PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*

NAME [illegible]

ADDRESS 1400 W [illegible] Road

FACILITY Oregon OR 97321

LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER [illegible]

(17-19) DISCHARGE NUMBER [illegible]

USEPA SF 1288107

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2001	04	01	TO	2001	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PORSF 11.3.19.1 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)*
[illegible]	SAMPLE MEASUREMENT				7.5	7.6	7.6				[illegible]
	PERMIT REQUIREMENT										
Ethanol Batch 01-01	SAMPLE MEASUREMENT				ND	ND	ND				[illegible]
	PERMIT REQUIREMENT										
[illegible] Batch 01-02	SAMPLE MEASUREMENT				5.1	5.1	5.1				[illegible]
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

[illegible] Murphy

TYPED OR PRINTED

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.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
503 [illegible]				
AREA CODE	NUMBER	YEAR	MO	DAY

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

CERTIFICATE OF ANALYSIS ORIGINAL

CLIENT: KINDER-MORGAN WILLBRIDGE
5880 N.W. ST. HELENS RD.
PORTLAND OR 97210

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

DATE SUBMITTED: 03/28/2001

PROJECT NAME: LINNTON NPDES 001

PROJECT NUMBER: BATCH 01-~~02~~ 01

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
10513-001		03/29/2001	0700	Water	TANK 3034 WASTE WATER [RUNOFF] GRAB SAMPLE

REPORT DATE: 04/05/2001 REPORT NUMBER: 10513 PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	ANALYST
TANK 3034 WASTE WATER [RUNOFF] GRAB SAMPLE						
10513-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	7.5	mg/L	2	Gale S 04/03/2001

Starting New Batch # under Kinder Morgan Start Batch 01-01

REVIEWED BY: Martin Little - Quality Manager

CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KINDER-MORGAN WILLBRIDGE
5880 N.W. ST. HELENS RD.
PORTLAND OR 97210

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

DATE SUBMITTED: 04/02/2001

PROJECT NAME: LINNTON TERMINAL - NPDES 001

PROJECT NUMBER: BATCH 01-~~02~~ 01

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
10538-001		04/02/2001	1330	Water	T-3034 WASTE WATER SAMPLE

REPORT DATE: 04/18/2001 REPORT NUMBER: 10538 PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	ANALYST
T-3034 WASTE WATER SAMPLE						
10538-001	ALCOHOLS IN WATER EPA 8015M	ETHANOL	ND	mg/L	2	Padma A 04/10/1901

REVIEWED BY: Martin Little

Martin Little - Quality Manager

CERTIFICATE OF ANALYSIS

ORIGINAL

CLIENT: KINDER-MORGAN WILLBRIDGE
5880 N.W. ST. HELENS RD.
PORTLAND OR 97210

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

DATE SUBMITTED: 04/23/2001

PROJECT NAME: LINNTON NPDES, T-3034

CI SAMPLE	CLIENTS ID#	DATE	TIME	MATRIX	DESCRIPTION
10660-001	NPDES001	04/23/2001	0900	Water	WASTE WATER GRAB SAMPLE - BATCH 01-~~01~~ 02

REPORT DATE: 04/27/2001 REPORT NUMBER: 10660 PAGE: 1 OF 1

SAMPLE	ANALYSIS	PARAMETER	RESULTS	UNITS	DETECTION LIMIT	ANALYST
WASTE WATER GRAB SAMPLE - BATCH 01-~~01~~ 02		SAMPLE ID: NPDES001				
10660-001	O & G TOTAL (HEM) EPA 1664	TOTAL OIL AND GREASE	5.1	mg/L	2	Gale S 04/24/2001

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: Kinder Morgan EP

Attention: Holly Stevenson

Address: 11400 ~~[illegible]~~ N.W. St. Helens Rd.

Box 8[illegible] Pdx, OR 97283

Phone: (503) 220 1263

FAX: (503) 220 1270

Sampler: Jim Annett ☑ Submitted

Project Name: NPDES 001

Project Number: BATCH 01-~~02~~ 01

P.O. Number:

Testing Priority: ☐ Standard ☐ Rush

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

Due Date: ASAP

Analyses To Be Performed: ? EPA 1664

Sample id#	Sample Description	Sample Matrix	Sample Date	Sample Time	? EPA 1664
TK2034	Wastewater (runoff)		3/29/01	0100	X
	LINNTON				

Relinquished By:	Received By:	Date/Time
Signature:	Signature: Milt Dickerson	3-28-01
Printed Name: Jim	Printed Name: MILT DICKERSON	1130
Relinquished By:	Received By:	Date/Time
Signature:	Signature:	
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

COLUMBIA INSPECTION, INC.

CHAIN OF CUSTODY RECORD AND NON-COMMERCIAL BILL OF LADING

☑ 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: (925) 229-0360 Fax: (925) 229-2821
☐ 797 Channel Street, San Pedro, CA 90731 Ph: (310) 833-1557 Fax: (310) 833-1585

Customer Name: Kinder Morgan Linnton Terminal
Attention: Pete Murphy
Address: 11400 NW St. Helens Rd.
Phone: (503) 220-1254
FAX: (503) 220-1270
Sampler: AC Jungert ☒ Submitted

Project Name: NPDES 001
Project Number: Batch 01-~~02~~
P.O. Number: ~~01-02~~ 01

Testing Priority: ☒ Normal ☐ Rush
Due Date _____

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

Analyses To Be Performed: ETHANOL

Sample id#	Sample Description/UN Number	Sample Matrix	Sample Date	Sample Time	ETHANOL
T-3034	NPDES 001 01		4-2-01	1330	X
	T-3034 Batch 01-~~02~~				
	Linnton Terminal				

Relinquished By:	Date/Time	Received By:	Date/Time
AC Jungert	1340 4-2-01	[signature]	4/2/01 14:10
Relinquished By:	Date/Time	Received By:	Date/Time

FOR LABORATORY USE ONLY

Inspection Job Number: _____ PO # _____
Laboratory Project Number: _____ ☐ Cash/Check # _____
Due Date: _____ Amount Paid: $_____

White Copy - Laboratory Yellow Copy - Client Copy

CI Form 100 (COC) Rev B

COLUMBIA INSPECTION, INC.

CHAIN OF CUSTODY RECORD

AND

NON-COMMERCIAL BILL OF LADING

☒ 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: (925) 229-0360 Fax: (925) 229-2821

☐ 797 West Channel Street, San Pedro, CA 90731 Ph: (310) 833-1557 Fax: (310) 833-1585

Customer Name: Kinder Morgan

Attention: Pete Murphy

Address: 11400 N.W. St Helens Rd. Portland Or.

Phone: (503) 220 1254

FAX: (503) 220 1270

Sampler: Wally Stevenson ☒ Submitted

Project Name: Linnton

Project Number: NPDES T-3034

P.O. Number: ~~Batch 01-02~~

Testing Priority: ☐ Standard ☒ Rush

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

Due Date _____

Analyses To Be Performed: EPA 1664

Sample id#	Sample Description / UN Number	Sample Matrix	Sample Date	Sample Time	EPA 1664
NPDES	Water Sample				
001	Batch 01-~~02~~ 02		4-23-01	0900	X

Relinquished By:	Received By:	Date/Time
WK Stevenson 4-23-01 0915	RC Linnell	4-23-01 0915
RC Linnell 0945 4-23-01	[illegible]	4/23/01 12:55

FOR LABORATORY USE ONLY

Inspection Job Number: _____ ☐ Visa

Laboratory Project Number: _____ ☐ Cash/Check # _____

Overtime authorized ☐ Yes ☐ No Amount Paid: $_____

All samples received in good condition ☐ Yes ☐ No Initials _____

White Copy - Laboratory Yellow Copy - Client Copy

Page ____ of ____

CI Form 100 (COC) Rev C(3/2?/2001)