

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

NAME	Eureka R	esources, LLC					_					_						
ADDRESS	315 Seco	nd Street		P	A02764	05			0	01		Rep	orting Frequ	ency:	_Mc	onthly		
		ort, PA 17701		PERI	MIT NUI	MBER		OU	TFALL	NUMB	ER	DMF	R Effective F	rom:	Fe	bruary 1,	2022	
FACILITY	Eureka R Facility	esources - Susquehai	nna 									DMF	R Effective To	o:	Ja	nuary 31,	2027	
LOCATION	Dimock T	ownship				MONITO	RING F	PERIOD				Perr	nit Expires:		Ja	nuary 31,	2027	
	Susqueha	anna County	_	YEAR	МО	DAY		YEAF	8 N	I ON	DAY	Pern	nit Applicatio	n Due:	Au	gust 4, 20	026	
WATERSHED	4-G						то						Check Here	e if No D	Discharge	)		
							2		•			NOT	E: Read Ins	tructions	s before	completin	g this fo	rm
PARAME <sup>*</sup>	TER			NTITY OR I								TRATION		NO.		UENCY		MPLE
1700 WIE	TEIX	SAMPLE	VALUE	VAL	JE	UNITS	VA	LUE	V	ALUE	\	ALUE	UNITS	EX	OF AN	ALYSIS	Т	YPE
		MEASUREMENT																
Flow		PERMIT REQUIREMENT	Report	Rep		MOD	· ·	VV		<b>Y</b> / <b>Y</b> /		V/V/	V/V/		0			
FIOW		SAMPLE	Avg Mo	Daily	viax	MGD	Α.	XX		XXX		XXX	XXX		Conti	inuous	iviea	asured
		MEASUREMENT																
Hq		PERMIT REQUIREMENT	xxx	XX	x	XXX	_	5.0 t Min		XXX		9.0 IMAX	S.U.		1/4	day	c	Brab
P		SAMPLE	7001	70.0	,	7001				, , , ,			0.0.		.,,	<u>,</u>		
		MEASUREMENT PERMIT						5.0					ļ					
Dissolved Oxyg	en	REQUIREMENT	XXX	XX	Χ	XXX	_	t Min		XXX		XXX	mg/L		1/0	day	G	Grab
		SAMPLE MEASUREMENT																
Temperature In	crease	PERMIT										2.0						
(deg F)		REQUIREMENT	XXX	XX	X	XXX	Х	XX		XXX		IMAX	٥F		1/m	onth		I-S
		SAMPLE MEASUREMENT																
Biochemical Ox		PERMIT	2007	200	,	2007	.,			53.0		163	] ,				_	4-Hr
Demand (BOD5	o)	REQUIREMENT SAMPLE	XXX	XX	X	XXX	Х	XX	A	vg Mo	Da	aily Max	mg/L		1/W	veek	Con	nposite
		MEASUREMENT																
Total Suspende	ed Solids	PERMIT REQUIREMENT	XXX	XX	x	XXX	×	XX		61.3 vg Mo	D	216 aily Max	mg/L		1/\	veek		4-Hr nposite
Total Caopoliac	- CO1140	REGUITEMENT	7000	700	^	7001		///\		vg wo		any Iviax	mg/L		17 4	VOOR	0011	iposito
NAME/TITLE PE	SINCIDAL EX	ECUTIVE OFFICER	I certify under penalty of direction or supervision	of law that this doc	ument was p	repared under my esigned to assure							TELE	PHON	F		DATE	
IVAWIE/III EE I I	KINOII AL LA	LOOTIVE OFFICER	<ul> <li>that qualified personnel Based on my inquiry of</li> </ul>	I gather and evalu f the person or per	ate the infor	mation submitted. anage the system							1	-1 11011	_		DATE	
			or those persons direct information submitted is accurate and complete.	s, to the best of n	ny knowledge	e and belief, true,				DIN 101D 1	. =\/=							
TY	PED OR PR	INTED	for submitting false in imprisonment for knowin unsworn falsification).	formation, includir	na the possi	bility of fine and		NATURE OFFICER					AREA CODE	NUM	BER	YEAR	МО	DAY
COMMENTS (R	eport all viola	ations on the "Non-Co	mpliance Report	ring Form")														



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#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

NAME	Eureka R	tesources, LLC					_												
ADDRESS	315 Seco	and Street		P	A02764	105			(	001			Repo	orting Freque	ency:	Mo	onthly		
		oort, PA 17701		PERM	MIT NU	MBER	]	OU.	TFAL	L NUM	BER		DMR	Effective F	rom:	Fe	bruary 1,	2022	
FACILITY	Eureka R Facility	lesources - Susqueha	nna 										DMR	Effective To	<b>)</b> :	Ja	nuary 31,	2027	
LOCATION	Dimock T	ownship	_			MONITO	RING F	PERIOD					Perm	nit Expires:		Ja	nuary 31,	2027	
	Susqueha	anna County		YEAR	МО	DAY		YEAF	۱ ۶	МО	DAY		Perm	it Applicatio	n Due:	Au	gust 4, 20	026	
WATERSHED	4-G	•					то							Check Here		ischarge			
-														E: Read Inst		J		g this fo	rm
PARAME	TFR			NTITY OR L						Y OR C	ONCE				NO.		UENCY		MPLE
TARAME	ILIX	SAMPLE	VALUE	VALI	JE	UNITS	VA	LUE	\	/ALUE		VALU	E	UNITS	EX	OF AN	ALYSIS	Т	YPE
		MEASUREMENT																	
Total Dissolved	Calida	PERMIT REQUIREMENT	VVV	V/V/	· ·	<b>Y</b> / <b>Y</b> / <b>Y</b>		VV		500		1000				4.6	1.		4-Hr
Total Dissolved	Solius	SAMPLE	XXX	XXX	Χ	XXX	Χ	XX	P	lvg Mo		Daily M	ax	mg/L		1/W	/eek	Con	nposite
		MEASUREMENT																	
Osmotic Pressu	ıre	PERMIT REQUIREMENT	XXX	XXX	X	XXX	X	XX		Report Avg Mo		Report Daily M		mOs/kg		1/w	/eek		4-Hr nposite
00110110110110000		SAMPLE	7001	700		7001		,,,,	Í	try mo		Daily IV	u.	moorkg		1, 0	- COIL	0011	ipodito
		MEASUREMENT PERMIT								15.0		30.0							
Oil and Grease		REQUIREMENT	xxx	XXX	X	XXX	Х	XX	Α	Avg Mo		Daily M		mg/L		1/0	day	C	Grab
		SAMPLE																	
		MEASUREMENT PERMIT	Report						F	Report								2	4-Hr
Nitrate-Nitrite as	s N	REQUIREMENT	Avg Mo	XXX	X	lbs/day	Х	XX		Avg Mo		XXX		mg/L		1/w	/eek		nposite
		SAMPLE MEASUREMENT																	
		PERMIT	Report							Report									
Total Nitrogen		REQUIREMENT SAMPLE	Avg Mo	XXX	X	lbs/day	Х	XX	Α	lvg Mo		XXX		mg/L		1/m	onth	Calc	ulation
		MEASUREMENT																	
Ammonia Nitro	700	PERMIT	Report	VV	<b>V</b>	lle e /el ev	V	<b>.</b>		1.44		2.88		/I		4 4.			4-Hr
Ammonia-Nitro	gen	REQUIREMENT	Avg Mo	XXX	Χ	lbs/day	Ι	XX	P	lvg Mo		Daily M	ax	mg/L		1/W	veek	Con	nposite
NAME/TITLE DE	DINICIDAL EV	(ECUTIVE OFFICER	I certify under penalty of direction or supervision											TELE	PHON	_ [		DATE	
NAME/IIILE PR	KINCIPAL EX	CECUTIVE OFFICER	<ul> <li>that qualified personne</li> <li>Based on my inquiry of</li> </ul>	I gather and evalu f the person or per	ate the infor sons who m	mation submitted. anage the system								1666	FHON			DATE	
			or those persons direct information submitted it	is, to the best of m	ny knowledge	e and belief, true,													
Т	/PED OR PR	RINTED	<ul> <li>accurate and complete for submitting false in imprisonment for knowin unsworn falsification).</li> </ul>	formation, including	na the possi	ibility of fine and		NATURE OFFICER					Έ	AREA CODE	NUM	BER	YEAR	МО	DAY
COMMENTS (R	eport all viol	lations on the "Non-Co	mpliance Report	ting Form")															



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FACILITY	Eureka R Facility	esources - Susquehai	nna 										DMF	R Effective T	o:	_J;	anuary 31,	2027	
LOCATION	Dimock T	ownship	_			MONITO	RING F	PERIOD	)				Perr	nit Expires:		J	anuary 31,	2027	
	Susqueha	anna County		YEAR	МО	DAY		YEAR	R	МО	DAY	<b>′</b>	Pern	nit Applicatio	n Due:	Α	ugust 4, 20	026	
WATERSHED	4-G	•					то							Check Here		Dischard	e		
													NOT	E: Read Ins	tructions	s before	completin	g this fo	rm
PARAME	TED			NTITY OR L						TY OR (					NO.		QUENCY		MPLE
TARAME	ILIX	CAMPLE	VALUE	VALI	JE	UNITS	VA	LUE		VALUE		VA	LUE	UNITS	EX	OF AI	NALYSIS	Т	YPE
		SAMPLE MEASUREMENT																	
Total Kialdahi N	l:4wa ma m	PERMIT	Report	V/V/	· ·	Us a falance	V	V/V		Report			·			4./			4-Hr
Total Kjeldahl N	illrogen	REQUIREMENT SAMPLE	Avg Mo	XXX	X	lbs/day	X.	XX		Avg Mo	)	Х	XX	mg/L		1/	week	Con	nposite
		MEASUREMENT																	
Total Phosphor	116	PERMIT REQUIREMENT	Report Ava Mo	XXX	×	lbs/day	Y	XX		Report Avg Mo		×	XX	mg/L		1/	week		4-Hr nposite
Total i nosprioi	uo	SAMPLE	Avgivio	7,70	^	ib3/day	Λ.	///		Avgivio			.///	mg/L		1/	WCCK	0011	iposite
		MEASUREMENT								0.0050		0.0	2004	ļ				0	4 1 1
Antimony, Total		PERMIT REQUIREMENT	xxx	XXX	Χ	XXX	X	XX		0.0058 Avg Mo			0091 y Max	mg/L		1/	week		4-Hr nposite
•		SAMPLE																	
		MEASUREMENT PERMIT								0.0104		0.0	0162	ļ				2	4-Hr
Arsenic, Total		REQUIREMENT	XXX	XX	Χ	XXX	X	XX		Avg Mo			y Max	mg/L		1/	week		nposite
		SAMPLE MEASUREMENT																	
		PERMIT								2.5		3	3.9					2	4-Hr
Barium, Total		REQUIREMENT	XXX	XXX	Χ	XXX	X.	XX		Avg Mo	)	Dail	y Max	mg/L		1/	week	Con	nposite
		SAMPLE MEASUREMENT																	
		PERMIT								0.00003			0004						4-Hr
Cadmium, Tota	l	REQUIREMENT	XXX	XXX	X	XXX	X.	XX		Avg Mo	)	Dail	y Max	mg/L		1/	week	Con	nposite
			I certify under penalty of	of law that this docu	ument was p	repared under my											1		
NAME/TITLE PE	RINCIPAL EX	ECUTIVE OFFICER	direction or supervision that qualified personnel	in accordance with gather and evalu	h a system d ate the infor	lesigned to assure mation submitted.								TELE	PHON	E		DATE	ı
			Based on my inquiry of or those persons direct information submitted is	tly responsible for	gathering th	e information, the													
	/DED 65.55		accurate and complete for submitting false in	. I am aware that formation, including	there are signathe possi	gnificant penalties ibility of fine and		NATURE						AREA		DEE	\/F:5	1,72	B
TY	PED OR PR	INTED	imprisonment for knowing unsworn falsification).	ng violations. See	18 Pa. C.S.	§ 4904 (relating to	C	OFFICER	OR	AUTHOF	RIZED	AGE	NT	CODE	NUM	RFK	YEAR	МО	DAY
COMMENTS (R	eport all viol	ations on the "Non-Co	mpliance Report	ing Form")															



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ADDRESS	315 Seco	and Street		Р	A02764	105			001			Repo	orting Frequ	ency:	M	onthly		
	Williamsp	oort, PA 17701	<u> </u>	PERI	MIT NU	MBER		OU	TFALL N	IUMBEI	R	DMF	R Effective F	rom:	F	ebruary 1,	2022	
FACILITY	Eureka R Facility	esources - Susquehar	nna				_					DMR	R Effective T	o.	.la	anuary 31,	2027	
LOCATION	Dimock T	Township				MONITOI	RING F	PERIOD					nit Expires:	0.		anuary 31,		
LOCATION		•		VEAD	140			1	T							•		
		anna County		YEAR	MO	DAY	то	YEA	R MO	DA	λΥ		nit Applicatio			ugust 4, 20	J26	
WATERSHED	4-G						1 10						Check Here E: Read Ins		·		a this fo	orm
			QUA	NTITY OR I	OADIN	G		QI	JALITY C	R CON	CENT			NO.		UENCY	<del></del>	MPLE
PARAME	TER		VALUE	VAL		UNITS	VA	LUE	VAL			ALUE	UNITS	EX		NALYSIS		YPE
		SAMPLE MEASUREMENT																
Chromium III, T	otal	PERMIT REQUIREMENT	XXX	XX	X	XXX	Х	(XX	0.00 Avg	-	_	0119 ly Max	mg/L		1/	week		4-Hr nposite
		SAMPLE MEASUREMENT							J									
Chromium, Hex	avalent	PERMIT REQUIREMENT	XXX	XX	X	XXX	Х	(XX	0.01 Avg		_	0169 ly Max	mg/L		1/	week		4-Hr nposite
		SAMPLE MEASUREMENT							J									
Cobalt, Total		PERMIT REQUIREMENT	XXX	XX	X	xxx	Х	XX	0.01 Avg		_	0309 ly Max	mg/L		1/	week		4-Hr nposite
		SAMPLE MEASUREMENT																•
Copper, Total		PERMIT REQUIREMENT	XXX	XX	X	XXX	Х	XX	0.000 Avg			00086 ly Max	mg/L		1/	week		4-Hr nposite
		SAMPLE MEASUREMENT																
Iron, Dissolved		PERMIT REQUIREMENT	XXX	XX	X	XXX	Х	XXX	Rep Avg			eport ly Max	mg/L		1/	week		4-Hr nposite
		SAMPLE MEASUREMENT																
Lead, Total		PERMIT REQUIREMENT	XXX	XX	X	XXX	Х	XX	0.000 Avg			00011 ly Max	mg/L		1/	week		4-Hr nposite
-																		
NAME/TITLE PR	RINCIPAL EX	ECUTIVE OFFICER	I certify under penalty direction or supervision that qualified personne	n in accordance wit el gather and evalu	h a system o	designed to assure rmation submitted.							TELE	PHON	E		DATE	I
			Based on my inquiry of or those persons direct information submitted	ctly responsible for	gathering th	ne information, the												
TY	/PED OR PR	INTED	accurate and complete for submitting false in imprisonment for know	e. I am aware that nformation, includi	there are si	gnificant penalties ibility of fine and		-	OF PRIN	-	_		AREA CODE	NUM	BER	YEAR	МО	DAY
COMMENTS (P	enort all vial	ations on the "Non-Co	unsworn falsification).	ting Form"			]										<u> </u>	<u> </u>
COMMENTS (K	epoit all viol	auding dir tile 19011-00	inpliance nepol	ung i onii )														



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EAOULT)		esources - Susquehai	nna								•	DME	)		-		0007	
FACILITY	Facility					MONITO	DING E	EDIOD					R Effective To	D:		anuary 31,		
LOCATION	Dimock To	•			I		TING P	T -					nit Expires:		_ <u>Ja</u>	anuary 31,	2027	
		nna County		YEAR	MO	DAY		YEAF	R MC	) D/	ΑY	Pern	nit Applicatio			ugust 4, 20	026	
WATERSHED	4-G						ТО	,					Check Here		J			
													E: Read Ins			•	<del>-</del>	
PARAMET	ΓER		VALUE	NTITY OR L		G UNITS	\/Δ	QL LUE	JALITY ( VAL		_	TRATION ALUE	UNITS	NO. EX	_	UENCY NALYSIS		MPLE YPE
		SAMPLE	VALUE	VAL	JL	ONTO	V/ ()	LUL	V/\L	-OL		TLOL	ONTO	LX	01.71	.,	·	
		MEASUREMENT PERMIT							0.00	005	0.	80000					2	4-Hr
Mercury, Total		REQUIREMENT	XXX	XX	X	XXX	X	XX	Avg		_	ily Max	mg/L		1/	week		nposite
		SAMPLE MEASUREMENT																
NP at at Tarat		PERMIT	2007	\/\	.,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			0.00			.0066	1 ,		4.			4-Hr
Nickel, Total		REQUIREMENT SAMPLE	XXX	XX	X	XXX	Χ.	XX	Avg	IVIO	Da	ily Max	mg/L		1/\	week	Con	nposite
		MEASUREMENT																
Selenium, Total		PERMIT REQUIREMENT	xxx	XX	X	XXX	X	XX	0.00 Avg		_	.0081 ily Max	mg/L		1/1	week		4-Hr nposite
		SAMPLE	7001	700		7001	,,,		7.1.9		1	yax	9/ =		.,,			
		MEASUREMENT PERMIT							0.00	002	0	00002					2.	4-Hr
Silver, Total		REQUIREMENT	XXX	XX	Χ	XXX	X	XX	Avg		_	ily Max	mg/L		1/	week		nposite
		SAMPLE MEASUREMENT																
		PERMIT							4.	1		6.5					2	4-Hr
Strontium, Total		REQUIREMENT	XXX	XX	X	XXX	X	XX	Avg	Мо	Da	ily Max	mg/L		1/	week	Con	nposite
		SAMPLE MEASUREMENT																
0 11 1 7 1		PERMIT							Rep			eport	1					4-Hr
Sulfate, Total		REQUIREMENT	XXX	XX	X	XXX	X.	XX	Avg	Мо	Da	ily Max	mg/L		1/r	nonth	Con	nposite
NAME TITLE DE	UNIOIDAL EV	EQUITIVE OFFICER	I certify under penalty of direction or supervision											DUON	_		DATE	
NAME/IIILE PR	INCIPAL EX	ECUTIVE OFFICER	that qualified personne Based on my inquiry of	I gather and evalu f the person or per	ate the infor	mation submitted. anage the system							I I	PHON			DATE	
			or those persons directinformation submitted in accurate and complete	is, to the best of n	ny knowledg	e and belief, true,	010	NATURE	. OF PD!	HOLDAL	EVE0							
TY	PED OR PRI	NTED	for submitting false in imprisonment for knowi unsworn falsification).	formation, includir	a the poss	ibility of fine and			OF PRII OR AUT				AREA CODE	NUM	BER	YEAR	МО	DAY
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FAOULITY		esources - Susquehai	nna									DME	)		1	0.4	0007	
FACILITY	Facility					MONITO		EDIOD					R Effective To	D:		nuary 31,		
LOCATION	Dimock T	•			I		TING P	T -					nit Expires:		_ Ja	nuary 31,	2027	
		anna County		YEAR	MO	DAY		YEAF	R MO	) D/	ΔY	Pern	nit Applicatio			gust 4, 20	026	
WATERSHED	4-G						TO	,					Check Here		J			
													E: Read Ins			•	<del></del>	
PARAME <sup>*</sup>	TER		VALUE	NTITY OR L		G UNITS	\/ΔΙ	QL LUE	JALITY C VAL			TRATION ALUE	UNITS	NO. EX		UENCY ALYSIS		MPLE YPE
		SAMPLE	VALUE	VAL	JL	ONTO	V7(1	LUL	V/ (L	-OL	, v	TLOL	ONTO	LX	01 741	7121010		
		MEASUREMENT PERMIT							Rep	ort	R	eport					2.	4-Hr
Uranium, Total		REQUIREMENT	XXX	XX	X	XXX	X	XX	Avg			ily Max	mg/L		1/m	onth		nposite
		SAMPLE MEASUREMENT																
		PERMIT			,				0.00		_	.0003	1					4-Hr
Thallium, Total		REQUIREMENT SAMPLE	XXX	XX	X	XXX	X	XX	Avg	Мо	A	vg Mo	mg/L		1/w	/eek	Con	nposite
		MEASUREMENT																
Zinc, Total		PERMIT REQUIREMENT	XXX	XX	Y	XXX	Υ'	XX	0.00 Avg		-	.0097 ily Max	mg/L		1/4	veek		4-Hr nposite
Ziric, Total		SAMPLE	XXX	7//	^	XXX		^//	Avg	IVIO	Da	ily iviax	mg/L		17 V	/CCK	Con	iposite
		MEASUREMENT							0.5	0.4		1.00						4.11
o-Cresol		PERMIT REQUIREMENT	xxx	XX	X	XXX	X	XX	0.5 Avg	-		1.92 ily Max	mg/L		1/w	veek		4-Hr nposite
		SAMPLE										-						
		MEASUREMENT PERMIT							0.00	123	0	.0036					2	4-Hr
2,4,6-Trichlorop	henol	REQUIREMENT	XXX	XX	Χ	XXX	X	XX	Avg		_	ily Max	mg/L		1/w	veek	_	nposite
		SAMPLE MEASUREMENT																
		PERMIT							1.0	08	;	3.65					4 Gr	abs/24
Phenol		REQUIREMENT	XXX	XX	X	XXX	X	XX	Avg	Мо	Da	ily Max	mg/L		1/w	/eek	Н	ours
			I certify under penalty of										<u> </u>		1			
NAME/TITLE PR	RINCIPAL EX	ECUTIVE OFFICER	direction or supervision that qualified personne Based on my inquiry of	gather and evalu	ate the infor	mation submitted.							TELE	PHON	E		DATE	ı
			or those persons directinformation submitted in	tly responsible for	gathering th	e information, the												
TY	PED OR PR	INTED	accurate and complete for submitting false in imprisonment for knowi	. I am aware that formation, includir	there are si	gnificant penalties ibility of fine and			OF PRI				AREA CODE	NUM	BER	YEAR	МО	DAY
COMMENTS (R)	enort all viola	ations on the "Non-Co	unsworn falsification).  mpliance Report	tina Form")									5552				<u> </u>	
1 30	-port an viole																	



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		ort, PA 17701		PERI	MIT NUI	MBER		OU.	TFAL	L NUM	BER		DMF	R Effective F	rom:	Fe	ebruary 1,	2022	
FACILITY	Eureka R Facility	esources - Susquehai	nna 										DMF	R Effective T	o:	Ja	anuary 31,	2027	
LOCATION	Dimock T	ownship				MONITO	RING F	PERIOD					Perr	nit Expires:		Ja	anuary 31,	2027	
	Susqueha	anna County		YEAR	МО	DAY		YEAF	۱ ۲	МО	DAY		Pern	nit Applicatio	n Due:	A	ugust 4, 20	026	
WATERSHED	4-G						то							Check Here	if No E	ischarg	е		
						•				•			NOT	E: Read Ins	tructions	s before	completin	g this fo	rm
PARAME	TER			NTITY OR I						Y OR C	CONCI				NO.		UENCY		MPLE
1700 UVIE	TEIX	SAMPLE	VALUE	VALI	JE	UNITS	VA	LUE	\	/ALUE	_	VAL	.UE	UNITS	EX	OF AN	NALYSIS	Т	YPE
		MEASUREMENT																	
_		PERMIT								3.64		5.6						_	abs/24
Acetone		REQUIREMENT SAMPLE	XXX	XX	X	XXX	X.	XX	P	Avg Mo		Daily	Max	mg/L		1/\	week	Н	ours
		MEASUREMENT																	
		PERMIT								0.0562		0.1							4-Hr
Acetophenone		REQUIREMENT SAMPLE	XXX	XX	X	XXX	X.	XX	P	Avg Mo		Daily	Max	mg/L		1/\	week	Con	nposite
		MEASUREMENT																	
_		PERMIT								0.0009		0.00							abs/24
Benzene		REQUIREMENT SAMPLE	XXX	XX	X	XXX	X.	XX	P	Avg Mo		Daily	Max	mg/L		1/\	week	Н	ours
		MEASUREMENT																	
		PERMIT								0.1		0.							
BTEX, Total		REQUIREMENT SAMPLE	XXX	XX	X	XXX	Χ.	XX	P	Avg Mo		Daily	Max	mg/L		1/r	nonth	Calc	ulation
		MEASUREMENT																	
		PERMIT	1001	100						250.0		500		]		.,		_	4-Hr
Chloride		REQUIREMENT SAMPLE	XXX	XX	X	XXX	Χ.	XX	F	Avg Mo		Daily	Max	mg/L		1/\	week	Con	nposite
		MEASUREMENT																	
<b> </b>		PERMIT	1004							Report		Rep		]		.,			4-Hr
Bromide		REQUIREMENT	XXX	XX	X	XXX	Χ.	XX	F	Avg Mo		Daily	Max	mg/L		1/\	week	Con	nposite
			I certify under penalty of											1					
NAME/TITLE PF	RINCIPAL EX	ECUTIVE OFFICER	direction or supervision that qualified personne	el gather and evalu	ate the infor	mation submitted.								TELE	PHON	E		DATE	ı
			Based on my inquiry o or those persons direct	tly responsible for	gathering th	e information, the								]					
			information submitted in accurate and complete for submitting false in	e. I am aware that	there are sig	gnificant penalties	SIG	NATURE	OF F	PRINCIP	PAL EX	KECUT	IVE	ADEA				-	
TY	PED OR PR	INTED	imprisonment for knowi unsworn falsification).	ing violations. See	18 Pa. C.S.	§ 4904 (relating to	C	OFFICER	OR A	UTHOR	RIZED	AGEN	T	AREA CODE	NUM	BER	YEAR	МО	DAY
COMMENTS (R	eport all viol	ations on the "Non-Co	mpliance Report	ting Form")															



#### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

NAME	Eureka Resources, LLC				_					
ADDRESS	315 Second Street	P	402764	05			001		Reporting Frequency:	Monthly
	Williamsport, PA 17701	PERM	/IT NUI	MBER		OUTF	ALL NU	MBER	DMR Effective From:	February 1, 2022
FACILITY	Eureka Resources - Susquehanna Facility								DMR Effective To:	January 31, 2027
LOCATION	Dimock Township			MONITO	RING F	PERIOD			Permit Expires:	January 31, 2027
	Susquehanna County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	August 4, 2026
WATERSHED	4-G				то				Check Here if No Disc	harge
									NOTE: Read Instructions be	efore completing this form

PARAMETER		QUAN	TITY OR LOADIN	IG	QI	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT										
2-Butanone	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	1.85 Avg Mo	4.81 Daily Max	mg/L		1/week	4 Grabs/24 Hours
	SAMPLE MEASUREMENT										
p-Cresol	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.167 Avg Mo	0.260 Daily Max	mg/L		1/week	24-Hr Composite
	SAMPLE MEASUREMENT										
Pyridine	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.182 Avg Mo	0.370 Daily Max	mg/L		1/week	4 Grabs/24 Hours
	SAMPLE MEASUREMENT										
Gross Alpha Radioactivity	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	Report Avg Mo	Report Daily Max	pCi/L		1/week	24-Hr Composite
	SAMPLE MEASUREMENT										
Radium-226 and Radium- 228, Total	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	Report Avg Mo	Report Daily Max	pCi/L	·	1/week	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		TEI	EPHONE		DATE	
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,						
TYPED OR PRINTED	accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
COMMENTS (Report all violations on the "Non-Cor	mpliance Reporting Form")						

Eureka Resources, LLC



#### PERMITTEE NAME/ADDRESS

NAME

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

ADDRESS	315 Second Street		Р	A02764	05			001		Rep	orting Freque	ency:	Annually	
	Williamsport, PA 17701		PERI	MIT NUI	MBER		OUTF	ALL NU	MBER	DMF	R Effective F	rom:	February 1,	2022
FACILITY	Eureka Resources - Susqueh Facility	anna								DMF	R Effective To	<b>D</b> :	January 31,	2027
LOCATION	Dimock Township				MONITO	RING F	PERIOD			Perr	mit Expires:		January 31,	2027
	Susquehanna County		YEAR	МО	DAY		YEAR	МО	DAY	Perr	nit Applicatio	n Due:	August 4, 20	026
WATERSHED	4-G					то					Check Here	if No D	ischarge	
		-								NOT	E: Read Inst	ructions	s before completin	g this form
PARAME <sup>*</sup>	TER	QUA	NTITY OR I		G		QUA		CONCE	NTRATION		NO.	FREQUENCY	SAMPLE

PARAMETER		QUAN	ITITY OR LOADIN	IG	QI	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT										
Total Nitrogen (Total Load, lbs)	PERMIT REQUIREMENT	XXX	Report Total Annual	lbs	XXX	XXX	XXX	xxx		1/year	Calculation
Total Nitrogen (Total	SAMPLE MEASUREMENT										
Load, lbs) Effluent Net	PERMIT REQUIREMENT	XXX	0.0 Total Annual	lbs	XXX	XXX	XXX	XXX		1/year	Calculation
	SAMPLE MEASUREMENT										
Total Phosphorus (Total Load, lbs)	PERMIT REQUIREMENT	XXX	Report Total Annual	lbs	XXX	XXX	XXX	XXX		1/year	Calculation
Total Phosphorus (Total	SAMPLE MEASUREMENT										
Load, lbs) Effluent Net	PERMIT REQUIREMENT	XXX	0.0 Total Annual	lbs	XXX	XXX	XXX	xxx		1/year	Calculation

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.		DATE								
	Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the										
TYPED OR PRINTED	information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY				
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")											



#### PERMITTEE NAME/ADDRESS

#### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# **DISCHARGE MONITORING REPORT (DMR)**

NAME	Eureka Res	sources, LLC					-										
ADDRESS	315 Second	d Street		PA0276405				001			Reportin	Reporting Frequency:					
	Williamspo	rt, PA 17701	· · · ·	PERI	MIT NU	MBER		OUTF	ALL NU	MBER	DMR Eff	fective Fr	om:	February 1,	2022		
FACILITY	Eureka Res Facility	sources - Susquehar	nna				=				_ DMR Eff	fective To	):	January 31,	, 2027	•	
LOCATION	Dimock To	wnship		MONITOR				ERIOD			Permit E	Expires:		January 31,	, 2027		
	Susquehanna County			YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:			August 4, 20	August 4, 2026		
WATERSHED	4-G						то				Check Here if No Discharge						
											NOTE: R	Read Insti	ructions	s before completin	g this form		
DADAME	TED		QUA	NTITY OR I	LOADIN	G		QUAI	ITY OR	CONCEN	ITRATION		NO.	FREQUENCY	SAMPLE		
PARAME <sup>*</sup>	IEK		\/^!!!	1//1		LINUTO	1/4	115	\		/ALLIE L	INITO	ΓV	OF ANALYCIC	TVDE		

PARAMETER		QUAN	QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQU					FREQUENCY	SAMPLE			
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
	SAMPLE											
	MEASUREMENT											
	PERMIT					Report					24-Hr	
1,4-Dioxane	REQUIREMENT	XXX	XXX	XXX	XXX	Avg Qrtly	XXX	mg/L		1/quarter	Composite	

Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisoment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  OFFICER OR AUTHORIZED AGENT  AREA CODE  NUMBER  YEAR MO DAY	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.	TEI	LEPHONE			
accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to		Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the					
	TYPED OR PRINTED	accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to		NUMBER	YEAR	МО	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

# INSTRUCTIONS FOR COMPLETING DISCHARGE MONITORING REPORTS (DMRs)

#### General

One or more Discharge Monitoring Reports (DMRs) are attached to your permit for reporting the results of self-monitoring activities as required by your permit. If required by your permit, you must use Department of Environmental Protection's (DEP's) <u>electronic DMR (eDMR) system</u> to submit results. If you are required to use eDMR, these physical forms should only be used under the following circumstances:

- 1. For a permittee that is not yet using the eDMR system, the permittee shall submit a physical copy of a DMR to the DEP regional office that issued the permit during the interim period between the submission of registration and trading partner agreement forms to DEP and DEP's notification to begin using the eDMR system.
- For any permittee, as a contingency a physical DMR may be mailed to the DEP regional office that issued the
  permit if there are technological malfunction(s) that prevent the successful submission of a DMR through the eDMR
  system. In such situations, the permittee shall submit the DMR through the eDMR system within 5 days following
  remedy of the malfunction(s).

You should make copies of the DMRs for your ongoing use, unless you participate in the eDMR program.

- Reporting frequencies will vary depending on the monitoring frequencies listed in your permit, and are generally monthly, quarterly, semi-annually and annually.
- Your reports must be <u>received</u> by DEP on the 28<sup>th</sup> day of the month following the end of the reporting period, unless otherwise specified in Part C of your permit.
- Your permit may require submission of DMRs to other agencies, including the U.S. Environmental Protection Agency (EPA).
- DMRs will generally include pre-populated information for permittee name and address, facility location, permit
  number, outfall number, permit expiration date, parameter names, and permit requirements. If you identify any
  errors on a DMR issued by DEP, please contact the DEP regional office that issued your permit. <u>DO NOT</u>
  make changes to DMRs issued to you.
- You may use computer-generated replicas of Form No. 3800-FM-BCW0462 if you receive prior approval from DEP. DEP reserves the right to instruct you to discontinue the submission of computer-generated DMRs if the permit requirements you entered on the form are inaccurate.

#### Instructions

- 1. Enter statistical results into each blank field below the "VALUE" column headers. Results must be reported in the same units shown on the DMR.
- 2. Sum the total number of excursions or exceedances of permit limits across the row for each parameter and enter the value into the "NO. EX" field. For example, if the permit contains limits of 6.0 S.U. (Minimum) and 9.0 S.U. (Maximum) for pH, and the Minimum and Maximum results are 5.9 S.U. and 9.1 S.U., respectively, enter "2" into the "NO. EX" field.
- 3. Report the actual sampling frequency and sample type utilized during the reporting period in the fields corresponding to "Frequency of Analysis" and "Sample Type", respectively.
- 4. Type the name of the principal executive officer (or an authorized agent designated by a principal executive officer) who is taking responsibility for the report, sign the report (should be in ink), enter the telephone number of the responsible individual, and record the date that the report was signed. Mail only original, signed copies of DMRs.

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**Geometric Mean** – Report the average of a set of *n* sample results given by the *n*th root of their product. If any result is zero (0), substitute 1 for the calculation. For example, five samples were analyzed with the following results: 20, 300, 400, 500, and 0. The calculation of geometric mean is as follows (note that you will need to use the power function on a calculator):

$$\sqrt[5]{20 \cdot 300 \cdot 400 \cdot 500 \cdot 1} = \sqrt[5]{1,200,000,000} = (1,200,000,000)^{1/5} = 65$$

#### **Non-Detect Data**

#### Conventional and Toxic Parameters

For calculating average values of data sets in which there are some "detections" (results at or above the laboratory quantitation limit) and some "non-detect" data (results reported below the laboratory quantitation limit), use the value of the quantitation limit for non-detect data. In other words, ignore the less than (<) symbol for statistical calculations and include the < symbol with the statistical result if there is at least one non-detect result in the data set. For example, four samples were analyzed with the following results: < 1.0, 2.0, < 1.0, and 1.0. The average statistical result is < 1.3.

Estimated values (i.e., values flagged with a "J" qualifier) should not be used for compliance purposes.

#### **Bacteria Parameters**

Report all "non-detect" (e.g., < 2) and "too numerous to count" (TNTC) (e.g., > 2,000) results on DMR supplemental forms as reported by the laboratory. Do not report "TNTC" on supplemental forms, but instead report a value qualified with the ">" symbol. Where a data set includes one or more "non-detect" and/or TNTC results, calculate the geometric mean by ignoring qualifying symbols, but report the value with the symbol. If a data set includes both ">" and "<" qualifiers, the ">" qualifier takes precedence for reporting. For all "non-detect" values, specify in the Comments section of the DMR the maximum volume filtered at the laboratory. Note that DEP considers a DMR with reported values qualified by the ">" symbol for bacteria parameters to be a non-compliance.

Example 1 – For results are determined, < 2, 10, 20, and 30. The geometric mean should be reported as <  $(2 \cdot 10 \cdot 20 \cdot 30)^{0.25} = < 10$ . Specify the maximum volume filtered for the < 2 result in the DMR Comments.

Example 2 – Three results are determined, < 2, 1,000, and > 2,000. The geometric mean should be reported as >  $(2 \bullet 1.000 \bullet 2.000^{0.333} = > 158$ .

#### **Rounding and Precision**

Statistical values reported on the DMR should be rounded to the same number of decimal places as the limit for the parameter as set forth in the permit. If the permit does not contain a limit but requests monitoring only, statistical values for concentration results should be rounded to the maximum number of decimal places in the data set as reported by the laboratory or the instrument used for analysis. If mass loads must be reported and there is no limit, round statistical values to the nearest whole number, unless the calculated number is less than one, in which case the value should be rounded to one significant figure (e.g., 0.1, 0.05, etc.). If the number you are rounding is followed by 5, 6, 7, 8, or 9, round the number up, otherwise round down.

DEP's "Discharge Monitoring Reports: A Guide to Electronic and Paper DMR Reporting" (3800-BK-DEP3047) publication contains more information and are incorporated by reference. This document is available on DEP's website.