

PERMITTEE NAME/ADDRESS:
NAME: James Miller, G-I Holdings Inc.
ADDRESS: One Campus Drive
Parsippany, NJ 07054

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER


DISCHARGE NUMBER

FACILITY: GAF/Mattel Site Groundwater Treatment System
LOCATION: 8585 SW Hall Blvd
Beaverton, OR

MONITORING PERIOD

FROM 24 | 03 | 01 TO 24 | 03 | 31

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE							
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT										
Flow (discharge)	SAMPLE MEASUREMENT		4,547,569	Gallons this period	0 (a)	102	140	Gallons per minute	0	1/30	N/A							
	PERMIT REQUIREMENT				----	----	----											
Temperature	SAMPLE MEASUREMENT						10.80	°C	0	1/30	Grab							
	PERMIT REQUIREMENT				----	----	----											
pH	SAMPLE MEASUREMENT						8.10	pH units	0	1/30	Grab							
	PERMIT REQUIREMENT				6	----	9											
Phosphate	SAMPLE MEASUREMENT							µg/L	0	1/90	Grab							
	PERMIT REQUIREMENT				----	----	130											
Trichloroethene (TCE)	SAMPLE MEASUREMENT							µg/L	0	1/90	Grab							
	PERMIT REQUIREMENT				----	----	50											
Other VOCs	SAMPLE MEASUREMENT							µg/L	0	1/90	Grab							
	PERMIT REQUIREMENT				----	----	70											
Free (WAD) Cyanide (Weak Acid Dissociable)	SAMPLE MEASUREMENT						ND (5.0)	µg/L	0	1/30	Grab							
	PERMIT REQUIREMENT				----	----	5.2											
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		<div>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 FOR KNOWING VIOLATIONS.</div>					TELEPHONE		DATE									
James Miller							(470) 599-7019		24 04 10									
TYPED OR PRINTED									YEAR MO DAY									
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE NUMBER											

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

(a) Leak detection alarms occurred during the month due to storm events. The alarms were resolved after each event by pumping the stormwater out of the vaults. Additionally, an electrical fuse had blown at extraction well EW-4A resulting in extraction well shutdown.

ND = Not detected above laboratory reporting limit.