999	1	997	997	1	1	997	1
																					CONCUI FLCW P60	WATER TEMP. C	PH S.U.	RESIDU DS-105 MG/L	RESIDU T. NFL MG/L	CHLOR TOT RE MG/L	C66 TOTAL MG/L	PHENOL UG/L	PHOS-T P-LET MG/L
DAY		50050	00010	00400	00515	00530	50060	00550	32730	00665																			
01	0			AH																									
02	0																												
03	0			AH																									
04	0																												
05	0																												
06	0			AH																									
07	0																												
08	0			AH																									
09	0																												
10	0			AH																									
11	.217																												
12	.216																												
13	.213	6	7.3	746	2	0																							
14	.214																												
15	.109			AH																									
16	0																												
17	0			AH																									
18	0																												
19	0																												
20	0			AH																									
21	0																												
22	0			AH																	.5								
23	.140																												
24	.194	4	6.8	722	6	0		.71	3.0																				
25	.197																												
26	.194																												
27	.200	4	7.3	640	2	0																							
28	.157																												
29	.180	13	7.5	554	4	0		2.29	4.5																				
30	.003																												
31	0			AH																									
TOTAL	2.234	27	28.9	2662	14	0		3	7.5	0.5																			
AVG.	.172	7	7.2	669	3.4	0		1.47	3.7	0.5																			
MAX	.217	13	7.5	746	6	0		2.29	4.5	0.5																			
MIN	0	4	6.8	554	2	0		.71	3.0	0.5																			

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

No flow at sample time.

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)
FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT

DATE REPORT COMPLETED February 4, 1985	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
---	--	------------------------------------

PERMITTEE NAME/ADDRESS (Include
 actual name/location) (Type)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

Form Approved
 OMB No. 2040-0004
 2-29-84

NAME JND SHAMROCK CHEMICALS COMPANY

ADDRESS 1 BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004

0H002
 PERMIT NUMBER

001
 DISCHARGE NUMBER

ACTIVITY ASHTABULA PLANT

LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	01	01		85	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (46-51) QUANTITY OR LOADING (34-61)			(4 Card Only) (38-43) QUALITY OR CONCENTRATION (46-51)			NO. EX. (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW				MGPD						N/A
50050		.172	.217						13/31	N/A
		N/A	N/A		N/A	N/A	N/A		30/30	N/A
TSS				Ks/D						mg/l
00530		3	4.4		2	3	6		4/31	24HC
		42	57		N/A	22	30		2/7	24HC
TDS				N/A						mg/l
00515					554	669	746		4/31	24HC
		N/A	N/A		N/A	1500	2500		2/7	24HC
O & G				N/A						mg/l
00550					.71	1.47	2.29		2/31	GRAB
		N/A	N/A		N/A	N/A	10		1/7	GRAB
PHENOL				N/A						ug/l
03130					3.0	3.7	4.5		2/31	24HC
		N/A	N/A		N/A	N/A	N/A		1/7	24HC
FAC				N/A						mg/l
50060					0	0	0		4/31	GRAB
		N/A	N/A		N/A	N/A	N/A		2/7	GRAB
PHOSPHORUS				N/A						mg/l
00665					.5	.5	.5		1/31	GRAB
		N/A	N/A		N/A	N/A	N/A		1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. E. Stewart
 President

TYPED OR PRINTED

I CERTIFY UNDER 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 (SEE 18 U.S.C. 1001 AND 23 U.S.C. 11319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)

C. E. Stewart
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

216 992-3200

DATE

85 02 04
 01 16 85

AREA CODE

NUMBER

YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004 Rev 2-29-84

NAME AMOND SHAMROCK CHEMICALS COMPANY
 ADDRESS O. BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
 FACILITY ASHTABULA PLANT
 LOCATION _____

OHC 149
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	01	01		85	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMP 00010	SAMPLE MEASUREMENT			N/A	4	7	13	DEG C		CONT	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			2/7	N/A
pH 00400	SAMPLE MEASUREMENT			N/A	6.8	7.2	7.5	STD.		1/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		6.5	N/A	9.0	UNITS		30/30	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C. E. Stewart President	I CERTIFY UNDER 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 SEE 18 USC 1001 AND 33 USC 1319. Penalties under these statutes may include fines up to \$10000 and/or maximum imprisonment of not less than 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>C. E. Stewart</i>	TELEPHONE	DATE			
			216, 992-3200	85	02	04	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Facility Name/Address (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-006
Rev. 2-29-84

NAME AMOND SHAMROCK CHEMICALS COMPANY

ADDRESS O. BOX 488

STATE RD. & E 6TH STREET

ASHTABULA, OHIO 44004

FACILITY ASHTABULA PLANT

LOCATION

OH 149
PER NUMBER

601
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	01	01		85	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW 50050	SAMPLE MEASUREMENT	.0008	.001	MGPD				N/A	1	31/31	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			30/30	N/A
BOD 00310	SAMPLE MEASUREMENT			N/A	39	39	39	mg/l		1/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45			1/30	GRAB
TSS 00530	SAMPLE MEASUREMENT			N/A	16	16	16	mg/l		1/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45			1/30	GRAB
COLOR 00083	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY		31/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS		30/30	GRAB
ODER 01330	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY		31/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS		30/30	GRAB
TURBIDITY 01350	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY		31/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS		30/30	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

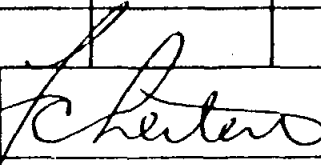
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. E. Stewart
President

TYPED OR PRINTED

I CERTIFY UNDER 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 SET BY USC 1301 AND 33 USC 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

216 992-3200 85 02 0

DATE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments hereto)



Diamond Shamrock
Chemicals Company

Ashtabula Plant

March 13, 1985

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, OH 43216

Re: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Kindly find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of February.

There was an excursion from the permitted monthly average TSS limit for the Sanitary Plant Effluent. The cold weather experienced during the sampling period caused a freezing problem in the sand filter. We suspect that this caused channeling and decreased filter efficiency.

If you have any questions regarding this matter, please contact me.

Sincerely,

F. C. Leitert
Plant Manager
Ashtabula Plant

sc

Attachs.

MONTHLY REPORT FORM

AGENCY USE ONLY

REPORTED



NAME ADDRESS CITY COUNTY ZIP STATION CODE DATE (MONTH YEAR) PAGE PRINTING DATE APPLICATION
 DIAMOND SHAPROCK CHEMICALS JIF00002001 FEB 1985 8' 1 10/20/84 0M0029
 RESEARCH DEPARTMENT SEPI-WK
 ASHTABULA FACILITY
 100 SUPERIOR AVENUE SAMPLING STATION DESCRIPTION
 VELEAD 44114 ASHTABULA 001 DISCHARGE FIELDS BROOK VIA STATE RD. SS

NOTE: THIS FORM MUST BE

IN(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST			
IN(2) ENTER FREQUENCY OF SAMPLING		Ashtabula Plant						Sherm Pierce			
DAY	(1)	1	1	3	2	2	3	3	2	3	
	(2)	999	999	1	997	997	1	1	997	1	
		CONDCT FLCB PGD	WATER TEMP. C	PH S.U.	RESIDU DS-105 MG/L	RESIDU T. AFL MG/L	CHLOR TCT RE MG/L	ORG TCTAL MG/L	PHENOL UG/L	PHOS-T P-6ET MG/L	REPORTING
		REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING
		50050	00010	00400	00515	00530	50060	00550	32730	00665	
01	0										
02	0										
03	0			AH							
04	0										
05	0			AH							
06	0										
07	.134		3	7.6	536	18	0				
08	.193										
09	.193										
10	.185		4	7.4	410	4	0				
11	.227										
12	.259		4	7.3	526	6	0			.22	
13	.173										
14	.244		3	7.3	430	4	0	1.39	4.5		
15	.208										
16	.187										
17	.016			AH							
18	0										
19	0			AH							
20	0										
21	0			AH							
22	.104										
23	.220										
24	.238		12	7.5	508	0	0				
25	.216										
26	.209		9	7.6	668	4	0	.63	4.1		
27	.209										
28	.059			AH							
29											
30											
31											
TOTAL	3,274		35	44.7	3078	36	0	2.02	8.6	.22	
AVG.	.182		6	7.4	512	5.1	0	1.04	4.3	.22	
MAX	.259		12	7.6	668	18	0	1.39	4.5	.22	
MIN.	0		3	7.3	410	0	0	.63	4.1	.22	

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

0 = No flow at sample time.

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 FORM NO EPA-4500 (10-80)
 FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT

DATE REPORT COMPLETED March 12, 1985	SIGNATURE OF REPORTER F. C. Leffert	TITLE OF REPORTER Plant Manager
---	--	------------------------------------

MONTHLY REPORT FORM

AGENCY COPY

Ohio EPA

NAME ADDRESS CITY COUNTY ZIP STATION CODE DATE (MONTH YEAR) PAGE PRINTING DATE APPLICATION
 DIAMOND SHAMROCK CHEMICALS 31F00002601 FEB 1985 P 1 10/20/84 OH0029
 RESEARCH DEPARTMENT SEPI-WK
 ASHTABULA FACILITY SAMPLING STATION DESCRIPTION
 100 SUPERIOR AVENUE 601 DISCHARGE SANITARY PACKAGE PLANT
 EVELAND 44114 ASHTABULA

NOTE: THIS FORM MUST BE

IN(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST					
IN(2) ENTER FREQUENCY OF SAMPLING		Ashtabula Plant					Sherm Pierce					
DAY	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
	CLLTH SEVER UNITS	COND SEVER UNITS	TURBID SEVER UNITS	CONDUIT FLOW MGD	BOD 5 DAY MG/L	TOTAL SOLID T. AFL PG/L	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00083	01350	01350	50050	00310	00530						
01	0	0	0	.001								
02	0	0	0	.0004								
03	0	0	0	.0004								
04	0	0	0	.001								
05	0	0	0	.001								
06	0	0	0	.001								
07	0	0	0	.001								
08	0	0	0	.001								
09	0	0	0	.0004								
10	0	0	0	.0004								
11	0	0	0	.001								
12	0	0	0	.001	35	34						
13	0	0	0	.001								
14	0	0	0	.001								
15	0	0	0	.001								
16	0	0	0	.0004								
17	0	0	0	.0004								
18	0	0	0	.001								
19	0	0	0	.001								
20	0	0	0	.001								
21	0	0	0	.001								
22	0	0	0	.001								
23	0	0	0	.0004								
24	0	0	0	.0004								
25	0	0	0	.001								
26	0	0	0	.001	21							
27	0	0	0	.001								
28	0	0	0	.001								
29												
30												
31												
TOTAL	0	0	0	.0232	56	34						
AVG	0	0	0	.0008	28	34						
MAX	0	0	0	.001	35	34						
MIN	0	0	0	.0004	21	34						

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION.)

AH No flow at sample time.

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 FORM NO EPA-4500 (10-80)
 FORMERLY EPA SUB-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED: March 12, 1985
 SIGNATURE OF REPORTER: F. C. Leiter
 TITLE OF REPORTER: Plant Manager

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved No. 2040-004 5 2 29-84

NAME MOND SHAMROCK CHEMICALS COMPANY

ADDRESS O. BOX 488

STATE RD. & E 6TH STREET

ASHTABULA, OHIO 44004

FACILITY ASHTABULA PLANT

LOCATION _____

OH0L 49
PERMIT NUMBER

601
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	02	01		85	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Cont. Only) QUANTITY OR LOADING (46-53)			(4 Cont. Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW 50050	SAMPLE MEASUREMENT	.0008	.001	MGPD						28/28	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			30/30	N/A
BOD 00310	SAMPLE MEASUREMENT			N/A	21	28	35	mg/l		2/28	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45			1/30	GRAB
TSS 00530	SAMPLE MEASUREMENT			N/A	34	34	34	mg/l	1	1/28	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45			1/30	GRAB
COLOR 00083	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY		28/28	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS		30/30	GRAB
ODER 01330	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY		28/28	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS		30/30	GRAB
TURBIDITY 01350	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY		28/28	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS		30/30	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C. E. Stewart President TYPED OR PRINTED	I CERTIFY UNDER 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. SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE 216-992-3200	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>C. E. Stewart</i>	YEAR	MO

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

PERMITTEE NAME: DRESS (Include Facility Name/Loc. different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
Vo. 2040-0004
res 2-29-84

NAME: MOND SHAMROCK CHEMICALS COMPANY

ADDRESS: O. BOX 488

STATE RD. & E 6TH STREET

ASHTABULA, OHIO 44004

FACILITY: ASHTABULA PLANT

LOCATION: _____

OH00-149
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
85	02	01	85	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMP	SAMPLE MEASUREMENT			N/A	3	6	12	DEG C		CONT	N/A
00010	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			2/7	N/A
pH	SAMPLE MEASUREMENT			N/A	7.3	7.4	7.6	STD.		6/28	GRAB
00400	PERMIT REQUIREMENT	N/A	N/A		6.5	N/A	9.0	UNITS		30/30	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER:
C. E. Stewart
President
TYPED OR PRINTED

I CERTIFY UNDER 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. SEE 19 USC 3101 AND 3195C-3197. Penalties under these statutes include fines up to \$100,000 and a maximum imprisonment of 30 months and 3 years.

C. E. Stewart
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 216 992-3200
DATE: 85 03 11
AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name/No. if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved No. 2040-0004 res 2-29-84

NAME MOND SHAMROCK CHEMICALS COMPANY (17-19)

ADDRESS O BOX 488

OH0077149 PERMIT NUMBER

001 DISCHARGE NUMBER

STATE RD. & E 6TH STREET

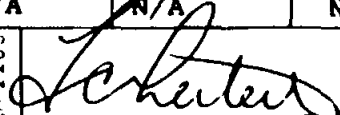
ASHTABULA, OHIO 44004

FACILITY ASHTABULA PLANT

LOCATION

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
85	02	01	85	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
PLOW 50050	SAMPLE MEASUREMENT	.182	.259	MGPD					18/28	N/A		
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	N/A		
TSS 00530	SAMPLE MEASUREMENT	4	9.1	Ks/D	0	5	18	mg/l	6/28	24HC		
	PERMIT REQUIREMENT	42	57		N/A	22	30		2/7	24HC		
TDS 00515	SAMPLE MEASUREMENT			N/A	410	512	668	mg/l	6/28	24HC		
	PERMIT REQUIREMENT	N/A	N/A		N/A	1500	2500		2/7	24HC		
O & G 00550	SAMPLE MEASUREMENT			N/A	.63	1.04	1.39	mg/l	2/28	GRAB		
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	10		1/7	GRAB		
PHENOL 03130	SAMPLE MEASUREMENT			N/A	4.1	4.3	4.5	ug/l	2/28	24HC		
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		1/7	24HC		
PAC 50060	SAMPLE MEASUREMENT			N/A	0	0	0	mg/l	6/28	GRAB		
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		2/7	GRAB		
PHOSPHORUS 00665	SAMPLE MEASUREMENT			N/A	.22	.22	.22	mg/l	1/28	GRAB		
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		1/30	GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY WITH 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. SEE 18 USC 1001 AND 33 USC 1329. Facilities under this statute may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.							TELEPHONE		DATE		
C. E. Stewart President								216 992-3200		85	03	11
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

Effluent



Diamond Shamrock
Chemicals Company

Ashtabula Plant

April 11, 1985

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of March. You will note that these reports reflect our new NPDES permit conditions. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

A. J. Novak
A. J. Novak
Technical Supervisor
Ashtabula Plant

mjf

Attachments

MONTHLY REPORT FORM



NAME ADDRESS CITY COUNTY ZIP STATION CODE DATE (MONTH YEAR) PAGE PRINTING DATE APPLICATION
DIAPOND SHAPROCK CHEMICALS **31F00002601** **PAR 1985** **1** **10/20/84** **OH0029**
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY SAMPLING STATION DESCRIPTION
1100 SUPERIOR AVENUE **601 DISCHARGE SANITARY PACKAGE PLANT**
VELAND **44114 ASHTABULA**

NOTE THIS FORM MUST BE

IN1: ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST	
IN2: ENTER FREQUENCY OF SAMPLING		Ashtabula Plant						Sherm Pierce	
AND CODE NO AT RIGHT	(1)	3	3	3	1	3	3		
	(2)	1	1	1	999	1	1		
		CCLCF SEVER UNITS	COCK SEVER UNITS	TURBID SEVER UNITS	CONDUIT FLOW MGC	BOD 5 DAY MGL	RESIDU T. AFL MGL		
DAY		REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
		00083	01330	01350	50050	00310	00530		
01		0	0	0	.001				
02		0	0	0	.0004				
03		0	0	0	.0004				
04		0	0	0	.001				
05		0	0	0	.001				
06		0	0	0	.001				
07		0	0	0	.001				
08		0	0	0	.001				
09		0	0	0	.0004				
10		0	0	0	.0004				
11		0	0	0	.001				
12		0	0	0	.001	24	34		
13		0	0	0	.001				
14		0	0	0	.001				
15		0	0	0	.001				
16		0	0	0	.0004				
17		0	0	0	.0004				
18		0	0	0	.001				
19		0	0	0	.001	5			
20		0	0	0	.001		8		
21		0	0	0	.001		22		
22		0	0	0	.001		0		
23		0	0	0	.0004		6		
24		0	0	0	.0004		2		
25		0	0	0	.001		2		
26		0	0	0	.001		12		
27		0	0	0	.001		8		
28		0	0	0	.001		2		
29		0	0	0	.001		2		
30		0	0	0	.0004		2		
31		0	0	0	.0004		4		
TOTAL		0	0	0	.025	29	104		
AVG		0	0	0	.0008	15	9		
MAX.		0	0	0	.001	24	34		
MIN		0	0	0	.0004	5	0		

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 FORM NO EPA-4500 (10-80)
 FORMERLY EPA-SUR 1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED April 10, 1985	SIGNATURE OF REPORTER A. J. Novak <i>AJ Novak</i>	TITLE OF REPORTER Technical Supervisor
---	--	---

MONTHLY REPORT FORM

AGENCY USE ONLY

REPORTED



NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION

**DIAPOND SHAPROCK CHEMICALS
RESEARCH DEPARTMENT SEPI-WK
ASHTABULA FACILITY
1100 SUPERIOR AVENUE
VELAND 44114 ASHTABULA**

31F00002001

PAR 1985

P 1 10/20/84 0H0029

SAMPLING STATION DESCRIPTION

001 DISCHARGE FIELDS BPOCK VIA STATE RD. 55

NOTE THIS FORM MUST BE

IN(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE
IN(2) ENTER FREQUENCY OF SAMPLING

REPORTING LAB

Ashtabula Plant

ANALYST

Sherm Pierce

DAY	CONC FLOW MGD	WATER TEMP. C	PH S.U.	RESIDU DS-105 MG/L	RESIDU T. NFL MG/L	CHLOR TOT RE MG/L	OIL TOTAL MG/L	PHENOL UG/L	PHCS-T P-6ET MG/L	REPORTING
										REPORTING CODE
	1	1	3	2	2	3	3	2	3	
	999	999	1	997	997	1	1	997	1	
	50050	00010	00400	00515	00530	50060	00550	32730	00665	
01	0									
02	0									
03	0		AH							
04	0									
05	.181	2	7.4	680	10	0				
06	.014									
07	0		AH							
08	0									
09	0									
10	0		AH							
11	.099									
12	.165		AH						.3	
13	.170									
14	.176	9	7.0	640	20	0	.8	2.7		
15	.021									
16	0									
17	0		AH							
18	0									
19	0		AH							
20	0									
21	0		AH							
22	0									
23	0									
24	0		AH							
25	0									
26	0		AH							
27	0									
28	0		AH							
29	0									
30	0									
31	.163	8	7.2	616	22	0				
TOTAL	.989	19	21.6	1936	52	0	.8	2.7	.3	
AVG	.124	6	7.2	646	17.1	0	.8	2.7	.3	
MAX	.181	9	7.4	680	22	0	.8	2.7	.3	
MIN	0	2	7.0	616	10	0	.8	2.7	.3	

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

*** No flow at sample time.

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)
FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY KNOWLEDGE AND BELIEF, 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 REPORT COMPLETED April 10, 1985	SIGNATURE OF REPORTER A. J. Novak <i>AJ Novak</i>	TITLE OF REPORTER Technical Supervisor
---	--	---

PERMITTEE NAME / ADDRESS (Include City, Name/Local different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
No. 2040-0004
as 2-29-84

NAME OND SHAMROCK CHEMICALS COMPANY

ADDRESS P. O. BOX 488

OH002 9
PERMIT NUMBER

001
DISCHARGE NUMBER

STATE RD. & E 6TH STREET

ASHTABULA, OHIO 44004

ACTIVITY ASHTABULA PLANT

LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	03	01		85	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-61)	SAMPLE TYPE (52-53)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW		.124	.181	MGPD						N/A
50050		N/A	N/A		N/A	N/A	N/A		30/30	N/A
TSS		11	13.6	Ks/D	10	17	22			24HC
00530		42	57		N/A	22	30		2/7	24HC
TDS				N/A	616	646	680			24HC
00515		N/A	N/A		N/A	1500	2500		2/7	24HC
O & G				N/A	.8	.8	.8			GRAB
00550		N/A	N/A		N/A	N/A	10		1/7	GRAB
PHENOL				N/A	2.7	2.7	2.7			24HC
03130		N/A	N/A		N/A	N/A	N/A		1/7	24HC
FAC				N/A	0	0	0			GRAB
50060		N/A	N/A		N/A	N/A	N/A		2/7	GRAB
PHOSPHORUS				N/A	.3	.3	.3			GRAB
00665		N/A	N/A		N/A	N/A	N/A		1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. E. Stewart
President

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THE INDIVIDUAL 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 (SEE 18 USC § 1001 AND 33 USC § 1319). Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

216 992-3200

AREA CODE

DATE

85 04 10

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Refer to all attachments here)

PERMITTEE NAME / ADDRESS (Include Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
 EPA No. 2040-0104
 as 2-29-84

NAME OND SHAMROCK CHEMICALS COMPANY
 ADDRESS PO BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
 FACILITY ASHTABULA PLANT
 LOCATION _____

OH002
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	03	01		85	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMP 00010				N/A	2	6	9	DEG C		CONT	N/A
		N/A	N/A		N/A	N/A	N/A			2/7	N/A
pH 00400				N/A	7.0	7.2	7.4	STD.		3/31	GRAB
		N/A	N/A		6.5	N/A	9.0	UNITS		30/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. E. Stewart
President
 TYPED OR PRINTED

I CERTIFY UNDER 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or imprisonment or both for individuals and corporations.

C. E. Stewart
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
216 992-3200
 AREA CODE NUMBER

DATE
85 04 10
 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved EPA No. 2050-107-01 2-29-84

NAME OND SHAMROCK CHEMICALS COMPANY

ADDRESS PO BOX 488

STATE RD. & E 6TH STREET

ASHTABULA, OHIO 44004

FACILITY ASHTABULA PLANT

CITY ASHTABULA


STATE OHIO

010002
PERMIT NUMBER

601
DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
85	03	01	85	03	31
(20 21)	(22 23)	(24 25)	(26 27)	(28 29)	(30 31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	.0008	.001	MGPD					31/31	N/A	
50050	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	N/A	
BOD	SAMPLE MEASUREMENT			N/A	5	15	24		2/31	GRAB	
00310	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	GRAB	
TSS	SAMPLE MEASUREMENT			N/A	0	9	34		13/31	GRAB	
00530	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	GRAB	
COLOR	SAMPLE MEASUREMENT			N/A	0	0	0		31/31	GRAB	
00083	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	GRAB	
ODER	SAMPLE MEASUREMENT			N/A	0	0	0		31/31	GRAB	
01330	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	GRAB	
TURBIDITY	SAMPLE MEASUREMENT			N/A	0	0	0		31/31	GRAB	
01350	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER 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. SEE TITLE 15, SECTION 3733.19, Revised Code, under these statutes and include links up to \$10,000 and 1 year imprisonment for each day of violation.						TELEPHONE		DATE		
C. E. Stewart President							216 992-3200		85	04	10
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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



Diamond Shamrock
Chemicals Company

Ashtabula Plant

May 8, 1985

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Please find attached both the Ohio EPA and U.S. EPA monitoring report forms for the month of April. You will note that these reports reflect our new NPDES permit conditions. These reports do not contain any NPDES permit limitation excesses for this reporting period.

If you have any questions regarding this matter, please contact me.

Sincerely,

F. C. Leitert
Plant Manager

mjf

Attachments

MONTHLY REPORT FORM



NAME ADDRESS CITY COUNTY ZIP STATION CODE REPORTED DATE (MONTH YEAR) PAGE PRINTING DATE APPLICATION
DIAPOND SHARROCK CHEMICALS **JIF00002601** **APR 1985** **Pf 1 10/20/84 0H0029**
RESEARCH DEPARTMENT SERI-WK
ASHTABULA FACILITY **SAMPLING STATION DESCRIPTION**
1100 SUPERIOR AVENUE **601 DISCHARGE SANITARY PACKAGE PLANT**
VELAND **44114 ASHTABULA**

NOTE: THIS FORM MUST BE

IN 1: ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST			
IN 2: ENTER FREQUENCY OF SAMPLING				Ashtabula Plant			Sherm Pierce			
DAY	(1)	(2)	(3)	(1)	(2)	(3)				
	3	3	3	1	3	3				
AND CODE NO. AT RIGHT	1	1	1	999	1	1				
	COLOR SEVER UNITS	CODOR SEVER UNITS	TURBID SEVER UNITS	CONDUIT FLOW MGD	BOD 5 DAY MG/L	RESIDU T. AFL PG/L				
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00083	01330	01350	50050	00310	00530				
01	0	0	0	.001						
02	0	0	0	.001						
03	0	0	0	.001						
04	0	0	0	.001						
05	0	0	0	.0004						
06	0	0	0	.0004						
07	0	0	0	.0004						
08	0	0	0	.001						
09	0	0	0	.001						
10	0	0	0	.001						
11	0	0	0	.001						
12	0	0	0	.001						
13	0	0	0	.0004						
14	0	0	0	.0004						
15	0	0	0	.001						
16	0	0	0	.001	1	8				
17	0	0	0	.001						
18	0	0	0	.001						
19	0	0	0	.001						
20	0	0	0	.0004						
21	0	0	0	.0004						
22	0	0	0	.001						
23	0	0	0	.001	20					
24	0	0	0	.001	2					
25	0	0	0	.001						
26	0	0	0	.001						
27	0	0	0	.0004						
28	0	0	0	.0004						
29	0	0	0	.001						
30	0	0	0	.001						
31										
TOTAL	0	0	0	.0246	21	10				
AVG	0	0	0	.0008	11	5				
MAX	0	0	0	.001	20	8				
MIN	0	0	0	.0004	1	2				

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

DISTRIBUTION
 WHITE AGENCY
 YELLOW AGENCY
 GREEN REPORTER
 FORM NO. EPA 4500 (10-80)
 FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED: May 8, 1985
 SIGNATURE OF REPORTER: F. C. Leitert
 TITLE OF REPORTER: Plant Manager

MONTHLY REPORT FORM

REPORTED



NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION

DIAPYCN SHAPROCK CHEMICALS
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
1100 SUPERIOR AVENUE
VELANC 44114 ASHTABULA

JIF00002001

APR 1985

P 1 10/20/R4 0M002

SAMPLING STATION DESCRIPTION

001 DISCHARGE FIELDS BROOK VIA STATE RD. SS

NOTE: THIS FORM MUST

IN. (1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST		
IN. (2) ENTER FREQUENCY OF SAMPLING		Ashtabula Plant						Sherm Pierce		
AND CODE NO AT RIGHT	(1)	1	1	3	2	2	3	3	2	3
	(2)	999	999	1	997	997	1	1	997	1
		CONDU	WATER	PH	RESIDU	RESIDU	CHLOR	ORG	PHENOL	PHOS-T
		FLCU	TEMP.	S.U.	DS-105	T. NFL	TCT RE	TOTAL	UG/L	P-LET
		PGD	C		MG/L	MG/L	MG/L	MG/L		MG/L
		REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
DAY		58050	00010	00400	00515	00530	50060	00550	32730	00665
01		.230								
02		.223								
03		.216	8	7.2	672	18	0	.68	2.3	
04		.158								
05		0								
06		0								
07		0	AH							
08		0								
09		0	AH							
10		0								
11		.005	AH							
12		0								
13		0								
14		0	AH							
15		.151								.34
16		.219	17	7.3	654	18	0	1.24	3	
17		.252								
18		.168	18	7.3	672	26	0			
19		0								
20		0								
21		0	AH							
22		0								
23		0	AH							
24		0								
25		0	AH							
26		0								
27		0								
28		0	AH							
29		0								
30		0	AH							
31										

TOTAL	1.622	43	21.8	1998	67	0	1.92	5.3	.34
AVG.	.180	14	7.3	665	20.2	0	.96	2.7	.34
MAX	.252	18	7.3	672	26	0	1.24	3	.34
MIN.	.005	8	7.2	654	18	0	.68	2.3	.34

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH = No flow at sample time.

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)
FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY KNOWLEDGE AND 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 REPORT COMPLETED: May 8, 1985

SIGNATURE OF REPORTER: F. C. Leitert *[Signature]*

TITLE OF REPORTER: Plant Manager

PERMITTEE NAME / (Include
 Facility Name / Location) (3-10)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (17-19)

Form Approved
 EPA No. 2040-0004
 Rev. 2-29-84

NAME [**IND SHAMROCK CHEMICALS COMPANY**
 ADDRESS **P. O. BOX 488**
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
 FACILITY **ASHTABULA PLANT**
 LOCATION

OH00 9
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	04	01		85	04	30
	(30-31)	(22-33)	(22-33)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW		.18	.252	MGPD					9/30	N/A
50050	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	N/A
TSS		15	16.5	Ks/D	18	20	26	mg/l	3/30	24HC
00530	PERMIT REQUIREMENT	42	57		N/A	22	30		2/7	24HC
TDS				N/A	654	665	672	mg/l	3/30	24HC
00515	PERMIT REQUIREMENT	N/A	N/A		N/A	1500	2500		2/7	24HC
O & G				N/A	.68	.96	1.24	mg/l	2/30	GRAB
00550	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	10		1/7	GRAB
PHENOL				N/A	2.3	2.7	3	ug/l	2/30	24HC
03130	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		1/7	24HC
PAC				N/A	0	0	0	mg/l	3/30	GRAB
50060	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		2/7	GRAB
PHOSPHORUS				N/A	.34	.34	.34	mg/l	1/30	GRAB
00665	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**C. E. Stewart
 President**

I CERTIFY UNDER 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 SEE 18 USC § 1001 AND 33 USC § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

F.C. Leitert
F.C. Leitert
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

216 992-3200

DAYS

85 05 08

TYPED OR PRINTED

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

PERMITTEE NAME: (Include county name if not shown)

NAME: DND SHAMBOCK CHEMICALS COMPANY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved No. 2000-0004

USE 2-29-84

ADDRESS: P. O. BOX 488

OH002199

001

STATE RD. & E 6TH STREET

ASHTABULA, OHIO 44004

CITY: ASHTABULA PLANT

SCAFFOLD

FROM

YEAR	MO	DAY	YEAR	MO	DAY
85	04	01	85	04	30
MONITORING PERIOD					

(1) Cont. Only (66-51) QUANTITY OR LOADING

(2) Cont. Only (66-51) QUALITY OR CONCENTRATION

(3) Cont. Only (66-51) NO. OF ANALYSES

(4) Cont. Only (66-51) NO. OF REQUESTS

(5) Cont. Only (66-51) SAMPLE TYPE

PARAMETER (12-17)

TEMP

SAMPLE MEASUREMENT

N/A

AVERAGE

MINIMUM

MAXIMUM

UNITS

DEG C

N/A

00010

PERMIT REQUIREMENT

N/A

N/A

N/A

18

CONT

N/A

pH

SAMPLE MEASUREMENT

N/A

N/A

7.2

7.3

STD.

GRAB

00400

PERMIT REQUIREMENT

N/A

N/A

6.5

N/A

UNITS

30/30 GRAB

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. E. Stewart
President

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED ON MY HONORARY THE INFORMATION SUBMITTED HEREIN AND BASED THEREON I BELIEVE THE INFORMATION SUBMITTED IS TRUE AND ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 33 USC 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
F. C. Leitert

PERMIT NUMBER: 216 992-3200
YEAR: 85
MONTH: 05
DAY: 08
TELEPHONE: B A T E

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

PERMITTEE NAME / ADDRESS (Include Facility Name / Location) (6-10)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
EPA No. 2040 (Rev. 2-29-84)

NAME OND SHAMROCK CHEMICALS COMPANY (17-19)

OH00
PERMIT NUMBER

601
DISCHARGE NUMBER

ADDRESS PO BOX 488

STATE RD. & E 6TH STREET

ASHTABULA, OHIO 44004

FACILITY ASHTABULA PLANT

LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	04	01		85	04	30
	(30-31)	(23-23)	(24-23)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (34-41)			(4 Card Only) QUALITY OR CONCENTRATION (34-43)			NO. EX (42-43)	FREQUENCY OF ANALYSIS (44-45)	SAMPLE TYPE (46-47)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	.0008	.001	MGPD					30/30	N/A
50050	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	N/A
BOD	SAMPLE MEASUREMENT			N/A	1	11	20	mg/l	2/30	GRAB
00310	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	GRAB
TSS	SAMPLE MEASUREMENT			N/A	2	5	8	mg/l	2/30	GRAB
00530	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	GRAB
COLOR	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	30/30	GRAB
00083	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAB
ODER	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	30/30	GRAB
01330	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAB
TURBIDITY	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	30/30	GRAB
01350	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. E. Stewart
President

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

Scherters
R. C. Leitert

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

216 992-3200

DATE

85 05 08

AREA CODE

NUMBER

YEAR

MO

DAY

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



Diamond Shamrock
Chemicals Company

Ashtabula Plant

June 12, 1985

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, OH 43216

RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Attached are both the Ohio EPA and U.S. EPA monitoring report forms for the month of May. During the reporting period we did not experience any excursions from our NPDES permit limitation and thus none are reported.

If you have any questions regarding this matter, please contact me.

Sincerely,

A. J. Novak
Technical Superintendent

mjf

Attachments

MONTHLY REPORT FORM

REPORTED



NAME ADDRESS CITY COUNTY ZIP STATION CODE DATE (MONTH YEAR) PAGE PRINTING DATE APPLICATION
 DIAMOND SHAMROCK CHEMICALS 31F00002001 MAY 1985 P 1 10/20/84 UM0029
 RESEARCH CLPARTPEAT SEMI-WK
 ASHTABULA FACILITY
 1100 SUPERIOR AVENUE 001 DISCHARGE FIELDS BROOK VIA STATE RD. SS
 WELAND 44114 ASHTABULA

NOTE: THIS FORM MUST BE

IN 1: ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST	
IN 2: ENTER FREQUENCY OF SAMPLING		Ashtabula Plant						Sherm Pierce	
(1)	1	1	3	2	2	3	3	2	3
(2)	999	999	1	997	997	1	1	997	1
AND CODE NO. AT RIGHT	COADUI	WATER	PH	RESIDU	RESIDU	CHLOR	O&G	PHENOL	PHOS-T
	FLOW	TEMP.	S.U.	DS-105	T. NFL	TOT RE	TOTAL		P-JET
	PGD	C		MG/L	MG/L	MG/L	MG/L	UG/L	MG/L
DAY	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	50050	00010	00400	00515	00530	50060	00550	32730	00665
01	.181								
02	.186	14	7.4	706	16	0			
03	.081								
04	0								
05	0		AH						
06	.126								
07	.188	19	7.9	736	26	0	1.03	2.7	.54
08	.183								
09	.185	19	7.9	700	8	0			
10	.021								
11	0								
12	0		AH						
13	0								
14	0		AH						
15	0								
16	0		AH						
17	0								
18	0								
19	0		AH						
20	0								
21	.051	19	7.6			0			
22	.181								
23	.118		AH						
24	0								
25	0								
26	0								
27	0								
28	.148								
29	.167	15	6.9	608	18	0	.78	2.7	
30	.189	23	7.2	666	14	0			
31	.167								
TOTAL	2.172	109	44.9	3416	82	0	1.81	5.4	.54
AVG	.145	18	7.5	685	16.4	0	.91	2.7	.54
MAX	.189	23	7.9	736	26	0	1.03	2.7	.54
MIN	.021	14	6.9	608	8	0	.78	2.7	.54

ADDITIONAL REMARKS: AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION

AH = No flow at sample time.

DISTRIBUTION
 WHITE AGENCY
 YELLOW AGENCY
 GREEN REPORTER
 FORM NO. EPA 4500 10-80
 FORMERLY EPA 5001

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED June 12, 1985	SIGNATURE OF REPORTER A. J. Novak <i>AJ Novak</i>	TITLE OF REPORTER Technical Superintendent
--	--	---

MONTHLY REPORT FORM



NAME ADDRESS CITY COUNTY ZIP STATION CODE DATE (MONTH YEAR) PAGE PRINTING DATE APPLICATION
DIAPOND SHARROCK CHEMICALS 3IF00002601 MAY 1985 P 1 10/20/84 OH0029
RESEARCH DEPARTMENT SEPI-WK
ASHTABULA FACILITY
1190 SUPERIOR AVENUE 601 DISCHARGE SANITARY PACKAGE PLANT
YELAND 44114 ASHTABULA

NOTE: THIS FORM MUST BE

IN 1: ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE REPORTING LAB ANALYST
 IN 2: ENTER FREQUENCY OF SAMPLING **Ashtabula Plant** **Sherm Pierce**

AND DATE NO. ANALYST	(1)			(2)						
	3	3	3	1	3	3				
	CELLUL SEVER UNITS	COJR SEVER UNITS	TURBID SEVER UNITS	CONDUI FLOW MGD	BOD 5 DAY PG/L	RESIDU % NFL PG/L				
AY	REPORTING CODE 00083	REPORTING CODE 01330	REPORTING CODE 01350	REPORTING CODE 50050	REPORTING CODE 00310	REPORTING CODE 00530	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
01	0	0	0	.001						
02	0	0	0	.001						
03	0	0	0	.001						
04	0	0	0	.0004						
05	0	0	0	.0004						
06	0	0	0	.001						
07	0	0	0	.001	14	6				
08	0	0	0	.001						
09	0	0	0	.001						
10				0						
11				0						
12				0						
13				0						
14				0						
15				0						
16				0						
17	0	0	0	.001						
18	0	0	0	.0004						
19	0	0	0	.0004						
20	0	0	0	.001		4				
21	0	0	0	.001						
22	0	0	0	.001						
23	0	0	0	.001						
24	0	0	0	.001						
25	0	0	0	.0004						
26	0	0	0	.0004						
27	0	0	0	.0004						
28	0	0	0	.001						
29	0	0	0	.001						
30	0	0	0	.001						
31	0	0	0	.001						
TOTAL	0	0	0	.0198	14	10				
AVG	0	0	0	.0008	14	5				
MAX	0	0	0	.001	14	6				
MIN	0	0	0	.0004	14	4				

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

DISTRIBUTION
 WHITE AGENCY
 YELLOW AGENCY
 GREEN REPORTER
 FORM NO. EPA 450G (10-80)
 FORMERLY EPA SUR 1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED June 12, 1985	SIGNATURE OF REPORTER <i>A. J. Novak</i>	TITLE OF REPORTER Technical Superintendent
--	---	---

PLANT NAME/ADDRESS (Include
City/State/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

FORM NUMBER
OMB No. 2040-006
DATE 2-29-84

PLANT NAME: AND SHAMROCK CHEMICALS COMPANY
 ADDRESS: BOX 488
S. E. RD. & E 6TH STREET
ASHTABULA, OHIO 44004
 PLANT: ASHTABULA PLANT
 LOCATION: _____

PERMIT NUMBER: OH00 9
 (12-16)

DISCHARGE NUMBER: 001
 (17-19)

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
85	05	01	85	05	31	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-43)	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMP	SAMPLE MEASUREMENT			N/A	14	18	23	DEG C		CONT	N/A
00010	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			2/7	N/A
PH	SAMPLE MEASUREMENT			N/A	6.9	7.5	7.9	STD.		6/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		6.5	N/A	9.0	UNITS		30/30	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. E. Stewart
President
 TYPED OR PRINTED

I CERTIFY UNDER 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

C. E. Stewart
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 216 992-3200
 DATE: 06 12 85
 AREA CODE NUMBER YEAR MO DAY

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

EMITTER NAME/ADDRESS (Include
city, name/loc. if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form No. 400
OMB No. 2040-
Expires 2-29-84

NAME AMOND SHAMROCK CHEMICALS COMPANY
ADDRESS O. BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
FACILITY ASHTABULA PLANT
LOCATION _____

OH 149 (16)
PERMIT NUMBER

001 (17-19)
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	05	01		85	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAM- PLING TYPE (69)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW											
50050											
TSS											
00530											
TDS											
00515											
O & G											
00550											
PHENOL											
03130											
PAC											
50060											
PHOSPHORUS											
00665											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
**C. E. Stewart
President**

I CERTIFY UNDER 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
216 992-3200

DATE
06 12

AREA CODE NUMBER YEAR MO DAY

TYPED OR PRINTED

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

PERMITTEE NAME / ADDRESS (Include
city, state, county, zip code)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form #
OMS No. 2040
Expires 2-29-84

NAME AMOND SHAMROCK CHEMICALS COMPANY

ADDRESS PO BOX 488

STATE RD. & E 6TH STREET

ASHTABULA, OHIO 44004

ACTIVITY ASHTABULA PLANT

LOCATION

OHIO PERMIT NUMBER 149

DISCHARGE NUMBER 601

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	05	01		85	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. OF ANALYSES (62-67)	FREQUENCY OF ANALYSES (64-68)	SAMPLING TYPE (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW 50050	SAMPLE MEASUREMENT	.0008	.001	MGPD					24/31	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	N/A
BOD 00310	SAMPLE MEASUREMENT			N/A	14	14	14	mg/l	1/31	GRAI
	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	GRAI
TSS 00530	SAMPLE MEASUREMENT			N/A	4	5	6	mg/l	2/31	GRAI
	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	GRAI
COLOR 00083	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	24/31	GRAI
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAI
ODER 01330	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	24/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAB
TURBIDITY 01350	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	24/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. E. Stewart
President

TYPED OR PRINTED

I CERTIFY UNDER 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. SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

C. E. Stewart

TELEPHONE

16 992-3200

AREA CODE

NUMBER

DATE

06 12 85

YEAR MO DA

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

Effluent



**Diamond Shamrock
Chemicals Company**

Ashtabula Plant

July 12, 1985

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216


RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Attached are both the Ohio EPA and U.S. EPA monitoring report forms for the month of June. During the reporting period we did not experience any excursions from our NPDES permit limitation and thus none are reported.

If you have any questions regarding this matter, please contact me.

Sincerely,


F. C. Leitert
Plant Manager

mjf

Attachments

MONTHLY REPORT FORM

REPORTED



NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

**DIAPOND SHAPROCK CHEMICALS
RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
1198 SUPERIOR AVENUE
VELAND 44114 ASHTABULA**

**SAMPLING STATION DESCRIPTION
001 DISCHARGE FIELDS BROOK VIA STATE RD. 55**

NOTE: THIS FORM MUST BE 1

IN(1) - ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST			
IN(2) - ENTER FREQUENCY OF SAMPLING		Ashtabula Plant					Sherm Pierce			
AND CODE NO. AT RIGHT	(1)	1	3	2	2	3	3	2	3	
	(2)	999	1	997	997	1	1	997	1	
		CONDUCTIVITY FLCM P60	WATER TEMP. C	PH S.U.	RESIDU DS-105 MG/L	RESIDU T. NFL MG/L	CHLOR TCT RE MG/L	ORG TOTAL MG/L	PHENOL UG/L	PHOS-P MET MG/L
AY		REPORTING CODE 5005C	REPORTING CODE 00010	REPORTING CODE 00400	REPORTING CODE 00515	REPORTING CODE 00530	REPORTING CODE 50060	REPORTING CODE 00550	REPORTING CODE 32730	REPORTING CODE 00665
01		.186								
02		.144		AH						
03		.118								
04		.044		AH						.24
05		0								
06		0		AH						
07		0								
08		0								
09		0		AH						
10		0								
11		0		AH						
12		0								
13		.198	19	7.3	632	24	0			
14		.227								
15		.232								
16		.221	22	7.2	484	16	0			
17		.224								
18		.212	25	7.2	540	12	0	1.32	4.8	
19		.119								
20		0		AH						
21		0								
22		0								
23		0		AH						
24		0								
25		0		AH						
26		0								
27		0		AH						
28		0								
29		0								
30		0		AH						
31										
TOTAL		1.925	66	21.7	1656	52	0	1.32	4.8	.24
AVG.		.175	22	7.2	549	17.2	0	1.32	4.8	.24
MAX		.232	25	7.3	632	24	0	1.32	4.8	.24
MIN.		.044	19	7.2	484	12	0	1.32	4.8	.24

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH = No flow at sample time.

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO EPA-4500 (10-80)
FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED July 12, 1985	SIGNATURE OF REPORTER F. C. Leiters	TITLE OF REPORTER Plant Manager
--	--	------------------------------------

MONTHLY REPORT FORM



NAME ADDRESS CITY COUNTY ZIP STATION CODE DATE (MONTH YEAR) PAGE PRINTING DATE APPLICATION
DIAPONE SHARROCK CHEMICALS 31F00002601 JUN 1985 2F 1 10/20/84 0M0029
 RESEARCH DEPARTMENT SEMI-WK
ASHTABULA FACILITY
 1100 SUPERIOR AVENUE 601 DISCHARGE SANITARY PACKAGE PLANT
 VELAND 40114 ASHTABULA

NOTE: THIS FORM MUST BE

IN(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST			
IN(2) ENTER FREQUENCY OF SAMPLING		Ashtabula Plant						Shera Pierce			
DAY	AND CODE NO AT RIGHT	(1)	(1)	(1)	(1)	(1)	(1)				
		3	3	3	1	3	3				
		1	1	1	999	1	1				
		CCLCR SEVER UNITS	CDJR SEVER UNITS	TURBID SEVER UNITS	CONDUIT FLOW MGD	BOD 5 DAY MG/L	MESYDU T. AFL MG/L				
		REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
		00083	01330	01350	50050	00310	00530				
01		0	0	0	.0004						
02		0	0	0	.0004						
03		0	0	0	.001						
04		0	0	0	.001	1.5					
05		0	0	0	.001						
06		0	0	0	.001						
07		0	0	0	.001		0				
08					.0004						
09		0	0	0	.0004						
10		0	0	0	.001						
11		0	0	0	.001						
12		0	0	0	.001						
13		0	0	0	.001						
14		0	0	0	.001						
15		0	0	0	.0004						
16		0	0	0	.0004						
17		0	0	0	.001						
18		0	0	0	.001						
19		0	0	0	.001						
20		0	0	0	.001						
21		0	0	0	.001						
22		0	0	0	.0004						
23		0	0	0	.0004						
24		0	0	0	.001						
25		0	0	0	.001						
26		0	0	0	.001						
27		0	0	0	.001						
28		0	0	0	.001						
29		0	0	0	.0004						
30		0	0	0	.0004						
31											
TOTAL		0	0	0	.024	1.5	0				
AVG.		0	0	0	.0008	1.5	0				
MAX.		0	0	0	.001	1.5	0				
MIN.		0	0	0	.0004	1.5	0				

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH = No flow at sample time.

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 FORM NO. EPA-4500 (10-80)
 FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED July 12, 1985	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
--	--	------------------------------------

PERMITTEE NAME/ADDRESS (Include
Locality Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
EPA No. 2040-001
June 2-79-84

NAME AND SHAMROCK CHEMICALS COMPANY
ADDRESS BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
FACILITY ASHTABULA PLANT
LOCATION _____

OH00 9
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	06	01		85	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (22-27)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX ANALYSIS (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW 50050	SAMPLE MEASUREMENT	.175	.232	MGPD				N/A		11/30	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			30/30	N/A
TSS 00530	SAMPLE MEASUREMENT	14	18	Kg/D	12	17	24	mg/l		3/30	2BHC
	PERMIT REQUIREMENT	42	57		N/A	22	30			2/7	2BHC
TDS 00515	SAMPLE MEASUREMENT			N/A	484	549	632	mg/l		3/30	2BHC
	PERMIT REQUIREMENT	N/A	N/A		N/A	1500	2500			2/7	2BHC
O & G 00550	SAMPLE MEASUREMENT			N/A	1.32	1.32	1.32	mg/l		1/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	10			1/7	GRAB
PHENOL 03130	SAMPLE MEASUREMENT			N/A	4.8	4.8	4.8	ug/l		1/30	2BHC
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			1/7	2BHC
PAC 50060	SAMPLE MEASUREMENT			N/A	0	0	0	mg/l		3/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			2/7	GRAB
PHOSPHORUS 00665	SAMPLE MEASUREMENT			N/A	.24	.24	.24	mg/l		1/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. E. Stewart
President

TYPED OR PRINTED

I CERTIFY UNDER 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. SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

216 992-3200

DATE

85 07 12

AREA CODE

NUMBER

YEAR

MO

DAY

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

PERMITTEE NAME/ADDRESS (Include facility name/location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
EPA No. 2040-004
Rev. 2-29-84

NAME J. OND SHAMBOCK CHEMICALS COMPANY
 ADDRESS 1 BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
 FACILITY ASHTABULA PLANT
 LOCATION _____

OH00 9
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
85	06	01	85	06	30	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMP 00010	SAMPLE MEASUREMENT			N/A	19	22	25		CONT	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		2/7	N/A
PH 00400	SAMPLE MEASUREMENT			N/A	7.2	7.2	7.3		3/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		6.5	N/A	9.0		30/30	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
**C. E. Stewart
 President**
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

C. E. Stewart
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
216 992-3200
 AREA CODE NUMBER
 DATE
 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include facility name/location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

FORM APPROVED
EPA No. 2040-004
Rev. 2-27-84

NAME OND SHAMROCK CHEMICALS COMPANY
 ADDRESS BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
 FACILITY ASHTABULA PLANT
 LOCATION _____

OHIO PERMIT 9 ASER
 DISCHARGE NUMBER 601

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	06	01		85	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (22-27)	SAMPLE MEASUREMENT	(J Card Only) QUANTITY OR LOADING (34-41)			(K Card Only) QUALITY OR CONCENTRATION (34-41)			NO. EX. (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW 50050	SAMPLE MEASUREMENT	.0008	.001	MGPD					30/30	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		30/30	N/A
BOD 00310	SAMPLE MEASUREMENT			N/A	1.5	1.5	1.5	mg/l	1/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	GRAB
TSS 00530	SAMPLE MEASUREMENT			N/A	0	0	0	mg/l	1/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	30	45		1/30	GRAB
COLOR 00083	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	29/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAB
ODER 01330	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	29/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAB
TURBIDITY 01350	SAMPLE MEASUREMENT			N/A	0	0	0	SEVERITY	29/30	GRAB
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	UNITS	30/30	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. E. Stewart
 President
 TYPED OR PRINTED

I CERTIFY UNDER 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

C. E. Stewart
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **216 992-3200**
 DATE **85 07 12**
 AREA CODE NUMBER YEAR MO DAY

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



Diamond Shamrock
Chemicals Company

Ashtabula Plant

August 13, 1985

Technical Records Section
Ohio Environmental Protection Agency
P. O. Box 1049
Columbus, Ohio 43216

RE: Ashtabula, Ohio
Monthly Effluent Report and
NPDES Monitoring Report
H.E.A.D. File: 1332-C-50

Gentlemen:

Attached are both the Ohio EPA and U.S. EPA monitoring report forms for the month of July. During the reporting period we did not experience any excursions from our NPDES permit limitations and thus none are reported.

If you have any questions regarding this matter, please contact me.

Sincerely,

F. C. Leitert
Plant Manager

mjf

Attachments

MONTHLY REPORT FORM



NAME ADDRESS CITY, COUNTY, ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

DIAMOND SHAMROCK CHEMICALS
RESEARCH DEPARTMENT SEMI-MK
ASHTABULA FACILITY
70 SUPERIOR AVENUE
VELAND 44114 ASHTABULA

31F00002001

JUL 1985

Pf 1 05/25/85 0H0029

SAMPLING STATION DESCRIPTION

001 DISCHARGE FIELDS BROOK VIA STATE RD. 50

NOTE: THIS FORM MUST BE

IN(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE				REPORTING LAB				ANALYST		
IN(2) ENTER FREQUENCY OF SAMPLING				Ashtabula Plant				Sherm Pierce		
AND CODE NO. AT RIGHT	(1)	(2)	(3)	(2)	(3)	(3)	(2)	(3)		
	1	1	3	2	2	3	3	2	3	
	999	999	1	997	997	1	1	997	1	
	CONDUIT FLOW MGE	WATER TEMP. C	PH C.U.	RESIDU DS-105 MG/L	RESIDU T. NFL MG/L	CHLOR TOT RE MG/L	O&G TOTAL MG/L	PHENOL 4AAP TOTUG/	PHOS-T P-W:T MG/L	
AY	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING
	5005E	00010	00400	00515	00530	50060	00550	32730	006E5	
01	.104									
02	.255	24	7.2	736	4	0	1.25	4.5		
03	.200									
04	0		AH							
05	0									
06	0									
07	0		AH							
08	0									
09	0		AH							
10	0									
11	0		AH							
12	.130									
13	.168									
14	.173	26	7.0	654	8	0				
15	.197									
16	.221	25	7.1	668	12	0	.75	1.5		
17	.004								.5	
18	0		AH							
19	0									
20	.014									
21	.206	27	7.2	636	8	0				
22	.038									
23	0		AH							
24	0									
25	0		AH							
26	0									
27	0									
28	0		AH							
29	0									
30	0		AH							
31	0									
TOTAL	1.71	102	28.5	2694	32	0	2	6	.5	
AVG.	.143	26	7.1	678	7.8	0	1.02	3.1	.5	
MAX	.255	27	7.2	736	12	0	1.25	4.5	.5	
MIN.	.004	24	7	636	4	0	.75	1.5	.5	

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

A1 flow at sample time.

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO EPA-4500 (10-80)
FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED August 13, 1985	SIGNATURE OF REPORTER F. C. Leitert <i>F. C. Leitert</i>	TITLE OF REPORTER Plant Manager
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MONTHLY REPORT FORM

REPORTED

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

DIAMOND SHAMROCK CHEMICALS
RESEARCH DEPARTMENT SLM1 BK
ASHTABULA FACILITY
70 SUPERIOR AVENUE
JELAND 44114 ASHTABULA

3IF0002601

JUL 1985

P 1 05/25/85 OH00291

SAMPLING STATION DESCRIPTION

601 DISCHARGE SANITARY PACKAGE PLANT

NOTE: THIS FORM MUST BE T

IN(1) ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE				REPORTING LAB		ANALYST				
IN(2) ENTER FREQUENCY OF SAMPLING				Ashtabula, Plant		Sherm Pierce				
(1)	3	3	3	1	3	3				
(2)	1	1	1	999	1	1				
	COLOR SEVER UNITS	ODOR SEVER UNITS	TURBID SEVER UNITS	CCNDUI FLOW MG/D	PDO 5 DAY MG/L	PESIDU T. NFL MG/L				
AY	REPORTING CODE 00073	REPORTING CODE 01330	REPORTING CODE 01330	REPORTING CODE 50000	REPORTING CODE 00310	REPORTING CODE 00030	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
01	0	0	0	.001						
02	0	0	0	.001	11	14				
03	0	0	0	.001						
04	0	0	0	.0004						
05	0	0	0	.001						
06	0	0	0	.0004						
07	0	0	0	.0004						
08	0	0	0	.001						
09	0	0	0	.001						
10	0	0	0	.001						
11	0	0	0	.001						
12	0	0	0	.001						
13	0	0	0	.0004						
14	0	0	0	.0004						
15	0	0	0	.001						
16	0	0	0	.001						
17	0	0	0	.001						
18	0	0	0	.001						
19	0	0	0	.001						
20	0	0	0	.0004						
21	0	0	0	.0004						
22	0	0	0	.001						
23	0	0	0	.001						
24	0	0	0	.001						
25	0	0	0	.001						
26	0	0	0	.001						
27	AH	AH	AH	.0004						
28	AH	AH	AH	.0004						
29	0	0	0	.001		12				
30	0	0	0	.001						
31	0	0	0	.001						
TOTAL	0	0	0	.0256	11	26				
AVG.	0	0	0	.0008	11	13				
MAX.	0	0	0	.001	11	14				
MIN.	0	0	0	.0004	11	12				

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH = Operator failed to collect sample.

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)
FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY 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 REPORT COMPLETED August 13, 1985	SIGNATURE OF REPORTER F. C. Leitert	TITLE OF REPORTER Plant Manager
--	--	------------------------------------

SMITTEE NAME/ADDRESS (Include city, state, zip)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
 No. 2040-0004
 2-29-84

NAME DI D SHAMBOCK CHEMICALS COMPANY
 PERMIT NO. OH0029
 ADDRESS P. O. BOX 488
STATE RD. & E 6TH STREET
ASHTABULA, OHIO 44004
 CITY ASHTABULA PLANT
 STATE _____

PERMIT NUMBER OH0029
 DISCHARGE NUMBER 001

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	07	01		85	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (34-37)			(4 Card Only) QUALITY OR CONCENTRATION (34-41)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMP 00010	SAMPLE MEASUREMENT			N/A	24	26	27		CONT	N/A
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		2/7	N/A
PH 00400	SAMPLE MEASUREMENT			N/A	7	7.1	7.2		4/31	GRAB
	PERMIT REQUIREMENT	N/A	N/A		6.5	N/A	9.0		30/30	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. E. Stewart
 President

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY ACQUAINTANCE WITH 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

C. E. Stewart

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

216 992-3200

AREA CODE

NUMBER

DATE

85 08 13

YEAR MO DAY

IDENTIFY AND EXPLAIN ANY VIOLATIONS (Reference all attachments here)

SMITTEE NAME/ADDRESS (Include City Name/Location) (1-10)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
2-29-84

NAME DI D SHAWROCK CHEMICALS COMPANY
 ADDRESS BOX 488
STATE RD. 6 & E 6TH STREET
ASHTABULA, OHIO 44004
 UNIT ASHTABULA PLANT
 CITY ASHTABULA

PERMIT NUMBER OH0029

DISCHARGE NUMBER 001

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
85	07	01	85	07	31
<small>(20-21) (22-23) (24-25)</small>			<small>(26-27) (28-29) (30-31)</small>		

NOTE: Read instructions before completing this form.

PARAMETER (13-17)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW		.143	.255	MGPD						12/31	N/A
50050	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			30/30	N/A
TSS		6	10	Kg/D	4	8	12	mg/l		4/31	24HC
00530	PERMIT REQUIREMENT	42	57		N/A	22	30			2/7	24HC
TDS				N/A	636	678	736	mg/l		4/31	24HC
00515	PERMIT REQUIREMENT	N/A	N/A		N/A	1500	2500			2/7	24HC
O & G				N/A	.75	1.02	1.25	mg/l		2/31	GRAB
00550	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	10			1/7	GRAB
PHENOL				N/A	1.5	3.1	4.5	ug/l		2/31	24HC
03130	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			1/7	24HC
FAC				N/A	0	0	0	mg/l		4/31	GRAB
50060	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			2/7	GRAB
PHOSPHORUS				N/A	.5	.5	.5	mg/l		1/31	GRAB
00665	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
**C. E. Stewart
President**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.

Chester
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 216 992-3200
DATE: 85 08 13
AREA CODE NUMBER YEAR MO DAY

TYPE OR PRINTED

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