1-30-96 12.3.42

PERMITTEE NAME/ADDRESS:
Name: Holnam, Inc.
Address: 5400 W. Marginal Way
Seattle, WA 98106

Facility: Same As Above
Location: Same As Above

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

FORM APPROVED
OMB No.2040-0004

WA-0002232	004
PERMIT NUMBER	DISCHARGE NUMBER

Discharge Location
Lat 47° 33' 18" N
Long 122° 20' 40" W

MONITORING PERIOD			
FROM	95/01/01	TO	95/01/31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) Quantity or Loading Average	Maximum	Unit	(4 Card Only) (38-45) Quality or Concentration Minimum	Average	Maximum	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
FLOW	SAMPLE MEASUREMENT	22,558	41,577	GPD	—	—	—		N/A	2/30	calculated
	PERMIT REQUIREMENT	REPORT	REPORT		—	—	—			2/30	METER
TSS	SAMPLE MEASUREMENT	64	—	LB/DAY	—	—	455	mg/L	2	2/30	grab
	PERMIT REQUIREMENT	15	—		—	—	50			2/30	METER
pH	SAMPLE MEASUREMENT	—	—	—	7.5	—	8.2	STD	0	2/30	grab
	PERMIT REQUIREMENT	—	—	—	6.5	—	9.0			2/30	GRAB
TURBIDITY OF EFFLUENT	SAMPLE MEASUREMENT	—	—	—	—	275	—	NTU	N/A	2/30	grab
	PERMIT REQUIREMENT	—	—	—	—	*	—			2/30	GRAB
TURBIDITY OF BACKGROUND	SAMPLE MEASUREMENT	—	—	—	—	NO DATA	NO DATA	NTU	N/A	2/30	grab
	PERMIT REQUIREMENT	—	—	—	—	REPORT	REPORT			2/30	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	—	—	—	—	75	75	mg/L	2	1/30	grab
	PERMIT REQUIREMENT	—	—	—	—	10	15			1/30	GRAB
COPPER	SAMPLE MEASUREMENT	—	—	—	—	—	N/A	mg/L	N/A	1/30	grab
	PERMIT REQUIREMENT	—	—	—	—	—	REPORT			4/YR	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
N.F. Stiren Plant Manager	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 SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF ~~BETWEEN 6 MONTHS AND 5 YEARS.~~)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(206) 937-8025	JAN 30 1996
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

* TURBIDITY SHALL NOT EXCEED 10 NTU OVER BACKGROUND WHEN BACKGROUND IS 50 NTU OR LESS, AND SHALL NOT EXCEED BACKGROUND BY MORE THAN 20% WHEN BACKGROUND IS GREATER THAN 50 NTU.

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

USEPA SF
1185520

REVISE[illegible]0123

(Include Name/Location if different)

NAME HOLNAM, INC.

ADDRESS 5400 W MARGINAL WAY
SEATTLE, WA 98106

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

#2572

WA-0002232	004
PERMIT NUMBER	DISCHARGE NUMBER

Discharge Location
Lat 47° 33' 18" N
Long 122° 20' 40" W

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	01	01		95	01	31

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	Maximum	Units	QUALITY OR CONCENTRATION Minimum	Average	Maximum	Units	No. Ex	Frequency of Analysis	Sample Type
FLOW	Sample Measurement	17,645 ~~2,768~~	32,522 ~~2,768~~	GPD	*******	*******	*******	***	0	02/30	calculate
	Permit Requirement	REPORT	REPORT		*******	*******	*******			02/30	METER
TSS	Sample Measurement	71	*******	lb/day	*******	*******	730	mg/L	1	02/30	grab
	Permit Requirement	15	*******		*******	*******	50			02/30	GRAB
pH	Sample Measurement	*******	*******	***	7.4	*******	8.1	STD	0	02/30	grab
	Permit Requirement	*******	*******		6.5	*******	9.0			02/30	GRAB
TURBIDITY EFFLUENT	Sample Measurement	*******	*******	***	*******	369	*******	NTU	no data	02/30	grab
	Permit Requirement	*******	*******		*******	*	*******			02/30	GRAB
TURBIDITY BACKGROUND	Sample Measurement	*******	*******	***	*******	no data	no data	NTU	no data	0/30	no data
	Permit Requirement	*******	*******		*******	REPORT	REPORT			02/30	GRAB
OIL & GREASE	Sample Measurement	*******	*******	***	*******	46	90	mg/L	1	01/30	grab
	Permit Requirement	*******	*******		*******	10	15			01/30	GRAB
COPPER (TR)	Sample Measurement	*******	*******	***	*******	*******	NA	mg/L	NA	NA	NA
	Permit Requirement	*******	*******		*******	*******	REPORT			4/YR	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NICK STIREN
PLANT MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. 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 IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER
206) 378025
(AREA CODE

DATE		
95	04	15
YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*TURBIDITY SHALL NOT EXCEED 10 NTU OVER BACKGROUND WHEN BACKGROUND IS 50 NTU OR LESS, AND SHALL NOT EXCEED BACKGROUND BY MO THAN 20% WHEN BACKGROUND IS GREATER THAN 50 NTU.