

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 | 08 | 01 TO 24 | 08 | 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		5,557,680	Gallons this period	0 (a)	125	128	Gallons per minute	0	1/30	N/A							
	PERMIT REQUIREMENT				----	----	----											
Temperature	SAMPLE MEASUREMENT						18.70	°C	0	1/30	Grab							
	PERMIT REQUIREMENT				----	----	----											
pH	SAMPLE MEASUREMENT						7.78	pH units	0	1/30	Grab							
	PERMIT REQUIREMENT				6	----	9											
Phosphate	SAMPLE MEASUREMENT						ND (100)	µg/L	0	1/90	Grab							
	PERMIT REQUIREMENT				----	----	130											
Trichloroethene (TCE)	SAMPLE MEASUREMENT						ND (0.4)	µg/L	0	1/90	Grab							
	PERMIT REQUIREMENT				----	----	50											
Other VOCs	SAMPLE MEASUREMENT						0.650	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   09   04									
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)

ND = Not detected above laboratory reporting limit.

(a) A leak detection alarm occurred during the month due to a storm event. The alarm was resolved by pumping the stormwater out of the vaults.