PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME [illegible]
ADDRESS 1700 NW [illegible] Rd
PORTLAND OR 97231
FACILITY LINNTON
LOCATION
LINNTON OR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	*(17-19)*
[illegible]	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2001	01	01	TO	2001	01	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

USEPA SF 1288105

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PORSF 11.3.18.1 V3

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
OIL & GREASE	SAMPLE MEASUREMENT				2	2	2				[illegible]
	PERMIT REQUIREMENT										
ETHANOL	SAMPLE MEASUREMENT				26	26	26				[illegible]
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	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 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		503	220 2541			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

CI CERTIFICATE OF ANALYSIS

CLIENT: GATX - LINNTON TERMINAL
5880 N.W. ST. HELENS RD.
PORTLAND OR 97231

PHONE: (503) 286-1691
FAX: (503) 220-1270

DATE SUBMITTED: 01/19/20

PROJECT NAME: WASTE WATER ANALYSIS

PROJECT NUMBER: NPDES001

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
10114-001	TK3034	01/19/2001	0200	Water	TANK 3034 WASTE WATER RUNOFF SAMPLE

REPORT DATE: 01/26/2001 **REPORT NUMBER:** 10114

SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	ANALYST
TANK 3034 WASTE WATER RUNOFF SAMPLE		SAMPLE ID: TK3034				
10114-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE*	2	mg/L	2	Charles S 01/26/2001
	ALCOHOLS IN WATER EPA 8015M	ETHANOL	8.6	mg/L	1	Dave M 01/23/2001

*Estimated value only

REVIEWED BY: Martin Little
Martin Little - Quality Manager

CI CERTIFICATE OF ANALYSIS

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10114-001	TK3034	01/19/2001	0200	Water	TANK 3034 WASTE WATER RUNOFF SAMPLE

REPORT DATE: 01/26/2001 REPORT NUMBER: 10114 PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	ANALYST
TANK 3034 WASTE WATER RUNOFF SAMPLE		SAMPLE ID: TK3034				
10114-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE*	2	mg/L	2	Charles S 01/26/2001
	ALCOHOLS IN WATER EPA 8015M	ETHANOL	8.6	mg/L	1	Dave M 01/23/2001

*Estimated value only

LINNTON OPERATORS

DROP 3034 PER THIS REPORT

WHS
1/29/01

REVIEWED BY: Martin Little
Martin Little - Quality Manager

COLUMBIA INSPECTION, INC.

CHAIN OF CUSTODY RECORD

Laboratory • Inspection • Tank Calibration

Environmental • Petroleum • OR Certified Water Analysis

☑ 7133 N. Lombard, Portland, OR 97203 Ph: (503) 286-9464 Fax: (503) 285-7831

☐ 4901 E. 20th Street, Fife, WA 98424 Ph: (253) 922-8781 Fax: (253) 922-8957

☐ 613 Escobar Street, Martinez, CA 94553 Ph: (510) 229-0360 Fax: (510) 229-2821

☐ 790 Basin Street, Unit #2, San Pedro, CA 90731 Ph: (310) 833-1557 Fax: (310) 833-1585

Customer Name: GATX Limited, OR

Attention: Terminal Operator

Address: 1140 N.W. Saltzman Rd. Portland OR 97231

Phone: (503) 286-1691

FAX: (503) 286-1693

Sampler: _____ ☐ Submitted

Project Name: NPDES 001

Project Number: _____

P.O. Number: _____

Testing Priority: ☑ Standard ☐ Rush

Notification Method(s): ☐ Telephone ☑ FAX ☐ Mail

Due Date: ASAP

Analyses To Be Performed: EPA Test 1664; + Ethanol

Sample id#	Sample Description	Sample Matrix	Sample Date	Sample Time	EPA Test 1664	+ Ethanol
TR0034	waste water (runoff)		1/19/01	1200	✓	✓
BATCH	01-001					

Relinquished By:	Received By:	Date/Time
Signature: W H Stevenson	Signature: [signature]	1/19/01 1155
Printed Name: W H Stevenson	Printed Name: Darrell Reynolds	
Relinquished By: Signature:	Received By: Signature:	Date/Time
Printed Name:	Printed Name:	

FOR LABORATORY USE ONLY

Inspection Job Number: _____ ☐ Visa _____

Laboratory Project Number: _____ ☐ Cash/Check # _____

Overtime authorized ☐ Yes ☐ No Amount Paid: $ _____

White Copy - Laboratory Yellow Copy - Client Copy

CI Form 100 (COC) Rev B