FACILITY: PERMITTEE:

HART RESOURCE TECH MFG HART RESOURCE TECH INC

PERMIT NUMBER:

PA0095443

REGION: COUNTY: EP Sw Rgnl Off Pittsburgh

PERMITTÉE: H

PO BOX 232

OUTFALL:

401 From: 2011-10-01

CITY:

Indiana CREEKSIDE

ADDRESS:

CREEKSIDE, PA 15732-0232

MONITORING PERIOD: To

From: <u>2011-10-01</u> To: <u>2011-10-31</u>

NO DISCHARGE FROM SITE: ()

		Quantity of	or Loading		Quality or Concentration				No.	Frequency	Sample	
Parameter		Value	Value	Units	Value	Val	ue	Value	Units		of Analysis	
рН	Sample Measurement	****	****		8.92	***	**	9.9	6.1	0	2/month	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****		6.0 Minimum	***	**	10.5 Maximum	S.U.		2/month	Grab
Total Alkalinity (as CaCO3)	Sample Measurement	****	****		75	***	**	****		0	2/month	8-Hr Composite
Parameter Code: 00410 Stage Code: 2	Permit Requirement	****	****		0.0 Minimum	***	**	****	mg/L		1/month	Calculation
Total Acidity (as CaCO3)	Sample Measurement	****	****		****	<2	2	<2		0	2/month	8-Hr Composite
Parameter Code: 00435 Stage Code: 1	Permit Requirement	****	****		****	Rep Aver Mon	age	Report Daily Maximum	mg/L		2/month	8-Hr Composite
Total Suspended Solids	Sample Measurement	****	****		****	<5	5	<5		0	2/month	8-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	****	****		****	30 Aver Mon	age	60 Instantaneous Maximum	mg/L		2/month	8-Hr Composite
Oil and Grease	Sample Measurement	****	****		****	10.	3	11.3		0	2/month	Grab
Parameter Code: 00556 Stage Code: 1	Permit Requirement	****	****		****	15 Aver Mon	age	30 Instantaneous Maximum	mg/L		2/month	Grab
Chloride	Sample Measurement	***	****		****	544	13	6616	***	0	2/month	8-Hr Composite
Parameter Code: 00940 Stage Code: 1	Permit Requirement	****	****		****	Rep Aver Mon	age	Report Daily Maximum	mg/L		2/month	8-Hr Composite
Total Barium	Sample Measurement	****	****		****	1.9	7	2.43		0	2/month	8-Hr Composite
Parameter Code: 01007 Stage Code: 1	Permit Requirement	****	****		****	14.6 Aver Mon	age	29.28 Daily Maximum	mg/L		2/month	8-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty o accordance with a syste information submitted. I persons directly respon my knowledge and belif for submitting false info violations. See 18 Pa. (em designed to assu Based on my inquiry sible for gathering the ef, true, accurate an rmation, including the	are that qualified per of the person or per ne information, the in d complete. I am aw ne possibility of fine a	sonnel gath rsons who r nformation s rare that the and imprisor	er and evaluate the nanage the system ou submitted is, to the be re are significant per	or those est of		of Principal Executive or Authorized Agent	Tele	phone N	ło	Date

Page 1

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ADDRESS:

CREEKSIDE, PA 15732-0232

MONITORING PERIOD:

To: 2011-10-31

NO DISCHARGE FROM SITE: ()

		-02. 1010	DIGITORNICO I ETRIC		. <u>2011-10-01</u>			TOE I NOW ONE	. (/			
		Quantity	or Loading		Qua	lity or (Concentra	ation	Units	No.	Frequency	Sample
Parameter		Value	Value	Units	Value	V	alue	Value		Ex.	of Analysis	
Total Iron	Sample Measurement	****	****		****	0	1.37	0.43		0	2/month	8-Hr Composite
Parameter Code: 01045 Stage Code: 1	Permit Requirement	****	****		****	Αv	3.5 erage onthly	7 Instantaneous Maximum	mg/L		2/month	8-Hr Composite
Flow (mgd)	Sample Measurement	****	0.045	MGD	****	,	****	****		0	Continuous	Measured
Parameter Code: 50050 Stage Code: 1	Permit Requirement	****	0.045 Daily Maximum	WIGD	****	*	***	****			1/day	Measured
Total Dissolved Solids	Sample Measurement	****	****		****	16	6450	19300		0	2/month	8-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	****	****		****	Αv	eport erage onthly	Report Daily Maximum	mg/L		2/month	8-Hr Composite
Osmotic Pressure	Sample Measurement	****	****		****	2	258	289		0	2/month	8-Hr Composite
Parameter Code: 82550 Stage Code: 1	Permit Requirement	****	****		****	Αv	183 erage onthly	980 Instantaneous Maximum	mOs/kg		2/month	8-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of accordance with a syster information submitted. B.	n designed to as ased on my inqui	sure that qualified per iry of the person or per	sonnel gath sons who r	er and evaluate the manage the system	or those	Signature Officer (of Principal Executive Or Authorized Agent	Tele	phone N	lo	Date
LEBERA SNEDON CON SER	persons directly respons my knowledge and belief for submitting false inforr violations. See 18 Pa. C.	f, true, accurate a nation, including	and complete. I am aw the possibility of fine a	are that the	re are significant pe		Akh		724-3	১ - /৭ - ১	ce 11 2	2/2011
-0,-, 0,0-,-	1	2. 2 100 1 (10101	g to unonoth talomod		***************************************		<u> </u>		<u> </u>			

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission.

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PA0095443

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EP Sw Rgnl Off Pittsburgh

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HART RESOURCE TECH INC

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COUNTY: CITY:

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Indiana

ADDRESS:

PO BOX 232 CREEKSIDE, PA 15732-0232

MONITORING PERIOD:

From: <u>2011-10-01</u> To: 2011-10-31

NO DISCHARGE FROM SITE: ()

		Quantity of	or Loading		Quality or Concentration				No. Frequenc		Sample	
Parameter		Value	Value	Units	Value	Valu	ie	Value	Units	Ex.	of Analysis	
pH	Sample Measurement	****	****	}	9.7	***	*	9.87	S.U.	0	2/month	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****		6.0 Minimum	****	*	10.5 Maximum	5.0.		2/month	Grab
Total Alkalinity (as CaCO3)	Sample Measurement	****	****		225	***	*	****		0	2/month	8-Hr Composite
Parameter Code: 00410 Stage Code: 2	Permit Requirement	****	****		0.0 Minimum	****	*	****	mg/L		1/month	Calculation
Total Acidity (as CaCO3)	Sample Measurement	****	****		****	<2		<2		0	2/month	Grab
Parameter Code: 00435 Stage Code: 1	Permit Requirement	****	****		****	Repo Avera Montl	ige	Report Daily Maximum	mg/L		2/month	8-Hr Composite
Total Suspended Solids	Sample Measurement	****	****		****	15.7	5	29	:	0	2/month	8-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	****	****		****	30 Avera Montl	ige	60 Instantaneous Maximum	mg/L		2/month	8-Hr Composite
Oil and Grease	Sample Measurement	****	****		****	7.85	5	9.5	_	0	2/month	Grab
Parameter Code: 00556 Stage Code: 1	Permit Requirement	****	****		****	15 Avera Montl	age	30 Instantaneous Maximum	mg/L		2/month	Grab
Chloride	Sample Measurement	****	****		****	9172	28	104726		0	2/month	8-Hr Composite
Parameter Code: 00940 Stage Code: 1	Permit Requirement	****	****		****	Repo Avera Monti	ige	Report Daily Maximum	mg/L		2/month	8-Hr Composite
Total Barium	Sample Measurement	****	****		****	4.80)	5.1		0	2/month	8-Hr Composite
Parameter Code: 01007 Stage Code: 1	Permit Requirement	****	****		****	13.7 Avera Monti	ige	27.56 Daily Maximum	mg/L		2/month	8-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of accordance with a systel information submitted. It persons directly respon my knowledge and belif for submitting false info- violations. See 18 Pa. C	em designed to assigned to assigned on my inquiry sible for gathering the firm accurate an armation; including the	are that qualified per of the person or pe ne information, the in d complete. I am aw ne possibility of fine a	sonnel gath rsons who rated of the solution solutions ware that the and impriso	ner and evaluate the manage the system of submitted is, to the b are are significant pe	or those est of		of Principal Executive or Authorized Agent	Tele	phone I	No	Date

Page 3

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COUNTY: CITY:

Indiana CREEKSIDE

ADDDESS.

PO BOX 232

CREEKSIDE PA 15732-0232

MONITORING PERIOD.

From: 2011-10-01 To: 2011-10-31

NO DISCHARGE FROM SITE: ()

ADDRESS: CREE	KSIDE, PA 15/32-0)232 M (O)	NITORING PERIO	D: 10	: <u>2011-10-31</u>	NC	DISCHA	ARGE FROM SITE	: ()			
		Quantity	or Loading		Qua	ality or C	Concentr	ation		No.	Frequency	Sample
Parameter Parameter		Value	Value	Units	Value	V.	alue	Value	Units	Ex.	of Analysis	Туре
Total Iron	Sample Measurement	****	****		****	<	1.0	<1.0		0	2/month	8-Hr Composite
Parameter Code: 01045 Stage Code: 1	Permit Requirement	****	****		****	Av	3.5 erage onthly	7 Instantaneous Maximum	mg/L		2/month	8-Hr Composite
Flow (mgd)	Sample Measurement	****	0.018	MGD	****	*	***	***		0	Continuous	Measured
Parameter Code: 50050 Stage Code: 1	Permit Requirement	****	0.018 Daily Maximum	IVIGD	****	*	***	****			1/day	Measured
Total Dissolved Solids	Sample Measurement	****	****		****	17	6250	177700		0	2/month	8-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	****	****		****	Av	eport erage onthly	Report Daily Maximum	mg/L		2/month	8-Hr Composite
Osmotic Pressure	Sample Measurement	****	****		****	3	740	3840		0	2/month	8-Hr Composite
Parameter Code: 82550 Stage Code: 1	Permit Requirement	****	****		****	Av	128 erage onthly	5879 Instantaneous Maximum	mOs/kg		2/month	8-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of accordance with a system information submitted.	em designed to ass Based on my inquir	ure that qualified pers y of the person or per	sonnel gath rsons who r	ner and evaluate the manage the system	or those		of Principal Executive Or Authorized Agent		phone N	ło	Date
LEBRES SNYDR	persons directly respon my knowledge and beli- for submitting false info	ef, true, accurate ar	nd complete. I am aw	are that the	ere are significant pe		Λſc	he	7,4.	, H. P	8000 11	22/1011
COH SEL	violations. See 18 Pa. 0								┸			

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission.

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Hart Resource Technologies, Inc Creekside Facility NPDES Permit # PA 0095443 PADEP/EPA Supplemental Monthly Monitoring October 2011 Outfall 401

Parameter	Method	10/5/2011	10/19/2011
Sulfate (mg/l)	D516-02	270	260
Bromide (mg/l)	D1246-99	149	107
Uranium (ug/l)	SW846 3005A	ND	ND
DL (ug/l)		0.67	0.067
RL (ug/l)		2	0.20
Gross Alpha (pCi/L)	EPA 900.0/SW 846 9310	10.2	-6.41
Uncertainty (pCi/L)		+/- 19.7	+/- 11.3
DL (pCi/L)		34.4	23.6
RL (pCi/L)		5	5.00
RA-228 (pCi/L)	EPA 901.1	-3.73	5.13
Uncertainty (pCi/L)		+/- 15.0	+/- 21.8
DL (pCi/L)		23.4	41
RL (pCi/L)			
RA-226 (pCi/L)	EPA 903.1 Modified	4.4	5.52
Uncertainty (pCi/L)		+/- 0.857	+/- 0.964
DL (pCi/L)		0.401	0.58
RL (pCi/L)		1.00	1.00

Hart Resource Technologies, Inc Creekside Facility NPDES Permit # PA 0095443 PADEP/EPA Supplemental Monthly Monitoring October 2011 Outfall 501

Parameter	Method	10/5/2011	10/19/2011
Sulfate (mg/l)	D516-02	1300	1500
Bromide (mg/l)	D1246-99	766	6630
Uranium (ug/l)	SW846 3005A	ND	ND
DL (ug/l)		0.67	0.335
RL (ug/l)		2.00	1.00
Gross Alpha (pCi/L)	EPA 900.0/SW 846 9310	117	51
Uncertainty (pCi/L)		+/- 211	+/- 171
DL (pCi/L)		371	308.0
RL (pCi/L)		5.00	5.00
RA-228 (pCi/L)	EPA 901.1	2.63	8.31
Uncertainty (pCi/L)		+/- 26.8	+/- 19.4
DL (pCi/L)		45.5	37.5
RL (pCi/L)			
RA-226 (pCi/L)	EPA 903.1 Modified	1.24	3.08
Uncertainty (pCi/L)		+/- 0.536	+/- 0.670
DL (pCi/L)		0.615	0.347
RL (pCi/L)		1.00	1.00