PORSF

11.3.18.1 V12

NPDES # 1500-A General Permit for Tank Cleanup

Discharge Monitoring Report

Submit report each quarter by 15th of following month to:
Oregon DEQ

Legal Name: Kinder Morgan Liquid Terminals LLC

Site/File ID #: 32300

Common Name: Kinder Morgan Linnton – IRAM System

County: Multnomah

Facility Location: 11400 NW St. Helens Rd. Portland, Oregon

Quarter/Year: September/2005

Monitoring Report After First Six Months of Operation

(but only if all effluent limits met for previous six consecutive months of monitoring – see permit)

Parameter and Requirements	Sample Date	Sample Results
Effluent flow (gallons per day) – Shall be measured/estimated quarterly. No limit, however the ratio of stream flow to effluent show shall be 10 to 1 or greater at all times.	9/16/05	7336
Effluent Total Petroleum Hydrocarbons (TPH, mg/L) - Shall be measured quarterly. Shall not exceed 1 mg/L. Grab sample.	9/16/05	ND (<0.500)
pH (Standard Units) – Shall be measured quarterly. Shall be within range of 6.0 to 9.0. Grab sample.	9/16/05	6.9
Benzene (mg/L) – Shall be measured quarterly. Shall not exceed 0.025 mg/L. Grab sample.	9/16/05	ND (<0.0005)
BETX (mg/L) – Shall be measured quarterly. Shall not exceed 0.25 mg/L. Grab sample.	9/16/05	ND (<0.0025)
Lead (mg/L) – Shall be measured quarterly, but only if water is contaminated with leaded fuels and where detectable levels of lead have been found in influent to treatment system.	NA	NA

Note – If there are any effluent violations, attach a brief description of the violations, the cause of the violations, and the actions you have taken to correct the violations. Sign the attachment.

Signature Requirement

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 fines and imprisonment for knowing violations.

Signature of Responsible Official: WHStevenson

Name and Title (Please Print): Wally Stevenson – Area Manager

Date of Signature: 10/4/05 **Telephone: :** 503-220-1263

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