

MONTHLY REPORT FORM

OhioEPA

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

TEL. NO.

STATION CODE 001110J1 P 1985

OF 1 09/25/85 CH00037

EAL. NO.

PC. NO.

SAMPLING STATION DESCRIPTION

00111 THYRISTOR LAK

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

Toledo Edison Co.

R. J. Scott

AND CODE NO. AT RIGHT	1	3	1	3						
(1)	999	1	999	1						
(2)										
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
JAY	0111	00110	1011	10011						
01	69	AN	11.1	AN						
02	71	AN	11.4	AN						
03	72	8.0	10.7	0						
04	73	8.1	10.4	0						
05	74	8.5	10.4	0						
06	74	8.0	10.2	0						
07	75	AN	10.5	AN						
08	75	AN	6.2	AN						
09	77	8.1	4.7	0						
10	76	8.2	4.8	0						
11	74	8.2	5.3	0						
12	72	8.0	6.1	0						
13	68	8.2	6.7	0						
14	68	AN	6.5	AN						
15	69	AN	6.4	AN						
16	70	AH	6.4	AH						
17	70	AH	6.3	AH						
18	72	AH	9.6	AH						
19	72	AH	6.8	AH						
20	70	AH	10.6	AH						
21	68	AN	10.3	AN						
22	69	AN	11.4	AN						
23	70	AH	12.4	AH						
24	63	AH	16.3	AH						
25	60	AH	19.6	AH						
26	62	AH	17.9	AH						
27	60	AH	17.6	AH						
28	61	AN	21.1	AN						
29	64	AN	19.7	AN						
30	62	8.1	18.2	0						
31										

TOTAL	2080	--	325.6	0
VG.	69	--	10.9	0
MAX	77	8.5	21.1	0
MIN	60	8.0	4.7	0

8510240040 851016
PDR ADOCK 05000346
R PDR

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

AH: Electric power to beach sampling station (outfall 001) was lost due to damage in circuitry panel. Power was restored and sampling reinstated on September 30, 1985. A letter of notification to the OEPA was sent on September 30, 1985.

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER

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

Plant Manager

FORM NO. EPA-450 (10-85)
PREVIOUS EDITIONS ARE OBSOLETE

MONTHLY REPORT FORM



NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION NO.

TOLEDO Edison Co.

STATION CODE 100011000 DATE 1985

PAGE 1 PRINTING DATE 05/25/85 APPLICATION NO. OH0003786

CAVEAT

POW

SAMPLING STATION DESCRIPTION

5501

AK

NOTE: THIS FORM MUST BE TYPED

N-1: ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE

REPORTING LAB
Toledo Edison Co.

ANALYST
R. J. Scott

N-2: ENTER FREQUENCY OF SAMPLING

(1)	3	3	3	1						
(2)	1	1	1	999						
	PH									
	CONC									
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
1	6.4			500.10						
2				0.074						
3	8.3	23	0	0.074						
4				0.163						
5				0.083						
6				0.149						
7				0.074						
8				0.266						
9	8.1	18	0	0.191						
10				0.083						
11				0.074						
12				0.078						
13				0.074						
14				0.074						
15				0.074						
16	8.4	22	0	0.074						
17				0.074						
18				0.074						
19				0.074						
20				0.074						
21				0.074						
22				0.074						
23	8.3	17	0	0.187						
24				0.074						
25				0.074						
26				0.078						
27				0.074						
28				0.074						
29				0.074						
30	8.3	24	1.0	0.111						
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ADDITIONAL REMARKS (ALL REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
N. NO. EPA-4500 (10-80)
FIRST 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 OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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: 10/15/85
SIGNATURE OF REPORTER: [Signature]
TITLE OF REPORTER: Plant Manager

MONTHLY REPORT FORM

NAME, ADDRESS, CITY, COUNTY, ZIP

REPORTED



STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

TEL. NO. () -

27100-1101 P 128L

PF 1 05/25/85 CH00037

SALES TAX NO. () -

PO BOX NO. () -

SAMPLING STATION DESCRIPTION

SEMI-ANNUAL MONITORING OF BUFFALO NATURE MARCH

APPROXIMATE LOCATION

NOTE: THIS FORM MUST BE FILLED OUT

IN 1: ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE		REPORTING LAB						ANALYST	
IN 2: ENTER FREQUENCY OF SAMPLING		Toledo Edison Co.						R. J. Scott	
(1)	(2)	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
3	1								
1	999								
01		0.222							
02		0.222							
03		0.222							
04		0.222							
05		0.222							
06		0.222							
07		0.222							
08		0.222							
09		0.222							
10		0.222							
11		0.222							
12		0.222							
13	27	0.222							
14		0.222							
15		0.222							
16		0.222							
17		0.222							
18		0.222							
19		0.222							
20		0.222							
21		0.222							
22		0.222							
23		0.222							
24		0.222							
25		0.222							
26		0.222							
27		0.222							
28		0.222							
29		0.222							
30		0.222							
31									
TOTAL	27	6.660							
VG	27	0.222							
AX	27	0.222							
IN	27	0.222							

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

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
EPA NO. EPA-4500 (10-85)
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 OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 COLLECTED

10/15/85

SIGNATURE OF REPORTER

[Signature]

TITLE OF REPORTER

Plant Manager

MONTHLY REPORT FORM

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION #

PF 1 05/25/85 OH00037

TOLEDO, OHIO 44115

ST 05011.01 FEB 1985

DAVID L. HARRIS

PO BOX 111111 CLEVELAND, OH 44111

SAMPLING STATION DESCRIPTION

OUTFALL 601 (SEWAGE TREATMENT DISCHARGE)

TOLEDO, OHIO 44115

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

Toledo Edison Co.

R. J. Scott

DAY	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
01	AN	AN	AN	0.009						
02	AN	AN	AN	0.009						
03	1	1	1	0.009	9	23				
04	1	1	2	0.009						
05	1	1	1	0.009						
06	1	1	1	0.009						
07	AN	AN	AN	0.009						
08	AN	AN	AN	0.009						
09	1	1	2	0.009						
10	1	1	2	0.009						
11	1	1	2	0.009						
12	1	1	1	0.009						
13	1	1	1	0.009						
14	AN	AN	AN	0.009						
15	AN	AN	AN	0.009						
16	1	1	1	0.009		22				
17	1	1	2	0.009						
18	1	1	1	0.009						
19	1	1	2	0.009						
20	1	1	2	0.009						
21	AN	AN	AN	0.009						
22	AN	AN	AN	0.009						
23	1	1	1	0.009						
24	2	1	3	0.009						
25	1	1	2	0.009						
26	1	1	2	0.009						
27	1	1	2	0.009						
28	AN	AN	AN	0.009						
29	AN	AN	AN	0.009						
30	1	1	2	0.009	AH					
31										
TOTAL	21	20	33	0.270	9	45				
VVG	1	1	2	0.009	9	23				
MAX	2	1	3	0.009	9	23				
MIN	1	1	1	0.009	9	22				

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

AH: The second BOD₅ analysis for Outfall 601 (Sewage Treatment Discharge) was not performed due to a procedural deficiency. The procedure has been revised.

DISTRIBUTION

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DATE REPORT COMPLETED

SIGNATURE OF REPORTER

TITLE OF REPORTER

Plant Manager

NAME ADDRESS CITY COUNTY ZIP

REPORTED

OhioEPA

STATION CODE

DATE (MONTH, YEAR)

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QF 1 05/25/85 0H00037

TCL 60-60-70-80-90-100

21 00011722

148

$$C_6V_2 = 4.50 \times 10^4 \text{ mol/L}$$

FCB 1771 UNIT 1, 2

SAMPLING STATION DESCRIPTION

SAMPLING STATION DESCRIPTION

STATION NAME	DATE	TIME	VOLUME	TITLE
E001 NORTH	JAN	1978	100 L	TITLING BASIN OVERFLOW

DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF

NOTE: THIS FORM MUST BE TY

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE

REPORTING LAB

ANALYST

IN(2) ENTER FREQUENCY OF SAMPLING.

Toledo Edison Co.

R. J. Scott

AND COULD NO AT RIGHT

	1	3	3						
(2)	999	1	1						
	CON-LL	CON-LL	CON-LL						
	FL	FL	FL						
	MS	MS	MS						
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	0.057	0.057	0.057						
	0.057								
	0.057	1.0	0						
	0.057								
	0.057								
	0.057								
	0.057								
	0.057								
	0.057	2.0							
	0.057								
	0.057								
	0.057								
	0.057								
	0.057	1.0	0						
	0.057								
	0.057								
	0.057								
	0.057								
	0.057								
	0.057	1.0							
	0.057								
	0.057								
	0.057								
	0.057								
	0.057								
	0.057								
	0.057	1.0							

TOTAL	1.710	6.0	0							
VG	0.057	1.2	0							
AX	0.057	2.0	0							
IN	0.057	1.0	0							
ADDITIONAL REMARKS										

ADDITIONAL REMARKS: IAH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION:

DISTRIBUTION
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GREEN - REPORTER

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FORM NO. EPA-4500 (10-80)
FORMERLY EPA-SUP-1

DATE REPORT COMPLETED:

SIGNATURE OF *PRESCRIBER*

TITLE OF REPORTER

Plant Manager

NAME ADDRESS CITY COUNTY ZIP

REPORTED



NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION #

TCL 2011-11-01 01:00:00

91 0011-21 B 153

QF 1 0 1/25/85 CH00037

$$2\text{Ag}^+ + \text{Zn} \rightarrow 2\text{Ag} + \text{Zn}^{2+}$$

PC. 17.11 - UNIT 17.11

SAMPLING STATION DESCRIPTION

[illegible]

604 PARK 9TH GALLING CO SASTON

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

NOTE: THIS FORM MUST BE TYPED

IN. 3: ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE

REPORTING LAB

ANALYST

IN 2) - ENTER FREQUENCY OF SAMPLING.

Toledo Edison Co.

R. J. Scott

| | | | | | | | | | |
|--|----|--|--|--|--|--|--|--|--|
| TOTAL | | | | | | | | | |
| AVG | 69 | | | | | | | | |
| MAX | 75 | | | | | | | | |
| MIN | 62 | | | | | | | | |
| ADDITIONAL REMARKS: (AN REPORTING CODES MUST BE ENTERED IN THIS SPACE) | | | | | | | | | |

ADDITIONAL REMARKS (AN 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

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DATE REPORT COMPLETED

SIGNATURE OF REPORTED

| |
|-------------------|
| TITLE OF REPORTER |
|-------------------|

Plant Manager