Koppers Company, Inc., Organic Materials Group
7540 N.W. St. Helens Road, Portland, OR 97229
Telephone 503-286-3681

KOPPERS

June 17, 1986

Chem-Security Systems Inc.
% Cheryl Saylea
Star Toute
Arlington, Or. 97812

Dear Cheryl:

This letter is to inform you that the D.O.T. Proper Shipping name referred to on our Waste Profile Sheet #D23758 is incorrect. The proper shipping name is Hazardous Waste, Solid, N.O.S. ORM-E NA-9189.

All waste sent to your facility for handling from our facility will be classified under the above shipping name.

Thank You,

John A. Oxford
Plant Manager
Koppers Company INc.

CHEM-SECURITY SYSTEMS, INC.
10602 NE 38th Place • Kirkland, Washington 98033 • (206) 827-0711
CSSI

May 28, 1986

Mr. Richard Ireland, Senior Buyer
Koppers Company, Inc.
7540 N. W. St. Helens Road
Portland, Oregon 97229

RE: Our Contract Dated October 1, 1985

Dear Richard:

We continue to work to improve our services to you. The addition of a customer service representative at Arlington last fall and changes in laboratory organization have improved our approval time for waste profile sheets. Scheduling of all loads into the facility has allowed us to better plan lab and disposal technician time, resulting in faster turn-around of trucks.

We are working to improve in other areas also. Presently, testing required for certain wastes can be time consuming and delay load handling. We continue to look for ways to improve our laboratry work so we gain the highest efficiency in performing required tests. Our Technical Center in Riverdale, Illinois, is also researching alternative approaches to waste types that present testing problems.

On July 1, 1986, treatment and disposal prices at our Arlington facility will change in only a few respects. Basic prices for RCRA and PCB solids will remain unchanged. Charges for handling wastes in ponds will increase, reflecting our experience in managing and cleaning ponds under changing regulations. Additional charges for total oil and solvents 1,000 ppm or greater have been extended to pondables and odd-shaped containers of solids in order to cover the additional difficulties in screening and handling these materials.

Under our referenced contract, changed rates for Arlington treatment and disposal effective July 1, 1986, will be as follows:

No changes

Since the first of the year, we have improved our service out of the Portland office by promoting Joyce Johnson to Technical Representative to make outside calls on you, and by adding Sherin Bennette as our inside Customer Service Representative. Joyce's long experience with our company, and the addition of Sherin are meant to be an additional help in meeting your needs.

We appreciate your business with us. We pledge to continue our high standards in managing wastes which we know you expect.

Sincerely,

CHEM-SECURITY SYSTEMS, INC.

William Van Dyke

William Van Dyke
District Sales Manager

WVD:mb

CHEM-SECURITY SYSTEMS, INC.

NATIONAL RESPONSE CENTER 1-800-424-8802
OREGON ACCIDENT RESPONSE CENTER 1-800-452-0311

Please print or type
(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404, Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ORD027734315 — Manifest Document No.: 86 01 1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
KOPPERS COMPANY INC.
7540 NW ST. HELENS RD
PORTLAND OR 97229
4. Generator's Phone (503) 286-5681

A. Gross:
B. Tare:
C. Net:

5. Transporter 1 Company Name: CHEM SECURITY SYSTEMS
6. US EPA ID Number: ORD 089452353
D. Transporter's Phone

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Chem-Security Systems, Inc.
Star Route
Arlington, Oregon 97812
10. US EPA ID Number: ORD 089 452 353
G. State Facility's ID: 1521-3326
H. Facility's Phone: 503-454-2643

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	EPA/I. Waste No.
a. X HAZARDOUS WASTE SOLID NOS ORME NA9189	X	20	DM	1100	G	V051
b.						
c.						
d.						

J. Additional Descriptions for Materials Listed Above
a. NA 9189
b.
c.
d.

K. WPS — Handling Code — Cu. Yd. — Area — S — D — Q — PR — Lbs. — Gal.

15. Special Handling Instructions and Additional Information **Waste Profile Sheet Number(s)**
a. D23758
b.
c.
d.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately decribed above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: JOHN A. OXFORD — Signature: John A Oxford — Date: Month 1 Day 1 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOHN E CHILDERS — Signature — Date: Month 1 Day 11 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name — Signature — Date: Month Day Year

EPA Form 8700-22 (8-85)

GENERATOR'S COPY

Beazer001467

SHERIN BENNETTE
Customer Service Representative

CSSI **CHEM-SECURITY SYSTEMS, INC.**

503/223-1912
A Waste Management Company

P.O. Box 1269
Portland, Oregon 97207-1269

JOYCE JOHNSON
Sales Representative

CHEM-SECURITY SYSTEMS, INC.
CSSI

503/223-1912
A Waste Management Company

P.O. Box 1269
Portland, Oregon 97207-1269

Beazer001469

GENERATOR'S WASTE MATERIAL PROFILE SHEET

TSDR F881690

A GENERAL INFORMATION

EXAMPLE OF COMPLETED FORM

Purchase Order No. 2222

GENERATOR NAME: XYZ Wood Treating Company

TRANSPORTER: Chem-Security Systems, Inc.

FACILITY ADDRESS: 12345 Primrose Lane

TRANSPORTER PHONE: 503-111-1111

Home Town, USA

GENERATOR USEPA I.D. O R D 0 0 0 0 0 0 0 0 0 0 0 0

GENERATOR STATE I.D. N/A

TECHNICAL CONTACT: John Knowitall TITLE: Plant Mgr. PHONE: 403/123-4567

NAME OF WASTE: chemonite and chromium contaminated wood chips

PROCESS GENERATING WASTE: pressure wood preserving

B PHYSICAL CHARACTERISTICS OF WASTE

COLOR: Blue/green

ODOR: ☐ NONE ☐ MILD ☐ STRONG DESCRIBE

PHYSICAL STATE @ 70°F: ☒ SOLID ☐ SEMI-SOLID ☐ LIQUID ☐ POWDER

LAYERS: ☐ MULTILAYERED ☐ BI-LAYERED ☒ SINGLE PHASED

FREE LIQUIDS: ☐ YES ☒ NO VOLUME %

pH: ☐ < 2 ☐ 7.1-10 ☐ N/A ☒ 2-4 ☐ 10.1-12.5 ☐ 4.1-6.9 ☐ > 12.5 ☐ 7 ☐ EXACT

SPECIFIC GRAVITY: ☐ < .8 ☒ 1.3-1.4 ☐ .8-1.0 ☐ 1.5-1.7 ☐ 1.1-1.2 ☐ > 1.7 ☐ EXACT

FLASH POINT: ☐ < 70°F ☐ > 200°F ☐ CLOSED CUP ☐ 70°F-100°F ☒ NO FLASH ☒ OPEN CUP ☐ 101°F-139°F ☐ EXACT ☐ 140°F-200°F

C CHEMICAL COMPOSITION (TOTALS MUST ADD TO 100%)

dirt and sand	40-50 %
sawdust and wood chips	40 %
bound water	10 %
copper II oxide	.05 %
arsenic V oxide	.05 %
chromium III oxide	.04 %
zinc chloride	.06 %
ammonia	Trace %
	%
	%

D METALS ☒ TOTAL (PPM) ☐ EPA EXTRACTION PROCEDURE (mg/L)

ARSENIC (As)	500	SELENIUM (Se)	0
BARIUM (Ba)	0	SILVER (Ag)	0
CADMIUM (Cd)	0	COPPER (Cu)	500
CHROMIUM (Cr)	400	NICKEL (Ni)	0
MERCURY (Hg)	0	ZINC (Zn)	600
LEAD (Pb)	0	THALLIUM (Tl)	0
CHROMIUM-HEX (Cr + 6)	0		

E OTHER COMPONENTS - TOTAL (PPM)

CYANIDES	0	PCB'S	0
SULFIDES	0	PHENOLICS	0

F SHIPPING INFORMATION

D.O.T. HAZARDOUS MATERIAL? ☒ YES ☐ NO

PROPER SHIPPING NAME: Waste Arsenical Mixture

HAZARD CLASS: Poison B I.D. NO.: UN 1557 R.Q.

METHOD OF SHIPMENT: ☐ BULK LIQUID ☐ BULK SOLID ☒ DRUM (TYPE/SIZE): 55-gal

ANTICIPATED VOLUME: GALS. CUBIC YARDS OTHER: 150 drums

PER: ☐ ONE TIME ☐ WEEK ☐ MONTH ☐ QUARTER ☒ YEAR ☐

G HAZARDOUS CHARACTERISTICS

REACTIVITY: ☒ NONE ☐ PYROPHORIC ☐ SHOCK SENSITIVE ☐ EXPLOSIVE ☐ WATER REACTIVE ☐ OTHER

OTHER HAZARDOUS CHARACTERISTICS: ☒ NONE ☐ RADIOACTIVE ☐ ETIOLOGICAL ☐ PESTICIDE MANUFACTURING WASTE ☐ OTHER

USEPA HAZARDOUS WASTE? ☒ YES ☐ NO

USEPA HAZARDOUS CODE(S): D004 D007

STATE HAZARDOUS WASTE? ☒ YES ☐ NO

STATE CODE(S): D004 D007

H SPECIAL HANDLING INFORMATION

☐ ADDITIONAL PAGE(S) ATTACHED

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS IS COMPLETE AND ACCURATE, AND THAT ALL KNOWN OR SUSPECTED HAZARDS HAVE BEEN DISCLOSED.

AUTHORIZED SIGNATURE	TITLE	DATE
John Knowitall	Plant Manager	8-1-86

FORM WMI-6000-8/83 ©1983 WASTE MANAGEMENT, INC.

SALES	CODE
NWP	F88169 - 042

WASTE PROFILE SHEET CODE

CERTIFICATION OF REPRESENTATIVE SAMPLE

GENERAL DIRECTIONS: IN ORDER TO DETERMINE WHETHER WE CAN ACCEPT THE SPECIAL WASTE DESCRIBED IN THE ABOVE NUMBERED PROFILE SHEET, WE MUST OBTAIN A REPRESENTATIVE SAMPLE OF THE WASTE. WE WILL ANALYZE THE SAMPLE TO VERIFY THE INFORMATION YOU HAVE PROVIDED US, SO IT IS PARTICULARLY IMPORTANT THAT THE SAMPLE BE TRULY REPRESENTATIVE. IN MOST CIRCUMSTANCES YOU WILL BE OBTAINING THE SAMPLE. HOWEVER, IN THOSE CASES IN WHICH WE OBTAIN THE SAMPLE, WE MUST ASK THAT ONE OF YOUR EMPLOYEES BE PRESENT TO DIRECT THE PARTICULAR SOURCE TO BE SAMPLED AND TO WITNESS THE SAMPLING. IN SUCH CASE, YOUR EMPLOYEE MUST SIGN THIS CERTIFICATION AS A WITNESS.

THIS CERTIFICATION MUST BE RETURNED, WITH THE REPRESENTATIVE WASTE SAMPLE, TO:

Chem-Security Systems, Inc.
Star Route
Arlington, Oregon 97812

THE UNDERSIGNED CERTIFIES THAT HE/SHE OBTAINED A REPRESENTATIVE SAMPLE OF THE WASTE MATERIAL DESCRIBED IN THE "GENERATOR'S WASTE MATERIAL PROFILE SHEET" ABOVE REFERENCED, AND THAT THE FOLLOWING REPRESENTATIONS ARE TRUE AND CORRECT:

1. HOUR AND DATE OF SAMPLING: 8/8/86 10:00 AM
2. SOURCE FROM WHICH SAMPLE TAKEN: A composite was taken from 10 drums
3. EQUIPMENT AND SAMPLING METHOD USED: a hand shovel
4. AMOUNT OF SAMPLE OBTAINED: one quart
5. TYPE OF CONTAINER INTO WHICH SAMPLE WAS PLACED: wide mouth glass jar inside of paint can
6. THE SAMPLING EQUIPMENT USED, AND THE CONTAINER INTO WHICH THE SAMPLE WAS PLACED, WERE THEMSELVES UNCONTAMINATED BEFORE USE.
7. AT THE TIME OF SAMPLING I AFFIXED A LABEL TO THE CONTAINER IN THE FOLLOWING FORM WITH THE FOLLOWING INFORMATION (FILL IN THIS PORTION, INCLUDING YOUR SIGNATURE, JUST AS IT APPEARS ON THE LABEL YOU PREPARED):

GENERATOR: XYZ Wood Treating Co.
WASTE NAME: chemonite& chromium contaminated wood chips
SAMPLE HOUR/DATE: 8/8/86 10:00 AM
PROFILE SHEET CODE: F88169
SAMPLER SIGNATURE: John Knowitall

WITNESS VERIFICATION: I WAS PERSONALLY PRESENT DURING THE SAMPLING DESCRIBED; I DIRECTED THE WASTE SOURCE TO BE SAMPLED; AND I VERIFY THE INFORMATION ABOVE NOTED.

WITNESS: _____

SIGNATURE: _____

TITLE: _____

EMPLOYER: _____

DATE: _____

SAMPLER NAME: John Knowitall

SIGNATURE: John Knowitall

TITLE: Plant Manager

EMPLOYER: XYZ Wood Treating Co.

DATE: 8/1/86

FORM WMI-51 (REV. 3/85)
© 1985 WASTE MANAGEMENT INC.

CHEM-SECURITY SYSTEMS, INC.
P.O. Box 1269 • Portland, Oregon 97207-1269 • (503) 223-1912
CSSI

SAMPLING INFORMATION

We require a one quart sample of all wastes except:

a. Lab packs
b. PCB articles
c. "RCRA Empty" containers
d. Spill residue from single substance spills (only if the spilled material was not itself a waste)
e. Off spec or outdated commercial product
f. Contaminated commercial product
g. Asbestos or other demolition wastes

Please complete both the Generator's Waste Profile Sheet and the Certification of Representative Sample form (last page of the workset). The label on the sample container should include the pre-printed waste profile sheet code that appears in the upper right hand corner of the workset.

Retain one copy of the Generator's Waste Profile Sheet for your records.

Return one copy of the Generator's Waste Profile Sheet to the Portland address listed in the letterhead above.

Mail the original and remaining copies along with the sample and certification form to:

Chem-Security Systems, Inc.
Attention: Laboratory
Star Route
Arlington, Oregon 97812

Samples may be shipped via UPS provided they are referred to as Hazardous Materials. Samples are not legally considered a hazardous waste. Make certain that you do not list your material as a Hazardous Waste, as any hazardous wastes are unacceptable for UPS shipments, regardless of the quantity. UPS requires that the sample be packaged and labeled according to DOT specifications with the appropriate hazard class and identification number.

If you need assistance with completing any of the permitting or sampling procedures, please do not hesitate to call our office.

The one time fee for our confirming sample analysis is $200 per sample at the Arlington facility. A purchase order number for this amount must be provided at time sample is submitted.

GENERATOR'S WASTE MATERIAL PROFILE SHEET
MISCELLANEOUS SPECIAL WASTE

NWP T 33355-042

INSTRUCTIONS FOR COMPLETING THIS FORM ARE FOUND ON THE OPPOSITE SIDE. RETURN THIS FORM AND ATTACHMENTS TO:

A GENERAL INFORMATION

GENERATOR NAME: _____ TRANSPORTER: _____

FACILITY ADDRESS: _____ TRANSPORTER PHONE: _____

_____ GENERATOR USEPA I.D. _____

_____ GENERATOR STATE I.D. _____

TECHNICAL CONTACT: _____ TITLE: _____ PHONE: _____

NAME OF WASTE: _____

PROCESS GENERATING WASTE: _____

B CLASSIFICATION OF WASTE MATERIAL (FROM INSTRUCTIONS):

_____

_____

DESCRIPTION OF MATERIAL (FOLLOW SUPPLEMENTAL INSTRUCTIONS):

THIS SIMPLIFIED FORM IS ONLY TO BE USED FOR WASTE STREAMS THAT DO NOT REQUIRE A SAMPLE TO BE SUBMITTED (i.e., lab packs, unused commercial product, single-spill substances, to name a few)

ATTACHMENTS (INDICATE BELOW WHAT ATTACHMENTS — ANALYSIS, STUDIES, PRODUCT SPEC SHEETS, ETC. — ARE MADE):

C SHIPPING INFORMATION

METHOD OF SHIPMENT: ☐ BULK LIQUID ☐ BULK SOLID ☐ DRUM (TYPE/SIZE) _____

ANTICIPATED VOLUME: _____ GALS. _____ CUBIC YDS. _____ OTHER _____

PER: ☐ ONE TIME ☐ WEEK ☐ MONTH ☐ QUARTER ☐ YEAR ☐ _____

GENERATOR CERTIFICATION. BY SIGNING THIS PROFILE SHEET, GENERATOR CERTIFIES THAT:

- UNLESS CLEARLY STATED ABOVE OR IN THE ATTACHMENTS, THIS WASTE MATERIAL IS NOT A "HAZARDOUS WASTE" AS DEFINED BY EITHER USEPA (40 CFR PART 261) OR THE STATE IN WHICH THE WASTE IS NOW LOCATED.
- THE WASTE DOES NOT CONTAIN POLYCHLORINATED BIPHENYLS OR 2, 3, 7, 8 - TCDD, UNLESS CLEARLY NOTED.
- THIS SHEET AND ITS ATTACHMENTS CONTAIN TRUE AND ACCURATE DESCRIPTIONS OF THE WASTE MATERIAL, AND ALL RELEVANT INFORMATION IN THE POSSESSION OF GENERATOR HAS BEEN DISCLOSED.

NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

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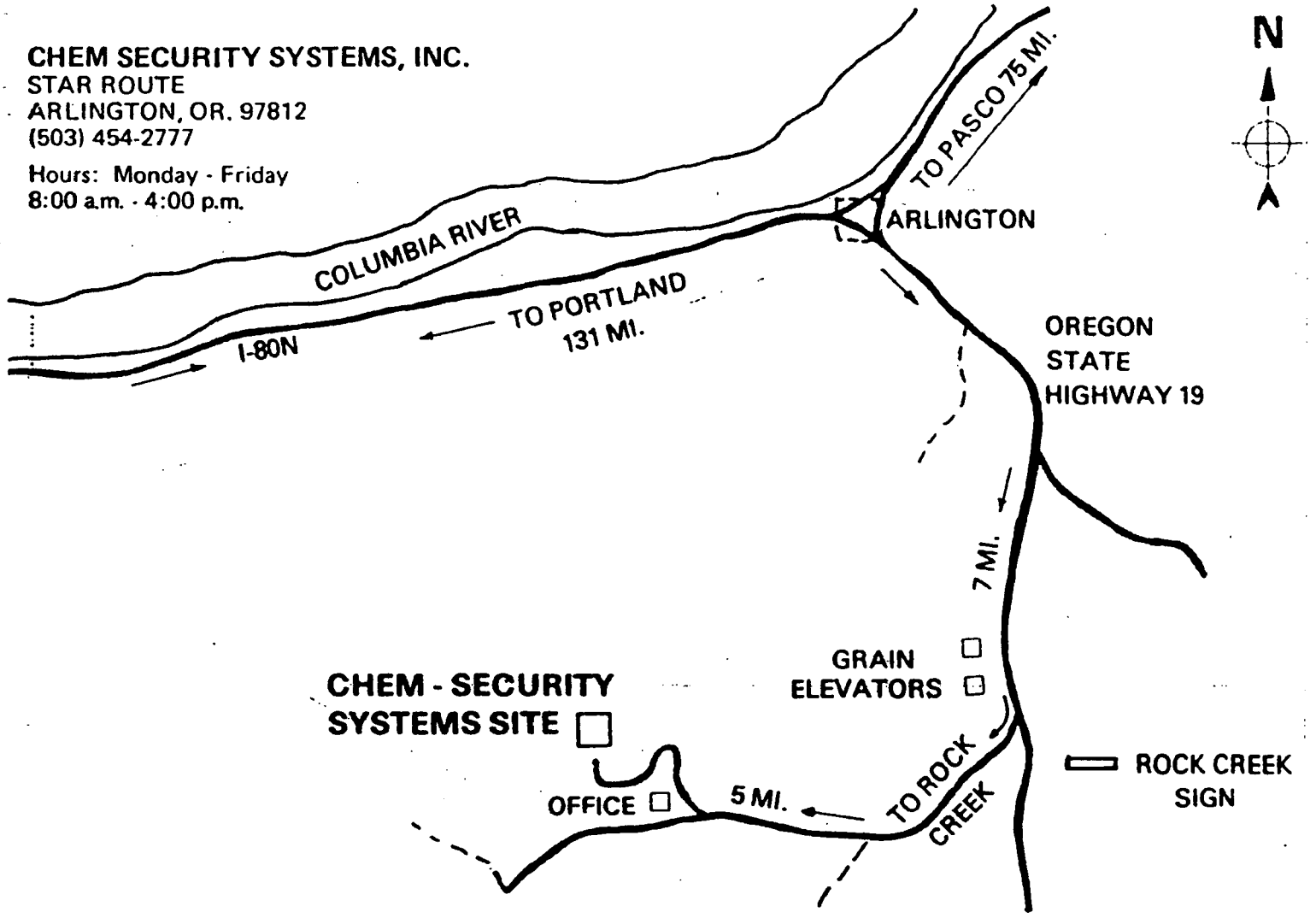
The Arlington facility is open weekdays 8:00 a.m to 4:30 p.m., weather permitting.

Shipments must be scheduled at least 48 hours in advance. If Chem-Security Systems is providing transportation, we will schedule your shipment.

The person to contact for scheduling shipment is Cheryl Sayler, the Arlington facility Customer Service Representative, at 503/454-2643.

CHEM SECURITY SYSTEMS, INC.
STAR ROUTE
ARLINGTON, OR. 97812
(503) 454-2777

Hours: Monday - Friday
8:00 a.m. - 4:00 p.m.



A PUBLICATION OF COMMUNICATION CHANNELS, INC.

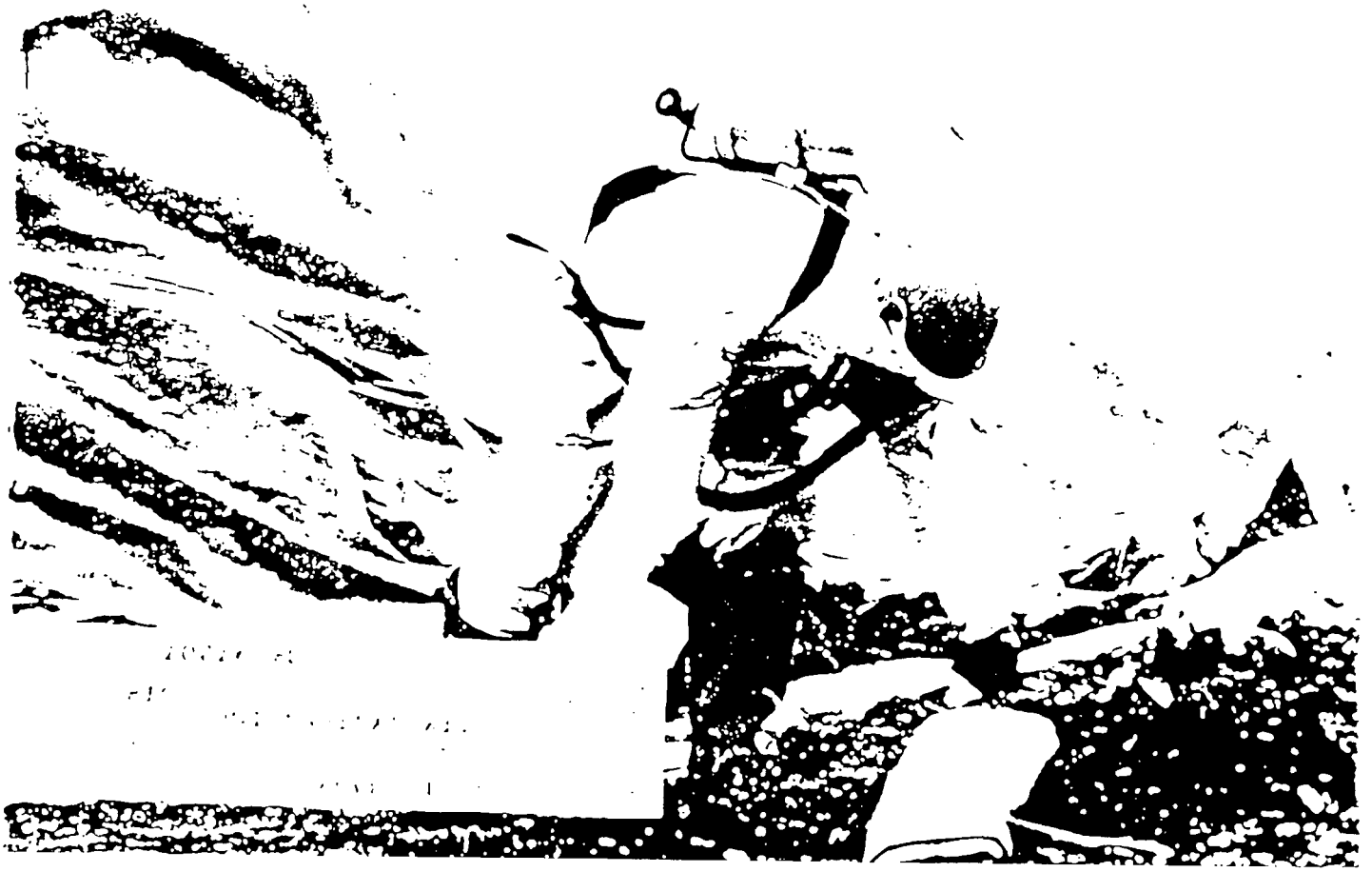
The management of

World Wastes

MARCH 1986

THE INDEPENDENT VOICE OF THE INDUSTRY

Who's Ready For Hazardous Wastes?



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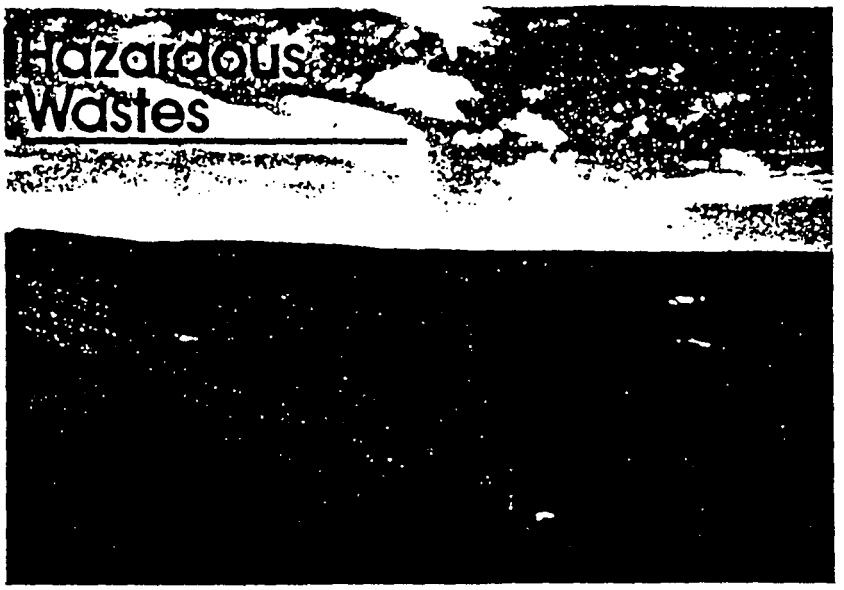

A 100-mil liner was installed on the sides of Arlington facility's newest, yet-to-be-approved hazardous waste landfill.

Safety Critical At Oregon Landfill

By **Bruce Johnson**

EXTRAORDINARY SAFEGUARDS in construction and operation characterize the Pacific Northwest's only major hazardous waste landfill — the Arlington, Ore., Hazardous Waste Management Facility, operated by Chem-Security Systems Inc., a Waste Management company.

Owned by the state and operated under contract by Chem-Security, the active portion of the Arlington facility — in an isolated area 150 miles east of Portland — handled about 30,000 tons of solid materials and about three million gallons of liquid wastes in 1985.

Nearly 60 percent of the materials are received from Washington state and about 30 percent from Oregon. The facility also receives wastes from Idaho, Montana, Wyoming, Utah, Alaska, Hawaii and British Columbia.

Among the out-of-the-ordinary features of the Arlington facility is a groundwater monitoring system that was retrofitted during the past three years.

Thirty-nine wells were drilled in and around the 100-acre active portion of the 320-acre site. The wells are monitored quarterly for Resource Conservation and Recovery Act (RCRA) waste contamination and monthly for PCB contamination.

No other hazardous waste disposal facility in the country at this time has so many monitoring wells, according to Richard D. Zweig, Arlington facility general manager for Seattle-headquartered Chem-Security. "We wanted to make sure that we could answer all of the EPA's questions," he said.

Not that there was a dire need for Arlington's extensive well system. All of the facility's landfills and solar-evaporation ponds exceeded U.S. Environmental Protection Agency and Oregon Department of Environmental Quality (DEQ) standards at the time of development, he said.

In addition to the entire landfill being lined with three feet of compacted clay soil, an impermeable basaltic rock layer separates the landfill from an aquifer 500 feet below and all of the site's ponds (four currently are active) are lined with synthetic material.

Three of the ponds are lined with 30-mil polyethylene. The other pond, four times larger than each of the others, is lined with 60-mil material. This 7.2-million-gallon-capacity pond is used for depositing acid wastes that are then neutralized with black liquor sludge.

Each of the ponds is equipped with lysimeters to detect any moisture outside of the ponds. The lysimeters were in place before the monitoring wells were sunk and remain active.

Another aspect of the Arlington facility is the construction of its latest solid waste disposal landfill, due to be given EPA approval this year for waste disposal use. Chem-Security has applied for permission to dispose RCRA wastes and PCBs there. Most of the facility's landfills contain a bermed cell for disposal of solid PCB wastes.

Construction of the new, 1.1-million-cubic-yard landfill, which covers 19 surface acres, exceeds even the latest EPA standards.

The landfill, irregularly shaped but roughly measuring 800 feet by 1,100 feet, has four bottom liners — two layers of clay and two layers of 60-mil polyethylene — and two leachate collection systems, one for each synthetic material layer.

"For not a lot of extra cost and for lots of extra benefit in protection," Chem-Security opted for 60-mil layers rather than the 40-mil material required by the latest standards, Zweig said.

Atop the three-foot layer of compacted clay, the two layers of polyethylene liner were installed. Above each layer of synthetic membrane, a layer of geonet material was installed to facilitate drainage of leachate into that layer's collection system. The double-layer system was covered with a geotextile filter fabric to keep the two-foot clay soil top cover from working into the upper layer of geonet.

Each leachate collection layer has three sumps — for a total of six sumps — to recover leachate at the bottom of the new landfill, which was graded at two percent.

Also of interest, the slopes of the landfill were lined with 100-mil synthetic material of a carbon black type so as not to be damaged by sunlight. Zweig said the extra-thick membrane was chosen over clay soil lining because of the fear of soil erosion from rain and wind.

In operating the new landfill, Chem-Security personnel will deposit drums at least five feet from the toe of the side liner and will operate machinery with care to avoid any damage to the side liner, he said.

That a state government is the property owner at the active site of a hazardous waste disposal facility is interesting in its own right. There is a logical reason for this in the case of Arlington, however, according to Eduardo C

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Chiong, hazardous waste operations environmental engineer for Oregon's DEQ Solid Waste Division.

"They (legislators) figured that if the state owns the parcel of property where there is disposal, we have better control over time and over maintenance of that facility and over monitoring after closure," Chiong said.

In 1975, the Arlington facility became the first and only hazardous wastes disposal operation to be licensed by the state. The site was established by Chem-Nuclear of Seattle, whose new subsidiary, Chem-Security, later was acquired by Waste Management.

State Remains Involved

Because federal standards now exceed Oregon's standards, the 1975 state-issued license has been set aside and the Arlington facility technically is operating under interim status. But the state remains deeply involved at Arlington.

"All new waste proposed for disposal at Arlington must be approved by the (state) department," Chiong said.

Before a new waste stream can be sent to Arlington, the generator involved must submit to Chem-Security a representative sample for laboratory analysis of the waste proposed for disposal. Chem-Security then proposes a disposal method, which must be approved by DEQ before the waste is received.

In this manner, Chiong said, the department has the power to refuse landfill disposal for a type of waste that is routinely recycled, for example.

Another unusual aspect of the state's involvement at Arlington is that Chem-Security leases back from the state — for a dollar per year — each active parcel that state law requires the state to own. The lease-back arrangement is designed to "relieve the department or the state from future operational liabilities," Chiong said.

In event of a problem on-site, state officials feel that the state is properly protected from a liability point of view even though the property involved is owned by the state, he indicated.

Only the active portion of the landfill is owned by the state; the rest is owned by Chem-Security. Under state law, the company must deed parcels to the state when those areas are developed for use. Under federal regulations, the company continues to be responsible for groundwater monitoring for 30 years after closure.

The state requires Chem-Security to pay an annual compliance determination fee, based on the volume of waste handled, to offset state inspection and related administrative expenses. No taxpayer dollars are involved in the ownership or operation of the Arlington facility, Chiong said.

The annual compliance determination fee paid by the company amounts to $50,000 for a waste stream of less than 750,000 cubic feet per year; $100,000 for 750,000 to 2.5 million cubic feet and $150,000 for more than 2.5 million cubic feet.

According to Chiong, Arlington has been averaging about 2.5 million cubic feet per year. When the facility accepts large Superfund cleanup wastes, though, annual intake can be considerably higher. One year, Arlington peaked at about five million cubic feet of material, he reported.

Site Proved Ideal

The Arlington site is ideal for disposal of hazardous wastes, according to Zweig. The site previously was mined for pozzolan, a volcanic ash, to reduce the amount of cement needed for constructing a dam on the nearby Columbia River, which flows between Oregon and Washington.

Because of this mining activity, lots of geological information was readily available. Additional study confirmed that the water table 500 feet below the surface was overlaid by impermeable volcanic basalt rock. There are standing-water areas and depths of 200 and 250 feet, but no water flows are involved in these areas.

About half of Arlington's waste stream consists of base business and the other half is generated by special projects, according to Zweig. Wastes typically disposed of at Arlington are contaminated soils, electroplating sludges, drummed acids, black liquor sludge, PCB solids, potliner from the aluminum industry and low-level metal reactive materials.

"Any waste stream we get here at Arlington goes through a rigid acceptance procedure," Zweig said.

In addition to pre-shipment labwork by Chem-Security and approval by DEQ, random samples are taken at the gate "to make sure everything matches" with the earlier representative sample run through the lab, he said.

A fingerprint analysis to determine the waste's hazardous characteristics is performed when each truck arrives at the gate.

"We test every tenth drum initially," Zweig said concerning drummed shipments. "If there's any oil or grease or we feel there are potential PCBs, we test every fifth drum and do a composite."

This is for acceptance only, at the gate. After a drummed shipment is permitted to enter the facility and unload, a sample is taken from every drum.

Laboratory work while the truck is waiting at the gate ranges from an average of 15 minutes for a fingerprint analysis to eight to 16 hours to do in-depth testing for PCBs. If a load fails to conform with the representative sample approved by the state, Chem-Security attempts to resolve the problem with the generator and the state.

"The last thing we want to do is send a hazardous material back on the road

CHEM-SECURITY personnel inspect liquid (non-PCB) wastes drums daily. Samples of contaminated soil are also analyzed (inset).

Beazer001477

because that's where the greatest liability occurs — between here and the generator," Zweig observed.

In processing PCB-contaminated liquid wastes, Chem-Security makes use of its on-site liquid-PCB storage building. The structure has double-containment concrete pads and berms and has a floor sealed with a nonporous epoxy coating.

Transformers are drained and flushed with number-two diesel fuel when there are high levels of PCBs. Before being pumped into a storage tank, the flushate remains in the transformer for at least 18 hours. The transformer is tilted before being transported to the site.

Bulk liquids permitted for on-site disposal are cleared through the gate when all testing is completed. The truck driver is escorted to the proper solar-evaporation pond where the truck's tank or load of drums is to be discharged. There is a concrete pad for the unloading operation.

In certain cases, the facility is permitted to stabilize drums of waste by using kiln dust to convert the liquid to a solid form for landfill disposal, provided that it can be documented that the absorbent has properly solidified the liquid.

This spring, Chem-Security plans to construct a stabilization area, consisting of three to five bins in double-lined containment areas. Two of these tanks will be used to accommodate metal reactive processing now performed in two open trenches. The bins also will be used for stabilizing oil- or solid-contaminated liquid wastes with kiln dust and for settling wastes with solids for later pumping out of liquids and recovery of kiln-dust solids.

Presently, the Arlington facility has two hydrolysis trenches for processing low-level metal reactive wastes. Each 12-foot-deep trench is lined with 30-mil polyethylene material and contains a five-foot layer of soil to protect the membrane from any heat generated during the reactive period and from trench clean-out operations.

When materials in the trench (one is being cleaned while the other is in use) reach a solidified state as evidenced by EPA-approved paint filter testing, disposal occurs at a nearby landfill.

Potliner from the aluminum industry, which is not EPA-classified as a hazardous waste, is deposited in one landfill dedicated to this material. Only one cover is needed, which makes it relatively easy for the metal-impregnated material to be recovered at a later date should market conditions justify it.

Among safety assurance procedures and policies at Chem-Security's Arlington facility is the full-time presence of an environmental compliance officer recently hired by the company, who reports directly to corporate headquarters rather than Zweig's office.

Chem-Security also has a full-time environmental manager on-site who is involved in daily compliance inspections and safety work and a safety engineer whose sole purpose is to make sure all safety requirements are met.

All of the firm's on-site employees are trained in safety procedures and 20 percent of them are trained in CPR and first aid. Safety or processing training sessions are under way two or three times per week with various employees, he said.

Security personnel are present on an around-the-clock basis. The entire perimeter of the Chem-Security complex is fenced with barbed wire and the active area is enclosed with chain-link fencing.

All employees and contractors must be cleared through the remote controlled, television-monitored main gate, adjacent to the office. A half-mile away, adjacent to the disposal area, another gate is in place for processing truckloads of waste into the facility. □

Beazer001478

CHEM-SECURITY SYSTEMS, INC.

Please print or type
(Form designed for use on elite (12-pitch) typewriter)

NATIONAL RESPONSE CENTER 1-800-424-8802
OREGON ACCIDENT RESPONSE CENTER 1-800-452-0311

Form Approved OMB No. 2000-0404, Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ORD027734359
Manifest Document No.: 86 01
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
KOPPERS COMPANY INC.
7540 NW ST. HELENS RD
PORTLAND, OR 97229
4. Generator's Phone: 503 286-5681

A. Gross
B. Tare
C. Net

5. Transporter 1 Company Name: CHEM SECURITY SYSTEMS
6. US EPA ID Number: ORD 089452353
D. Transporter's Phone

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone: 503-454-2643

9. Designated Facility Name and Site Address
Chem-Security Systems, Inc.
Star Route
Arlington, Oregon 97812
10. US EPA ID Number: ORD 089 452 353
G. State Facility's ID: 1571 3526
H. Facility's Phone: 503-454-2643

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	EPA/ Waste No.
a.	X	HAZARDOUS WASTE SOLID NOS ORME NA9189	20	DM	1100	G	U051
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. NA 9189
b.
c.
d.

K. WPS | Handling Code | Cu. Yd. | Area | S | D | Q | PR | Lbs | Gal

15. Special Handling Instructions and Additional Information **Waste Profile Sheet Number(s)**
a. D23758
b.
c.
d.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately decribed above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name: JOHN A. OXFORD
Signature: John A. Oxford
Date: Month 06 Day 17 Year 86

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: JOHN E. CHILDERS
Signature: John E. Childers
Date: Month 8 Day 14 Year 86

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name
Signature
Date: Month Day Year

EPA Form 8700-22 (8-85)

GENERATOR'S COPY

Beazer001479

SALES 042 CODE

PDX D23758

WASTE PROFILE SHEET CODE

CERTIFICATION OF REPRESENTATIVE SAMPLE

GENERAL DIRECTIONS: IN ORDER TO DETERMINE WHETHER WE CAN ACCEPT THE SPECIAL WASTE DESCRIBED IN THE ABOVE NUMBERED PROFILE SHEET, WE MUST OBTAIN A REPRESENTATIVE SAMPLE OF THE WASTE. WE WILL ANALYZE THE SAMPLE TO VERIFY THE INFORMATION YOU HAVE PROVIDED US, SO IT IS PARTICULARLY IMPORTANT THAT THE SAMPLE BE TRULY REPRESENTATIVE. IN MOST CIRCUMSTANCES YOU WILL BE OBTAINING THE SAMPLE. HOWEVER, IN THOSE CASES IN WHICH WE OBTAIN THE SAMPLE, WE MUST ASK THAT ONE OF YOUR EMPLOYEES BE PRESENT TO DIRECT THE PARTICULAR SOURCE TO BE SAMPLED AND TO WITNESS THE SAMPLING. IN SUCH CASE, YOUR EMPLOYEE MUST SIGN THIS CERTIFICATION AS A WITNESS.

THIS CERTIFICATION MUST BE RETURNED WITH THE REPRESENTATIVE WASTE SAMPLE, TO:

CHEM-SECURITY SYSTEMS, INC.
Star Route
Arlington, Oregon 97812

THE UNDERSIGNED CERTIFIES THAT HE/SHE OBTAINED A REPRESENTATIVE SAMPLE OF THE WASTE MATERIAL DESCRIBED IN THE "GENERATOR'S WASTE MATERIAL PROFILE SHEET" ABOVE REFERENCED, AND THAT THE FOLLOWING REPRESENTATIONS ARE TRUE AND CORRECT:

1. HOUR AND DATE OF SAMPLING: _____
2. SOURCE FROM WHICH SAMPLE TAKEN: _____
3. EQUIPMENT AND SAMPLING METHOD USED: _____
4. AMOUNT OF SAMPLE OBTAINED: _____
5. TYPE OF CONTAINER INTO WHICH SAMPLE WAS PLACED: _____
6. THE SAMPLING EQUIPMENT USED, AND THE CONTAINER INTO WHICH THE SAMPLE WAS PLACED, WERE THEMSELVES UNCONTAMINATED BEFORE USE.
7. AT THE TIME OF SAMPLING I AFFIXED A LABEL TO THE CONTAINER IN THE FOLLOWING FORM WITH THE FOLLOWING INFORMATION (FILL IN THIS PORTION, INCLUDING YOUR SIGNATURE, JUST AS IT APPEARS ON THE LABEL YOU PREPARED):

GENERATOR:
WASTE NAME:
SAMPLE HOUR/DATE:
PROFILE SHEET CODE:
SAMPLER SIGNATURE:

WITNESS VERIFICATION: I WAS PERSONALLY PRESENT DURING THE SAMPLING DESCRIBED; I DIRECTED THE WASTE SOURCE TO BE SAMPLED; AND I VERIFY THE INFORMATION ABOVE NOTED.

WITNESS: _____

SIGNATURE: _____

TITLE: _____

EMPLOYER: _____

DATE: _____

SAMPLER NAME: _____

SIGNATURE: _____

TITLE: _____

EMPLOYER: _____

DATE: _____

FORM WMI-51 (REV 2/88)
ISP WASTE MANAGEMENT INC

Beazer001480

KEYSTONE
ENVIRONMENTAL RESOURCES, INC.

Interoffice Correspondence

To	John Oxford	From	J. M. Dern
Location	Northwest	Location	K-1928
Subject	Creosote Waste Sampling	Date	August 11, 1987

In order to recertify the creosote waste stream, a sample will have to be sent to Chem-Security Systems. Please obtain a one quart sample of the waste and complete the "Certification of Representative Sample" sheet including the witness verification. Attach a label to the container as indicated and forward the sample along with all the documentation to Chem-Security Systems in Arlington, Oregon.

Jordan M. Dern

Enclosure

JMD/mrw
cc: L. F. Flaherty
A. I. Domanico

Waste Management, Inc.
RECERTIFICATION OF GENERATOR'S WASTE MATERIAL PROFILE SHEET

042 RECERTIFIED WASTE PROFILE SHEET CODE

PDX D23758

INSTRUCTIONS: A COPY OF THE COMPLETE GENERATOR'S WASTE MATERIAL PROFILE SHEET WHICH IS BEING RECERTIFIED MUST BE ATTACHED TO THIS RECERTIFICATION FORM ORDINARILY THE LAST COMPLETE PROFILE SHEET WILL BE ATTACHED TO YOUR CONTRACT. IF YOU HAVE ANY DIFFICULTY LOCATING THE LAST COMPLETE PROFILE SHEET, CONTACT THE PERSON SHOWN BELOW. IN ADDITION WE ASK YOU TO COMPLETE THE REMAINDER OF THIS FORM AND TO HAVE IT SIGNED BY AN AUTHORIZED EMPLOYEE. ANSWERS MUST BE MADE TO ALL QUESTIONS AND MUST BE COMPLETED IN INK. INFORMATION SUPPLIED WILL BE MAINTAINED IN STRICT CONFIDENCE CONSISTENT WITH LEGAL REQUIREMENTS.

RETURN THIS FORM AND ATTACHMENTS TO: CHEM-SECURITY SYSTEMS, INC.
Star Route
Arlington, Oregon 97812

A GENERAL INFORMATION

GENERATOR NAME: Koppers Co., Inc.
TRANSPORTER: to be determined
FACILITY ADDRESS: 7540 N.W. St. Helens Rd.
Portland, IE 97221
TRANSPORTER PHONE:
GENERATOR USEPA I.D. O R D 0 2 7 7 3 4 3 5 9
GENERATOR STATE I.D.
TECHNICAL CONTACT: Jordan M. Dern
TITLE: Sr. Program Manager
PHONE: 412-227-2207
NAME OF WASTE: Creosote
PROCESS GENERATING WASTE: Terminal operator

B CHANGES OR ADDITIONS SINCE LAST PROFILE SHEET PREPARATION OR RECERTIFICATION

1. HAVE YOU OBTAINED ANY LABORATORY ANALYSIS OF THIS WASTE? ☐ YES ☒ NO (IF YES, PLEASE ATTACH COPIES)
2. HAVE YOU CHANGED THE RAW MATERIALS USED IN THE WASTE-GENERATING PROCESS? ☐ YES ☒ NO
3. HAVE YOU CHANGED THE WASTE-GENERATING PROCESS ITSELF? ☐ YES ☒ NO
4. ARE YOU AWARE OF ANY FACTS OR CIRCUMSTANCES WHICH HAVE, OR REASONABLY COULD HAVE, ALTERED THE PHYSICAL OR HAZARDOUS CHARACTERISTICS, OR CHEMICAL COMPOSITION OF THE WASTE? ☐ YES ☒ NO
5. ARE YOU AWARE OF ANY HUMAN HEALTH EFFECTS OF EXPOSURE TO THE WASTE NOT PREVIOUSLY DESCRIBED? ☐ YES ☒ NO
6. IF YOU ANSWERED "YES" TO QUESTIONS 2, 3, 4 OR 5, PLEASE PROVIDE DETAILS BELOW:

DOT SHIPPING NAME Hazardous Waste Solid. N.OS
HAZARD CLASS ORM-E I.D. NO. 9189 R.Q. 1
EPA WASTE NO. (S) U051 (OR STATE CODE)

C SPECIFIC CONSTITUENTS

DOES THIS WASTE CONTAIN POLYCHLORINATED BIPHENYLS? ☐ YES ☒ NO
DOES THIS WASTE CONTAIN 2, 3, 7, 8 - TCDD? ☐ YES ☒ NO

D SHIPPING INFORMATION

METHOD OF SHIPMENT: ☐ BULK LIQUID ☒ BULK SOLID ☐ DRUM (TYPE/SIZE)
ANTICIPATED VOLUME: GALS. CUBIC YDS. 3000 tons OTHER
PER: ☐ ONE TIME ☐ WEEK ☐ MONTH ☐ QUARTER ☒ YEAR ☐

RECERTIFICATION. I AM AN EMPLOYEE OF THE GENERATOR AUTHORIZED TO SIGN THIS CERTIFICATION. THE INFORMATION PROVIDED IN THE RECERTIFIED WASTE PROFILE SHEET ATTACHED HERETO, AND THE INFORMATION SUPPLIED ABOVE, ARE COMPLETE, TRUE AND CORRECT.

NAME: JORDAN M DERN
SIGNATURE:
TITLE: Sr. Program Manager
DATE: 8/12/87

FORM WMI-50-B (Rev. 12/84) © 1984 WASTE MANAGEMENT INC.

Beazer001482

KEYSTONE
ENVIRONMENTAL RESOURCES, INC.

Interoffice Correspondence

To	John Oxford	From	J. M. Dern
Location	Northwest	Location	K-1928
Subject	Creosote Waste Sampling	Date	August 12, 1987

In order to recertify the creosote waste stream, a sample will have to be sent to Chem-Security Systems. Please obtain a one quart sample of the waste and complete the "Certification of Representative Sample" sheet including the witness verification. Attach a label to the container as indicated and forward the sample along with all the documentation to Chem-Security Systems in Arlington, Oregon.

Jordan M. Dern

Enclosure

JMD/mrw
cc: L. F. Flaherty
A. I. Domanico

AUG 13 1987

A Burlington
Environmental Inc.
Company

ROBERT "BOB" ORR
Account Representative

CHEMICAL PROCESSORS, INC.
McCLARY COLUMBIA DIVISION
P.O. Box 222
141 "A" St.
Washougal, WA 98671
(206) 835-8743 FAX: (206) 835-8872

Cheryl D. Noone
Customer Service Representative

Chemical Waste Management, Inc.

200 SW Market Street, Suite 925
Portland, Oregon 97201
503/223-1912

Chemical Waste Management, Inc.
Suite 925 • 200 SW Market Street
Portland, Oregon 97201
503/223-1912

15 June 1988

Mr. John Oxford
Koppers
7540 N.W. St. Helens Road
Portland, OR 97210

RE: Waste Profile Sheet(s): Number(s) D 23758
Expiring 8/29/87

Dear Mr. Oxford:

As part of our periodic re-examination of waste received at the Arlington facility, we need your help in order to recertify the Waste Profile Sheet(s) listed above. Please complete the steps below:

1. Complete the Recertification Workset enclosed: Enclosed is a copy of your original Waste Profile and a blank Recertification Profile Workset with the same number as the original. Please make sure that all the blanks are completed. Failure to complete a section may result in delays in waste acceptance.

2. Shipping: Send a copy of the profile, the completed Recertification Workset, a 1-quart representative sample and Certification of Representative Sample directly to the Arlington facility. **If your waste is a Miscellaneous Special Waste, no sample is required.** Send a copy of the **Recertification Profile only** to the Portland office, and keep a copy for your files.

   You may authorize CSSI to obtain a representative sample **before this profile expires** by returning the Recertification Workset **two weeks prior to scheduling shipment.** Retain the Certificate of Representative Sample and attach it to the Manifest at the time of shipment.

The recertification process must be completed before the profile expiration date to ensure uninterrupted acceptance of the waste stream. Please call me if you have any questions.

Sincerely,

CHEMICAL WASTE MANAGEMENT, INC.

Cheryl D. Noone
Customer Service Representative

CDN:mea

Enclosures: Copy of Current Profile
Recertification Workset

____ Please initial here if you do not wish to recertify, and return this letter to me.

JUN 16 1988

Sent in 6-21-88
Sample Shipped 6-21-88

Chemical Waste Management, Inc.

RECERTIFICATION OF GENERATOR'S WASTE MATERIAL PROFILE SHEET WORKSET

Return this completed workset to:

CHEM-SECURITY SYSTEMS, INC.
Star Route, Box 9
Arlington, OR 97812

Send copy of profile to:

CHEMICAL WASTE MANAGEMENT, INC.
200 SW Market Street, Suite 925
Portland, OR 97201

GENERAL INSTRUCTIONS

This workset contains two forms:

JUN 2 0

- **RECERTIFICATION OF GENERATOR'S WASTE MATERIAL PROFILE SHEET**
- **GENERATOR'S CERTIFICATION OF REPRESENTATIVE SAMPLE**

1. This workset is to be used to recertify an existing Generator's Waste Material Profile Sheet and to provide Chemical Waste Management, Inc. with a sample of the waste.

2. This document is perforated so the forms and the instructions may be separated for your convenience. If the forms are separated, take special precautions to assure that they are used to describe and identify **ONLY** the same waste.

3. Shaded areas on the forms are for Chemical Waste Management use only.

4. Answers must be printed in ink or typed (elite, 12-pitch).

5. Instructions are included to help you complete these forms correctly. The letters and numbers which precede each instruction refer to the lettered and numbered entries on the forms.

6. Both the Recertification of Generator's Waste Material Profile Sheet and the Generator's Certification of Representative Sample forms must be signed.

7. The Certification of Representative Sample and its peel off Sample Label must be used to identify **ONLY** the sample of the waste corresponding to the Generator's Waste Material Profile Sheet which is being recertified.

8. The peel off label must be completed before it is removed from the form and applied to the container which actually holds the sample material - **not** on the shipping carton - even if the sample already has another label.

9. If you have any questions concerning the use of these forms, please contact your Chemical Waste Management Sales Representative or the office that issued this workset to you.

10. **MAKE A COPY OF THESE FORMS FOR YOUR RECORDS. SEND THE ORIGINALS AND ALL ATTACHMENTS TO THE ADDRESS SHOWN ABOVE OR TO THE ADDRESS PROVIDED BY YOUR CHEMICAL WASTE MANAGEMENT, INC. SALES REPRESENTATIVE.**

Form CWM 50-B © 1987 Chemical Waste Management, Inc.

Chemical Waste Management, Inc.

RECERTIFICATION OF GENERATOR'S WASTE MATERIAL PROFILE SHEET

PLEASE PRINT IN INK OR TYPE (Elite, 12-pitch).

D 23758

Waste Profile Sheet Code

CWM Location of Original: _____ **(SHADED AREAS FOR CWM USE ONLY)** **CWM Sales Rep. #:** 042

INSTRUCTIONS FOR COMPLETING THIS FORM ARE FOUND ON THE OPPOSITE SIDE. ANSWERS MUST BE MADE TO ALL QUESTIONS. A copy of the previously completed Generator's Waste Material Profile Sheet which is being recertified must be attached to this recertification form.

Return this form and attachments to: CHEM-SECURITY SYSTEMS, INC.
STAR ROUTE
ARLINGTON, OR 97812
Zip Code: _____

A. GENERAL INFORMATION

1. Generator Name: KOPPERS C.O INC. 2. Generator USEPA ID: ORD 027734359
3. Facility Address: 7540 N.W. ST HELENS RD 4. Generator State ID: _____
PORTLAND OREGON
5. Zip Code: 97210
6. Technical Contact: JOHN OXFORD 7. Title: PLANT MGR. 8. Phone: (503) 286-3681

B. 1. **NAME OF WASTE** CREOSOTE CONTAMINATED SOIL
2. **PROCESS GENERATING WASTE** TERMINAL OPERATIONS

C. CHANGES OR ADDITIONS SINCE LAST PROFILE SHEET PREPARATION OR RECERTIFICATION

1. Have you obtained any laboratory analysis of this waste? ☐ Yes ☒ No. If yes, please attach copies.
2. Have you changed the raw materials used in the waste-generating process? ☐ Yes ☒ No
3. Have you changed the waste-generating process itself? ☐ Yes ☒ No
4. Are you aware of any facts or circumstances which have, or reasonably could have, altered the physical characteristics or chemical composition of the waste? ☐ Yes ☒ No
5. Are you aware of any human health effects of exposure to the waste not previously conveyed to Chemical Waste Management, Inc.? ☐ Yes ☒ No
6. If you answered "Yes" to questions 2, 3, 4 or 5, please provide details by attaching additional pages.

D. SPECIFIC CONSTITUENTS

1. Is this waste a listed Dioxin waste as defined by 40 CFR 261.31 (e.g., F020, F021, F022, F023, F026, F027, or F028)? ☐ Yes ☒ No
2. Is this waste a listed solvent waste as defined by 40 CFR 261.31 (F001, F002, F003, F004, or F005)? ☐ Yes ☒ No
3. Does this waste contain greater than 1000 ppm total halogenated organic compounds? ☐ Yes ☒ No

E. REPRESENTATIVE SAMPLE

1. ☒ I have obtained and will send a representative sample of this waste to Chemical Waste Management, Inc. as outlined on the attached Certification of Representative Sample.
2. ☐ I hereby authorize Chemical Waste Management, Inc. to obtain a representative sample of this waste from any shipment arriving after the receipt of this recertification form. **DO NOT COMPLETE** the attached Certification of Representative Sample form.

F. TRANSPORTATION INFORMATION Has the transportation information for this waste changed from that on the attached Generator's Waste Material Profile Sheet? ☒ No ☐ Yes If Yes, complete the remainder of this Part F.

1. Is this a DOT Hazardous Material? ☐ Yes ☐ No 2. Anticipated Annual Volume/Units: /
3. Proper Shipping Name: _____
4. Hazard Class: _____ 5. I.D. #: _____
6. Additional Description: (_____)
7. Method of Shipment: ☐ Bulk Liquid ☐ Bulk Solid ☐ Drum (Type/Size): / Other: _____
8. CERCLA Reportable Quantity (RQ): _____ 9. RQ Units (lb/kg): _____
10. USEPA Hazardous Waste? ☐ Yes ☐ No 11. USEPA Hazardous Waste Number(s): _____
12. State Hazardous Waste? ☐ Yes ☐ No 13. State Hazardous Waste Number(s): _____

G. RECERTIFICATION The information provided in this document, the attached Chemical Waste Management, Inc. Generator's Waste Material Profile Sheet, and all other attached documents contain true and accurate descriptions of this waste material. All new information regarding known or suspected hazards in the possession of the generator has been disclosed.

1. Signature: John A Oxford	2. Title: Plant Mgr.
3. Name (Type or Print): JOHN A OXFORD	4. Date: 6-21-88

Form CWM 50-B © 1987 Chemical Waste Management, Inc.

Chemical Waste Management, Inc.

GENERATOR'S CERTIFICATION OF REPRESENTATIVE SAMPLE

PLEASE PRINT IN INK OR TYPE (Elite, 12-pitch).

D 23758
Waste Profile Sheet Code

CWM Location of Original: _____ (SHADED AREAS FOR CWM USE ONLY) CWM Sales Rep. #: 042

This completed form must be returned, with the representative sample, to:

CHEM-SECURITY SYSTEMS, INC.
STAR ROUTE
ARLINGTON, OR 97812

INSTRUCTIONS FOR COMPLETING THIS FORM ARE FOUND ON THE OPPOSITE SIDE. In order to determine whether Chemical Waste Management, Inc. can accept the special waste described in the Generator's Waste Material Profile Sheet referenced above, you must obtain and supply us with a representative sample of the waste. We may analyze the sample to verify the information that you have provided to us. A representative sample is defined as a sample obtained using any of the applicable sampling methods specified in 40 CFR 261-Appendix I or an equivalent method. Collect a representative sample of your waste and complete the form below. Apply the peel off label and ship your sample along with this form to the address noted above. If you have any questions regarding obtaining a representative sample of your waste, please refer to the instructions for this form, or contact your Chemical Waste Management, Inc. sales representative.

A. SAMPLING METHOD (Indicate which method was employed)

If sampling requirement has been waived by Chemical Waste Management, Inc., do not complete this Generator's Certification of Representative Sample form.

1. ☒ I have obtained a representative sample of the waste material described in the Generator's Waste Material Profile Sheet referenced above according to the sampling methods specified in 40 CFR 261-Appendix I.
2. ☐ I have obtained a representative sample of the waste material described in the Generator's Waste Material Profile Sheet referenced above using a method equivalent to the sampling methods described in 40 CFR 261-Appendix I.

B. SAMPLE SOURCE (e.g., drum, lagoon, pit, pond, tank, vat)

COMPOSITE OF 6 DRUMS

C. SAMPLE LABEL — COMPLETE LABEL BEFORE REMOVING

1. Waste Profile Sheet Code:	D23758	1. Waste Profile Sheet Code:
2. Generator's Name:	KOPPERS CO INC	2. Generator's Name:
3. Name of Waste:	CREOSOTE SOIL	3. Name of Waste:
4. Sample Hour/Date:	10:00 AM 6-21-88	4. Sample Hour/Date:
5. Sampler's Signature:	John A Oxford	5. Sampler's Signature:

6. Print Sampler's Name: JOHN A OXFORD
7. Sampler's Title: PLANT MGR.
8. Sampler's Employer (if CWM, see D. below): _____

D. WITNESS VERIFICATION (if required) In most circumstances you will be obtaining the sample. However, in those cases in which Chemical Waste Management, Inc. obtains the sample, one of your employees must be present to direct the particular source to be sampled, to witness the sampling, and to complete this Part D.

I was personally present during the sampling described. I directed the waste source to be sampled, and I verify the information noted above.

1. Witness' Signature: _____
2. Witness' Name: _____ 3. Witness' Title: _____
4. Witness' Employer: _____ 5. Date: _____

Form CWM-51 © 1987 Chemical Waste Management, Inc.

8-29-87

Waste Management, Inc.

GENERATOR'S WASTE MATERIAL PROFILE

WASTE PROFILE SHEET CODE: D23758

TSDR

A GENERAL INFORMATION

GENERATOR NAME: Koppers Co Inc

TRANSPORTER: to be determined

FACILITY ADDRESS: 75th Ave & Hawthorne Rd, Florence SC 29501

TRANSPORTER PHONE:

GENERATOR USEPA I.D. ORD 007734351

GENERATOR STATE I.D.

TECHNICAL CONTACT: Jordan M Dean TITLE: Proj Chem Eng Project PHONE: 412-227-2207

NAME OF WASTE: Creosote

PROCESS GENERATING WASTE: Terminal operations

B PHYSICAL CHARACTERISTICS OF WASTE

COLOR	ODOR	PHYSICAL STATE @ 70°F	LAYERS	FREE LIQUIDS
Dark black	☐ NONE ☒ MILD ☐ STRONG	☐ SOLID ☒ SEMI-SOLID ☐ LIQUID ☐ POWDER	☐ MULTILAYERED ☐ BI-LAYERED ☒ SINGLE PHASED	☐ YES ☒ NO VOLUME %

DESCRIBE: Creosote

pH	SPECIFIC GRAVITY	FLASH POINT
☐ < 2 ☐ 7.1-10 ☐ N/A	☐ < .8 ☐ 1.3-1.4	☐ < 70°F ☒ > 200°F ☒ CLOSED CUP
☐ 2-4 ☐ 10.1-12.5	☐ .8-1.0 ☐ 1.5-1.7	☐ 70°F-100°F ☐ NO FLASH ☐ OPEN CUP
☐ 4.1-6.9 ☐ > 12.5	☒ 1.1-1.2 ☐ > 1.7	☐ 101°F-139°F ☐ EXACT
☒ 7 ☐ EXACT	☐ EXACT	☐ 140°F-200°F

C CHEMICAL COMPOSITION (TOTALS MUST ADD TO 100%)

Creosote	30-100 %
coal tar	0-0.08 %
Soil	0-80 %
	%
	%
	%
	%
	%
	%
	%

D METALS ☒ TOTAL (PPM) ☐ EPA EXTRACTION PROCEDURE (mg/L)

ARSENIC (As)	0.22	SELENIUM (Se)	0.11
BARIUM (Ba)	2.2	SILVER (Ag)	0.13
CADMIUM (Cd)	0.09	COPPER (Cu)	2.8
CHROMIUM (Cr)	0.43	NICKEL (Ni)	2.4
MERCURY (Hg)	<0.005	ZINC (Zn)	20
LEAD (Pb)	0.19	THALLIUM (Th)	
CHROMIUM-HEX (Cr + 6)			

E OTHER COMPONENTS - TOTAL (PPM)

CYANIDES	none	PCB'S	no
SULFIDES	2 mg/l	PHENOLICS	yes

F SHIPPING INFORMATION

D.O.T. HAZARDOUS MATERIAL? ☒ YES ☐ NO

PROPER SHIPPING NAME: ~~Creosote, coal tar~~ Hazardous Waste Solid NOS

HAZARD CLASS: ~~Combustible~~ ORM-E I.D. NO. ~~NA 1993~~ NA9189 R.Q.

METHOD OF SHIPMENT: ☐ BULK LIQUID ☒ BULK SOLID ☐ DRUM (TYPE/SIZE)

ANTICIPATED VOLUME: 3,000 TONS ☐ GALS. ☒ as needed CUBIC YARDS ☐ OTHER

PER: ☐ ONE TIME ☐ WEEK ☐ MONTH ☐ QUARTER ☒ YEAR ☐

G HAZARDOUS CHARACTERISTICS

REACTIVITY: ☒ NONE ☐ PYROPHORIC ☐ SHOCK SENSITIVE ☐ EXPLOSIVE ☐ WATER REACTIVE ☐ OTHER

OTHER HAZARDOUS CHARACTERISTICS: ☒ NONE ☐ RADIOACTIVE ☐ ETIOLOGICAL ☐ PESTICIDE MANUFACTURING WASTE ☐ OTHER

USEPA HAZARDOUS WASTE? ☒ YES ☐ NO

USEPA HAZARDOUS CODE(S): U051

STATE HAZARDOUS WASTE? ☐ YES ☒ NO

STATE CODE(S): not listed as, but some constituents are listed

H SPECIAL HANDLING INFORMATION

Fumes from heating the material to 300°F, ppe required, H2S from sour water

Sec. F Changed by John Oxford 6-7-86 letter ☐ ADDITIONAL PAGE(S) ATTACHED

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS IS COMPLETE AND ACCURATE, AND THAT ALL KNOWN OR SUSPECTED HAZARDS HAVE BEEN DISCLOSED.

AUTHORIZED SIGNATURE	TITLE	DATE
John M Dean	Proj Chem Eng	2/19/87

Beazer001490

CHEM-SECURITY SYSTEMS, INC.
200 S.W. Market Street, Suite 925 • Portland, Oregon 97201 • (503) 223-1912
CSSI

4.0 MANIFEST REQUIREMENTS

When hazardous waste is transported from the generator's location to the Arlington Facility, the Oregon DEQ, U.S. DOT and EPA require proper manifesting. Beginning September 20, 1984, these agencies required use of a uniform hazardous waste manifest form (Exhibit 7a) and, where necessary, a continuation sheet (Exhibit 7b).

Each load of chemical waste shipped to the Arlington Facility must be accompanied by one or more properly completed uniform manifests. All copies of manifests and continuation sheets must be legible. If manifest forms are needed by the generator, treater or transporter, they can be obtained by contacting the appropriate Chem-Security Systems sales office. When the transporter arrives at the Arlington Facility, the manifest(s) and other shipping paper(s) must be presented to the site receiving clerk for verification.

4.1 WHEN TO USE THE CONTINUATION SHEET

The continuation sheet must be used if:

- o More than two transporters are used to transport the waste, or;
- o More space is required for U S DOT description and related information in Section 11 of the manifest.

4.2 GENERATOR SUPPLIED INFORMATION REQUIRED ON MANIFESTS

To meet all the applicable current regulations on manifesting of hazardous waste to the Arlington Facility, and to help us efficiently and speedily handle waste loads, the items described below are needed on a properly completed manifest. A sample completed manifest is shown in Exhibit 7c. States other than Oregon may require other information.

Continuation Sheet Section#	Manifest Section#	
21	1	Generator's EPA identification number and annually unique manifest document number
22	2	Number of pages used (manifest) and page number of this sheet (continuation sheet).
23	3-4	Generator's name, mailing address (address where manifest records are kept), and telephone number. The continuation sheet requires name only.
24-27	5-8	Name and EPA identification number of each transporter.
O and Q	D and F	Phone number of each transporter.
None	9,10,H	Name, address, EPA identification number, and phone number of the designated disposal facility (preprinted on manifests and continuation sheets provided by CSSI).
28	11	DOT proper shipping name, hazard class, identification number (49 CFR Parts 172.101, 172.202, and 172.203); and, a. Designation of whether the waste is hazardous material(check "HM" column), or b. Designation, if the waste is a hazardous substance (write "RQ" instead of a check in the "HM" column) and listing of the constituent making the waste a hazardous substance after the proper shipping

Beazer001492

name, if it is not part of the proper shipping name.

29	12	Enter the number of containers for each waste and the appropriate abbreviation from the table below for type of container.

TABLE I

DM = Metal drums, barrels, kegs
DW = Wooden drums, barrels, kegs
DF = Fiberboard or plastic drums, barrels, kegs
TP = Tanks portable
TT = Cargo tanks (tank trucks)
TC = Tank cars
DT = Dump truck
CY = Cylinders
CM = Metal boxes, cartons, cases (including roll-offs)
CW = Wooden boxes, cartons, cases
CF = Fiber or plastic boxes, cartons, cases
BA = Burlap, cloth, paper, or plastic bags

30-31	13-14	Enter the total quantity of waste at 13 and the unit of measure abbreviation from the table below at 14. The quantity should be as precise as possible.

TABLE II

G = Gallons (liquids only)
P = Pounds
T = Tons (2,000 pounds)
Y = Cubic yards
L = Liters (liquids only)
K = Kilograms
M = Metric tons (1,000 kg)
H = Cubic meters

R	I	EPA waste number (if the waste is hazardous under RCRA).

S	J	Oregon Department of Environmental Quality's approved waste description, per Generator's Waste Profile Sheet description - "Waste Name" and physical state.
32	15	Please enter Waste Profile Sheet number(s) here. If an alternate facility is designated, information and identification number must appear here. Generators may use this space to indicate special transportation treatment, storage or disposal information.
None	16	GENERATOR'S CERTIFICATION. Generator must read, sign by hand, and date this section. Please include this person's title along with printed/typed name in the space provided.

For each lab pack drum, an itemized list of each waste container placed in the drum, showing waste description and volume, must be stapled to the manifest. This list should be readily identifiable with a specific drum through a drum-numbering or other system.

For certain PCB wastes, the following additional information is required:

- For any PCB article, the date each item was placed in storage for disposal should be written in Section 15 (this date must also appear on the article container).
- For each less than 500 ppm PCB liquid container or transformer waste, write in the PCB concentration on the manifest in Section 15 and staple to the manifest a lab analysis signed by a qualified analyst.
- For drained and flushed transformers, a statement that each unit was drained and flushed in accordance with 40 CFR 761 must be signed by a responsible representative of the operator and stapled to the manifest.

4.5 MANIFEST COPIES

The manifest consists of at least the number of copies which will provide the generator, each transporter, and the Arlington Facility with one copy for their records and and additional copy to be returned to the generator. On CSSI pre-printed manifest forms the use of each copy is designated at the bottom center. After the first transporter signs the manifest, the generator keeps one copy of the manifest and the remaining copies and the original remain with the transporter to accompany the shipment to the disposal facility or to another transporter or treater.

A signed copy of the manifest for loads of waste accepted at the Arlington Facility will be returned to the generator attached to the invoice for the waste shipment.

4.6 UNMANIFESTED WASTES

Wastes that arrive at the facility without manifests or approved Waste Profile Sheets may be returned to the generator as required under 40 CFR Part 262, State of Oregon requirements and compliance policy.

- For full transformers or empty ones requiring flushing at Arlington, if it is not possible for the generator to determine the exact gallonage of PCB transformers, a designation of "estimated" volume should be stated on the manifest.
- For each container of PCB capacitors, a list of manufacturer name, serial number, and KVAR for each capacitor inside must be stapled to the manifest.

4.3 TRANSPORTATION INFORMATION

Continuation Sheet #	Manifest Section #	
33-34	17-18	Enter the name of the person accepting on behalf of the transporter. That person must sign, acknowledging acceptance of the waste. Use 17 for first transporter, 18 for second, and use continuation sheet for additional transporters.

4.4 TSD SUPPLIED INFORMATION

Continuation Sheet Section 3	Manifest Section #	
35	19	The authorized representative of the designated facility must note in this space any significant discrepancy between waste described and waste actually received (see Section 9.1).
None	20	The person accepting waste on behalf of the facility must acknowledge acceptance of the waste by signing and entering date of receipt.

EXHIBIT 7a

CHEM-SECURITY SYSTEMS, INC.

NATIONAL RESPONSE CENTER 1-800-424-8802
OREGON ACCIDENT RESPONSE CENTER - 1-800-452-0311

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)*

Form Approved. OMB No. 2050-0039 Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. | Manifest Document No

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name 6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name 8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address 10. US EPA ID Number

Chem-Security Systems, Inc.
Star Route
Arlington, Oregon 97812

ORD089452353

G. State Facility's ID

H. Facility's Phone
503-454-2643

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vo	EPA/ I. Waste No.
a.					
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above	K. WPS					Handling Code
a.						Cu. Yd.
b.	Area	S	D	Q	PR	Lbs.
c.						Gal.
d.						

15. Special Handling Instructions and Additional Information **Waste Profile Sheet Number(s)**

a.
b.
c.
d.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name | Signature | Month Day Year

EXHIBIT 7b

UNIFORM HAZARDOUS WASTE MANIFEST
(Continuation Sheet)

21. Generator's US EPA ID No.	Manifest Document No.	22. Page	Information in the shaded areas is not required by Federal law.

23. Generator's Name	L. State Manifest Document Number
	M. State Generator's ID

24. Transporter ____ Company Name	25. US EPA ID Number	N. State Transporter's ID
		O. Transporter's Phone
26. Transporter ____ Company Name	27. US EPA ID Number	P. State Transporter's ID
		Q. Transporter's Phone

	28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	29. Containers No	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
a.						
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						

S. Additional Descriptions for Materials Listed Above		T. Handling Codes for Wastes Listed Above
a.	e.	
b.	f.	
c.	g.	
d.	h.	
	i.	

32. Special Handling Instructions and Additional Information	Waste Profile Sheet Number(s)	
a.	e.	h.
b.	f.	i.
c.	g.	
d.		

GENERATOR

TRANSPORTER

33. Transporter ____ Acknowledgement of Receipt of Materials		Date
Printed/Typed Name	Signature	Month Day Year
34. Transporter ____ Acknowledgement of Receipt of Materials		Date
Printed/Typed Name	Signature	Month Day Year

FACILITY

35. Discrepancy Indication Space

EXHIBIT 7c

CHEM-SECURITY SYSTEMS, INC.

NATIONAL RESPONSE CENTER 1-800-424-8802
OREGON ACCIDENT RESPONSE CENTER 1-800-452-0311

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Form Approved. OMB No. 2050-0039, Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. ORD000012345 — Manifest Document No.
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
XYZ Company
123 Main Street
Process, Oregon 97999
4. Generator's Phone ( )

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Chem-Security Systems, Inc.
6. US EPA ID Number: ORD089452353
C. State Transporter's ID
D. Transporter's Phone: (503) 454-2643

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Chem-Security Systems, Inc.
Star Route
Arlington, Oregon 97812
10. US EPA ID Number: ORD089452353
G. State Facility's ID
H. Facility's Phone: 503-454-2643

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vo	EPA/I. Waste No.
a. RQ Waste Hydrofluoric Acid Solution RQ corrosive material UN 1790	001	TT	3000	G	D002
b.					
c.					
d.					

SAMPLE LAYOUT

J. Additional Descriptions for Materials Listed Above
a. Hydrofluoric Acid Etchant waste, liquid
b.
c.
d.

K. WPS — Handling Code — Cu. Yd. — Area — S — D — Q — PR — Lbs. — Gal.

15. Special Handling Instructions and Additional Information — Waste Profile Sheet Number(s)
a.
b. D85311
c.
d.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: John Jones — Signature — Month Day Year: 11 17 87

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jane Smith — Signature — Month Day Year: 11 17 87

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year

Beazer001499

O.H. Materials Corp.
16406 U.S. Route 224 East
P.O. Box 551
Findlay, Ohio 45839-0551
419-423-3526
Telex 298248 OHMI UR (RCA)

OHM

May 18, 1988

KOPPERS COMPANY, INC.
801 Koppers Building
Pittsburgh, PA 15219

RECEIVED
MAY 25 1988

Attn: Richard T. Ireland
Senior Buyer

Dear Client:

The current contract between your corporation and O.H. Materials Corp. (OHM), contains a provision giving OHM the option to annually adjust its rates. This letter serves to advise you that OHM revised its rates, effective April 1, 1988. These new rates are to be incorporated into the current contract and will be controlling for all future work done pursuant to the contract.

A new price list reflecting the revised rates is enclosed. OHM appreciates your business and looks forward to serving your needs in the future.

Should you have any questions regarding this matter, please feel free to contact the undersigned at 1-800-537-9540.

Sincerely,

Melinda R. Early

Melinda R. Early
Contracts Administrator

MRE:ejd

Enclosure: OHM Catalog Price List

KOPPERS CO.
PORTLAND OR

JUN 20 1988

Effective April 1, 1988

O.H. Materials Corp.
16406 U.S. Route 224 East
P.O. Box 551
Findlay, Ohio 45839-0551
419-423-3526
Telex 298248 OHMI UR (RCA)

OHM

CONFIDENTIAL

O.H. MATERIALS CORP. (OHM)

UNITED STATES

STORAGE TANK SERVICE PROGRAM PRICE LIST

STANDARD RATES

PERSONNEL

Senior Project Manager	$95.00/hr
Project Manager	$80.00/hr
Operations Foreman	$45.00/hr (ST) $60.00/hr (OT) $75.00/hr (PT)
Technician	$43.00/hr (ST) $58.00/hr (OT) $73.00/hr (PT)
Word Processor/Technical Editor	$32.00/hr
Per Diems	A daily rate for subsistence, lodging, and incidental costs shall be charged per person. This rate shall be that for the nearest locale listed in Appendix E of the United States government's Current Joint Travel Regulations plus 20 percent.

TRUCKS AND EQUIPMENT

Tank-testing Equipment Truck, Stocked with miscellaneous tools/fittings	$295.00/day plus $.50/mile
Tank-testing Trailer, Stocked with miscellaneous tools/fittings	$190.00/day
Pickup Truck	$ 90.00/day including mileage
Van	$100.00/day including mileage
Drill Rig Truck, B-53, 2 ton	$ 95.00/hr plus $.50/mile
Mobile Drill Rig, B-47	$ 65.00/hr w/minimum 4 hrs/day
Mobile Drill Rig, B-24	$ 45.00/hr w/minimum 4 hrs/day
Petro-Tite Tank Tester	$ 90.00/day
Petro-Tite Line Tester	$ 80.00/day
Petro-Tite Supplementary Circulating Pump	$ 65.00/day

RATES FOR NONPETROLEUM PETRO-TITE TRUCKS AND EQUIPMENT

Tank-testing Equipment Truck, Stocked with miscellaneous tools/fittings	$360.00/day plus $.50/mile
Tank-testing Trailer, Stocked with miscellaneous tools	$265.00/day
Pickup Truck	$ 90.00/day including mileage
Van	$100.00/day including mileage
Drill Rig Truck, B-53, 2 ton	$ 95.00/hr plus $.50/mile
Mobile Drill Rig, B-47	$ 65.00/hr w/minimum 4 hrs/day
Mobile Drill Rig, B-24	$ 45.00/hr w/minimum 4 hrs/day
Custom Petro-Tite Tank Tester	$130.00/day
Custom Petro-Tite Line Tester	$105.00/day
Custom Petro-Tite Supplementary Circulating Pump	$ 80.00/day

INVOICING PROCEDURES

- OHM requires an executed contract, signed customer purchase order acceptable to OHM, or signed OHM terms and conditions to commence work.
- It is OHM's practice to progress invoice every 7 days. Progress invoices estimate work performed and costs incurred during the invoice period. A final invoice is issued at the completion of the job which summarizes actual use of rate-sheet items and other costs incurred.
- All work performed on an "emergency-response" basis is invoiced at storage tank service program rates plus 10 percent.
- Above personnel rates do not include protective clothing. If required, the necessary level of protective clothing will be invoiced at the 1988 catalog price list.

A Subsidiary of Environmental Treatment and Technologies Corp.
The Environmental Services Company

Beazer001501

INVOICING PROCEDURES (CONTINUED)

- All rates are subject to change without prior written notice.
- Customer is responsible for all applicable federal, state, and local taxes and permit fees.
- All rates are stated in United States dollars.
- All invoices are due upon receipt. Balances outstanding more than 30 days after the invoice date are subject to a monthly finance charge of 1 1/2 percent per month from the invoice date.

SUBCONTRACTORS, EXPENDABLES, AND MISCELLANEOUS ITEMS

- All subcontractors and/or costs for disposal, utilities, or other contracted project services are billed at invoice price plus 20 percent.
- OHM per diem rates are charged for subcontractors whose expenses are paid by OHM.
- Expendable items inventoried and warehoused by OHM are billed according to the OHM expendables price list. Expendable items purchased locally for specific projects are billed at invoice price plus 20 percent.
- A 4 percent surcharge on total daily labor rates is charged for hand-tool use. Hand tools include jig saw, skill saw, nailing gun, electric hammer, 1/2-inch electric impact wrench, reciprocating saw, angle grinder, and pipe threader. Hand tools damaged or contaminated by site conditions will be charged at their replacement cost plus 20 percent.
- All hourly rate equipment and personnel are billed a minimum of 4 hours per day.

PERSONNEL

- All equipment and personnel are billed portal-to-portal plus loading and unloading.
- At the completion of each job, all equipment will be in a clean and working order. Cleaning, repair, or replacement charges will be assessed for equipment contaminated or damaged by site conditions. Equipment contaminated or damaged beyond repair will be charged at actual replacement cost plus 20 percent.
- Straight time (ST) is 8 a.m. to 4 p.m. weekdays. Overtime (OT) is anytime before 8 a.m. and after 4 p.m. weekdays and Saturdays. Premium time (PT) is Sundays and holidays.
- There is a $7.50 per-hour, per-man surcharge for each hour worked in Level A or Level B protection.
- Expert testimony, including preparation and review time, is charged at 1.5 times normal price list rates.
- The Company reserves the right to increase personnel rates depending upon local conditions.

CLIENT RESPONSIBILITY

- The following are applicable items requiring accomplishment prior to testing of CLIENT'S tanks and/or associated piping and are CLIENT'S responsibility:

1. CLIENT shall completely fill tanks prior to OHM's crew arriving on site by one of the following procedures:
   - Fill tank with product and take tank out of service. It is recommended tanks be filled at least 8 hours prior to the test to allow for temperature stabilization.
   - If more than one tank containing the same product is to be tested, product may be transferred from one tank to another for testing purposes. This depends directly on the size of tanks and existing level of product in each tank.
   - Product can be pumped out of the tank and replaced with water. CLIENT shall be responsible for the disposal of contaminated water following performance of the test.
   - Provide 55-gallon drum of product to be used to top off tank.
2. CLIENT shall provide 100-V ac, 60-cycle, single-phase power within 110 feet of tank site.

Beazer001502

Effective April 1, 1988

O.H. Materials Corp.
16406 U.S. Route 224 East
P.O. Box 551
Findlay, Ohio 45839-0551
419-423-3526
Telex 298248 OHMI UR (RCA)

OHM

CONFIDENTIAL

O.H. MATERIALS CORP. (OHM)

UNITED STATES

EXPENDABLES PRICE LIST

PROTECTIVE CLOTHING

Sample Gloves	$ 44.00/gross
Wizzard Gloves	$ 21.90/each
Acid Gloves	$143.00/dozen
Nitrile Gloves, 22 mil x 14 inches	$ 86.00/dozen
PVC Gloves	$ 66.25/dozen
Cotton Gloves	$ 15.00/dozen
Rain Bib, Jacket, and Hood	$ 10.00/set
Slipover Rubber Boots	$ 24.50/pair
Neoprene Boots	$ 35.25/pair
Disposable Poly Boots, 50 pairs per box	$ 21.20/box
Nylon Rubber Waders	$ 52.00/pair
Chemical Waders	$119.00/pair
Vinyl Shoe Covers with Hook and Seal, 75 pairs per box	$228.75/box
Saran-Coated Suits, 25 per box	$520.00/box
Disposable Tyvek Suits, 25 per box	$152.50/box
Disposable Hood	$ 12.00/dozen

HEAD AND EYE SAFETY EQUIPMENT

Full-face Shield, Clear	$ 7.00/each
Full-face Shield, Tinted	$ 8.25/each
Dustproof Goggles	$ 6.25/each
Respirator Cartridges, 5 sets per box	
R-53-HE	$ 64.25/box
R-57-A	$ 51.50/box
R-59-A	$ 74.75/box
R-91-A	$ 54.50/box

SAMPLING EQUIPMENT

Glass Sample Jars, 8 ounce with lids, 24 per box	$ 30.00/box
Pint Sample Jars, with lids, 24 per box	$ 36.00/box
Quart Sample Jars, with lids, 12 per box	$ 25.00/box
Drager Tubes, 10 per box	$ 53.00/box
Sample Labels, 500 per roll	$ 18.50/roll
Sample String, 12 rolls per box	$ 22.00/box
pH Paper, 1 to 12 range	$ 7.00/roll

HAND TOOLS

Flat Shovel, Long handled	$ 20.35/each
Pointed Shovel, Long handled	$ 20.35/each
Flat Shovel, Short handled	$ 20.75/each
Pointed Shovel, Short handled	$ 24.50/each
Leaf Rake	$ 21.75/each
Broom, 36 inch	$ 32.00/each
Broom, 24 inch	$ 14.50/each
Broom, 8 inch	$ 8.00/each
Scraper, Long handled	$ 19.75/each
Scrub Brush, Long handled	$ 4.00/each
Scrub Brush, Short handled	$ 2.50/each
Lumber Crayons, 12 per box	$ 9.25/box
Squeegee, 36 inch	$ 35.00/each
Aerosol Gasket Spray, 10 ounce	$ 6.00/can
Barrel Liner	$ 10.75/each
Overpack or 55-gallon Drum	Quoted per occurrence

A Subsidiary of Environmental Treatment and Technologies Corp.
The Environmental Services Company

Beazer001503

CARBON, SAND, AND GRAVEL

Activated Carbon, Bagged	$ 74.00/bag
Pea Gravel, 1/4 x 1/8 inch, 100-pound bag	$ 3.00/bag
Filter Sand, 650, 100-pound bag	$ 3.75/bag
Vapor-phase Carbon, 200-pound net barrel	Quoted per occurrence

MISCELLANEOUS EXPENDABLES

Soda Ash, 100-pound bag	$ 49.00/bag
Visqueen, 24 x 100 feet x 4 mil	$ 52.00/roll
Hydrated Lime, 50-pound bag	$ 6.75/bag
Pool Liner for 12,000-gallon pool	$244.00/each
Cloth Duct Tape, 2 inches x 60 yards	$ 7.25/roll
Caution Tape	$ 19.00/roll
Fluorescent Survey Tape	$ 3.00/roll
Electrical Tape	$ 6.25/roll
Pool Liner for 50,000-gallon pool	Quoted per occurrence
Poly Rope, 1/4 inch, 600 feet per spool	$ 36.75/spool
Teflon Tape, 4 inches x 108 feet	$ 68.00/roll
Poly Rope, 3/8 inch, 600 feet per spool	$ 73.25/spool
Poly Rope, 1/2 inch, 600 feet per spool	$109.75/spool
Plastic Garbage Can, 32 gallon	$ 27.25/each
Heavy-duty Bucket, 14 quart	$ 10.00/each
Garbage Bags, 50 per roll	$ 7.75/roll
Garden Hose, 5/8 inch x 50 feet	$ 22.50/each
PCB Label, 4 x 4 inches, 100 per pack	$ 53.00/pack
PCB Label, 6 x 6 inches, 100 per pack	$ 61.00/pack
Hazardous-waste Label, 6 x 6 inches, 100 per pack	$ 61.00/pack
Tie Wire	$ 3.50/roll
Sorbent Pads, 100 per bale	$ 81.75/bale
Sorbent Sweep, 100 feet	$101.25/bale
Sorbent Boom, 40 feet	$207.50/bale
Waterproof Markers, 12 per box	$ 44.00/box
Floor Dry	$ 7.25/bag
Fog Proof, 12 per carton	$ 55.00/carton

INVOICING PROCEDURES

- OHM requires an executed contract, signed customer purchase order acceptable to OHM, or signed OHM terms and conditions to commence work.
- It is OHM's practice to progress invoice every 7 days. Progress invoices estimate work performed and costs incurred during the invoice period. A final invoice is issued at the completion of the job which summarizes actual use of rate-sheet items and other costs incurred.
- Customer is responsible for all applicable federal, state, and local taxes and permit fees.
- All rates are stated in United States dollars.
- All invoices are due upon receipt. Balances outstanding more than 30 days after the invoice date are subject to a monthly finance charge of 1 1/2 percent per month from the invoice date.

EXPENDABLES

- Expendable items inventoried and warehoused by OHM are billed according to the OHM expendables price list. Expendable items purchased locally for specific projects are billed at invoice price plus 20 percent.
- Prices are subject to change without prior written notice to reflect supplier price changes.

Beazer001504

O.H. Materials Corp.
16406 U.S. Route 224 East
P.O. Box 551
Findlay, Ohio 45839-0551
419-423-3526
Telex 298248 OHMI UR (RCA)

Effective April 1, 1988

OHM

CONFIDENTIAL

O.H. MATERIALS CORP. (OHM)

UNITED STATES

CATALOG PRICE LIST

PERSONNEL

Principal	$175.00/hr					
Senior Project Manager	$ 95.00/hr					
Project Manager	$ 80.00/hr					
Certified Industrial Hygienist	$ 95.00/hr					
Senior Chemist	$ 95.00/hr					
Senior Engineer	$ 95.00/hr					
Senior Scientist	$ 95.00/hr					
Site Supervisor	$ 70.00/hr	(ST)	$ 85.00/hr	(OT)	$100.00/hr	(PT)
Explosives Specialist	$ 80.00/hr	(ST)	$ 95.00/hr	(OT)	$ 95.00/hr	(PT)
Project Engineer	$ 80.00/hr	(ST)	$ 95.00/hr	(OT)	$ 95.00/hr	(PT)
Engineer	$ 65.00/hr	(ST)	$ 78.00/hr	(OT)	$ 95.00/hr	(PT)
Project Chemist	$ 80.00/hr	(ST)	$ 95.00/hr	(OT)	$ 95.00/hr	(PT)
Chemist	$ 65.00/hr	(ST)	$ 78.00/hr	(OT)	$ 95.00/hr	(PT)
Project Scientist	$ 80.00/hr	(ST)	$ 95.00/hr	(OT)	$ 95.00/hr	(PT)
Scientist	$ 65.00/hr	(ST)	$ 78.00/hr	(OT)	$ 95.00/hr	(PT)
Site Safety Officer	$ 58.00/hr	(ST)	$ 73.00/hr	(OT)	$ 88.00/hr	(PT)
Technical Foreman	$ 47.00/hr	(ST)	$ 62.00/hr	(OT)	$ 77.00/hr	(PT)
Operations Foreman	$ 45.00/hr	(ST)	$ 60.00/hr	(OT)	$ 75.00/hr	(PT)
Equipment Operator	$ 43.00/hr	(ST)	$ 58.00/hr	(OT)	$ 73.00/hr	(PT)
Project Control Technician	$ 42.00/hr	(ST)	$ 56.00/hr	(OT)	$ 70.00/hr	(PT)
Recovery Technician	$ 37.50/hr	(ST)	$ 50.00/hr	(OT)	$ 60.00/hr	(PT)
Truck Driver	$ 41.00/hr	(ST)	$ 54.00/hr	(OT)	$ 70.00/hr	(PT)
Technician	$ 43.00/hr	(ST)	$ 58.00/hr	(OT)	$ 73.00/hr	(PT)
Draftsman	$ 45.00/hr					
Word Processor/Technical Editor	$ 32.00/hr					
Breathing-air Time	$ 7.50/hr					
Per Diems	A daily rate for subsistence, lodging, and incidental costs shall be charged per person. This rate shall be that for the nearest locale listed in Appendix E of the United States government's Current Joint Travel Regulations plus 20 percent.					

VACUUM EQUIPMENT

Vacuum Truck, 3,500 gallon	$ 65.00/hr plus $.50/mile
Vacuum Truck, 2,000 gallon	$ 55.00/hr plus $.50/mile
Vacuum Truck, 1,800 gallon	$ 50.00/hr plus $.50/mile
Vacuum Unit, 1,500 gallon	$ 40.00/hr
Mobile Vacuum Loader, 3,600 cfm	$ 70.00/hr
Mobile Vacuum Loader, 1,600 cfm	$ 45.00/hr
Mobile HEPA Trailer	$ 25.00/hr

TRUCKS AND TRAILERS

Over-the-road Diesel Tractor	$ 350.00/day plus $.90/mile
Pollution-control Truck, Two ton	$ 300.00/day plus $.50/mile
Pollution-control Truck, One ton	$ 250.00/day plus $.30/mile
Pickup Truck, 4WD Suburban	$ 100.00/day
Truck, Two-ton Box	$ 250.00/day plus $.50/mile
Truck, One-ton Box	$ 200.00/day plus $.30/mile
Truck, Two-ton Stake	$ 235.00/day plus $.50/mile
Truck, One-ton Stake	$ 180.00/day plus $.30/mile
Boom Truck, Two ton	$ 425.00/day
Pickup Truck	$ 90.00/day including mileage

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The Environmental Services Company

Beazer001505

TRUCKS AND TRAILERS (CONTINUED)

Van	$	100.00/day including mileage
Car	$	75.00/day including mileage
Service Van	$	200.00/day plus $.30/mile
Decontamination and Office Trailer, 45 foot	$	395.00/day
Decontamination and Office Trailer, 28 foot	$	225.00/day
Decontamination and Equipment Trailer,	$	395.00/day
Combination Decontamination Trailer	$	350.00/day
Combination Shower Trailer	$	350.00/day
Tanker Trailer, 5,000-gallon, Stainless steel	$	400.00/day
Lowboy Trailer	$	180.00/day
Gooseneck Dolly Trailer	$	180.00/day
Dropdeck Trailer	$	180.00/day
Utility Trailer	$	125.00/day
Crew Trailer	$	275.00/day
Box Trailer	$	65.00/day
Bomb Trailer	$	1,100.00/day

PROTECTIVE CLOTHING AND EQUIPMENT

EPA Level A Protection or Equivalent	$	390.00/day
EPA Level B Protection or Equivalent		
With Tyvek Suit	$	235.00/day
With Saran-coated Suit	$	270.00/day
With Acid Suit	$	345.00/day
EPA Level C Protection or Equivalent		
With Tyvek Suit	$	105.00/day
With Saran-coated Suit	$	140.00/day
With Acid Suit	$	220.00/day
EPA Level D Protection or Equivalent	$	25.00/day

Note: The above prices, where applicable, include four sets per day of disposable protective suits (Tyvek/saran-coated). Fifty feet of breathing-air hose is included with supplied-air systems. Three sets of R-53-HE respirator cartridges are included with Level C protection. Additional disposable clothing, breathing-air hose, and/or respirator cartridge changeouts, breathing air, cascade system(s) and other additional protective clothing or equipment is charged as follows. Standard nondisposable protective clothing or equipment damaged or contaminated by site conditions is billed at replacement cost plus 20 percent.

Regulated Manifold Air-supply System	$	100.00/day
Emergency Escape Air Paks	$	55.00/day
Additional Bottles Breathing Air	$	20.00/day
Breathing Air Hose per 50 feet	$	30.00/day
Emergency Oxygen System	$	25.00/day
Portable Eye Shower	$	30.00/day
Cascade System with Booster Pump, Four way	$	350.00/day
Cascade System with Booster Pump, Two way	$	225.00/day
Bomb Suit	$	550.00/day
Cooling System/Heat Exchange	$	60.00/day
Bottle Rack	$	30.00/day

DEWATERING EQUIPMENT

Dewatering Unit, 100 cubic feet	Quoted per occurrence
Dewatering Unit, 80 cubic feet	Quoted per occurrence
Dewatering Unit, 60 cubic feet	Quoted per occurrence
Dewatering Unit, 40 cubic feet	Quoted per occurrence
Polishing Unit, 15 cubic feet	Quoted per occurrence
Pilot Dewatering Unit	Quoted per occurrence
Mudcat Barge with Auger	Quoted per occurrence
Pumping Barge with Remote Control	Quoted per occurrence
Pumping Barge with 3-inch Sludge Pumps	Quoted per occurrence
Aerator Barge	Quoted per occurrence
Mud Tank with Mud Shaker Screen, 12,000 gallon	Quoted per occurrence
Mud Tank with Mud Shaker Screen, 8,000 gallon	Quoted per occurrence
Mud Tank, 12,000 gallon	Quoted per occurrence
Mud Tank, 8,000 gallon	Quoted per occurrence
Mud Shaker Screen	Quoted per occurrence
Sludge Pump with Motor, 3 inch	Quoted per occurrence

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DEWATERING EQUIPMENT (CONTINUED)

Homogenizer Mixer, 7.5 to 15 hp	Quoted per occurrence
Air Hoist for Barge	Quoted per occurrence
Safety Gear Storage Box	Quoted per occurrence

THERMAL DESTRUCTION EQUIPMENT

Mobile Infrared Incinerator, 150-ton/day capacity	Quoted per occurrence
Thermal Volatilization Unit, 150-ton/day capacity	Quoted per occurrence
Rotary Thermal Volatilization Unit, 240-ton/day capacity	Quoted per occurrence
Direct-flame Reactor Conveyor	Quoted per occurrence

RECOVERY AND TREATMENT EQUIPMENT

Treatability Trailer	Quoted per occurrence
Hydrostatic Injection System	Quoted per occurrence
Clarifier with Sludge Collector Unit, 12,000 gallon	$ 350.00/day
Clarifier, Plate Settler Unit	$ 350.00/day
Mobile Clarifier with Sludge Collector Unit, 12,000 gallon	$ 400.00/day
Mobile Clarifier, Plate Settler Unit	$ 400.00/day
Clarifier, Low-capacity, 4,000 gallon	$ 225.00/day
Compatibility Chamber, 10,000 gallon	$ 385.00/day
Compatibility Chamber, 5,000 gallon	$ 260.00/day
Holding Tank, Greater than 5,000 gallon	$ 50.00/day
Holding Tank, 1,000 to 5,000 gallon	$ 35.00/day
Mobile Activated-carbon Filtration Unit	$ 300.00/day
Activated-carbon Filtration Unit, Potable Water, 2 cell	$ 350.00/day
Activated-carbon Filtration Unit, 2 cell	$ 285.00/day
Activated-carbon Filtration Unit, 1 cell	$ 195.00/day
Activated-carbon Filtration Unit, Low capacity	$ 75.00/day
Mixed-media Prefilter, High capacity	$ 195.00/day
Mixed-media Prefilter, Low capacity	$ 75.00/day
Portable Pool, 50,000 gallon	$ 210.00/day plus liner
Portable Pool, 12,000 gallon	$ 100.00/day plus liner
Ram Ejection Dump Trailer	$ 200.00/day
Hydrocarbon Recovery System, 4 inch	Quoted per occurrence
Hydrocarbon Recovery System, 2 inch	Quoted per occurrence
Oil-recovery System	Quoted per occurrence
Vapor-recovery System	Quoted per occurrence
Tank Mixer	$ 40.00/day
Drum Mixer	$ 35.00/day
Motionless Well Mixer, 3 inch	$ 35.00/day
In-line Bag Filter	$ 25.00/day
On-line Filter	$ 20.00/day
Flow Meter	$ 25.00/day
Portable Building	Quoted per occurrence
Air-stripping Chambers	Quoted per occurrence

MOBILE ANALYTICAL EQUIPMENT

GC/MS Analytical Laboratory	Quoted per occurrence
Analytical Laboratory	$ 550.00/day
Gas Chromatograph with Integrator/Detector	$ 350.00/day
Sample Inlet System	$ 185.00/day
Head-space Analyzer	$ 150.00/day
Auto Sampler	$ 300.00/day
Atomic-absorption Unit	$ 600.00/day
Mercury Detector	$ 150.00/day
Spectrophotometer, HACH	$ 75.00/day
Turbidity Meter	$ 70.00/day
Specific-ion Meter	$ 75.00/day
pH Meter	$ 20.00/day
Flash-point Analyzer	$ 70.00/day
Sonicator	$ 100.00/day
Ep-toxicity Extractor	$ 70.00/day
Centrifuge	$ 35.00/day
Aerosol Monitor	$ 35.00/day
Air-flow Monitor	$ 25.00/day
Personal Air-sampling Pump	$ 35.00/day
Air-flow Calibrator	$ 25.00/day
Drager Gas Sampler	$ 25.00/day
Cyanide Meter with Generator	$ 80.00/day

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MOBILE ANALYTICAL EQUIPMENT (CONTINUED)

Sulfide Meter with Generator	$ 80.00/day
Carbon-monoxide Detector	$ 80.00/day
Methane-gas Detector	$ 80.00/day
Photoionization Detector	$ 125.00/day
Explosiometer	$ 75.00/day
Geiger Counter	$ 90.00/day
Organic-vapor Analyzer	$ 100.00/day
pH Controller	$ 35.00/day
Hydrolab Meter	$ 200.00/day
Laboratory Filter Press	$ 65.00/day
Oil-content Analyzer	$ 250.00/day

Note: Mobile analytical laboratories include fume hood, balances, drying oven, and laboratory glassware. Reagents, carrier gases, columns, contaminated glassware, and miscellaneous laboratory expendable items will be billed at invoice price plus 20 percent.

BIOANALYTICAL EQUIPMENT

Analytical/Biolaboratory	Quoted per occurrence
Bioreactor	$ 595.00/day
Pilot Land-farm Cell	$ 70.00/day
Incubator	$ 70.00/day
Colony Counter/Stereoscopic Microscope	$ 35.00/day
Bioreactor System	$ 850.00/day
Electrolytic Respirometer	$ 240.00/day
Autoclave	$ 35.00/day
Dissolved-oxygen Meter	$ 40.00/day
Liquid Scintillation Counter	$ 120.00/day
Ultraviolet Sterilizer, 80 gpm	$ 50.00/day

CHEMICAL TRANSFER EQUIPMENT

Transfer Equipment Trailer	$ 900.00/day
Transfer Pumping Trailer	$ 350.00/day
Tank Tap Machine	$1,200.00/day
Nonsparking Tool Set	$ 135.00/day
Patch Kit	$ 575.00/day
Chemical Transfer Hose, 2 and 3 inch	$ 5.00/foot
Chemical Transfer Pumps, Hydraulic	$ 750.00/day
Chemical Transfer Pumps, Electric	$ 350.00/day
Hydraulic Power Pack	$ 425.00/day

HEAVY EQUIPMENT

Crane, 18 ton	$ 65.00/hr
Scarifier	$ 575.00/day
D-6 Cat Dozer or Equal	$ 70.00/hr
D-3 Cat Dozer or Equal	$ 45.00/hr
350 Case Dozer or Equal	$ 45.00/hr
963 Track Loader or Equal	$ 80.00/hr
955 Track Loader or Equal	$ 75.00/hr
950 Rubber Loader or Equal	$ 85.00/hr
936 Rubber Loader or Equal	$ 80.00/hr
930 Rubber Loader or Equal	$ 75.00/hr
916 Rubber Loader or Equal	$ 55.00/hr
Cat 225 Trackhoe or equal	$ 85.00/hr
Cat 215 Trackhoe or equal	$ 80.00/hr
Case 580 Backhoe or Equal	$ 45.00/hr
Bobcat, 4WD	$ 35.00/hr
Forklift	$ 35.00/hr

LIGHTS AND GENERATORS

Satellite Light	$ 27.00/day
Light Plant, 5 kW	$ 265.00/day plus fuel
Generator, 150 kW	$ 500.00/day plus fuel
Generator, 50 kW	$ 370.00/day plus fuel
Generator, 30 kW	$ 210.00/day plus fuel
Generator, 15 kW	$ 175.00/day plus fuel
Generator, 12 kW	$ 130.00/day plus fuel

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LIGHTS AND GENERATORS (CONTINUED)

Generator, 6.5 kW	$ 100.00/day plus fuel
Generator, 5 kW	$ 85.00/day plus fuel

COMPRESSION EQUIPMENT

Hydroblaster, 8,000 psi	$ 800.00/day plus fuel
High-pressure Water Laser, 3,000 psi	$ 450.00/day plus fuel
High-pressure Water Laser, 2,000 psi	$ 350.00/day plus fuel
Burner, 5-million Btu	Quoted per occurrence
Burner, 1-million Btu	$ 235.00/day plus fuel
Burner, 535,000 Btu	$ 185.00/day plus fuel
Steamer, 500,000 Btu	$ 360.00/day plus fuel
Steamer, 350,000 Btu	$ 275.00/day plus fuel
Steamer, 200,000 Btu	$ 195.00/day plus fuel
Airless Sprayer, High volume	$ 220.00/day plus fuel
Airless Sprayer, Low volume	$ 75.00/day plus fuel
Pressure Washer, 500,000 Btu	$ 365.00/day plus fuel
Pressure Washer, Portable	$ 50.00/day plus fuel
Air Compressor, 750 cfm	$ 495.00/day plus fuel
Air Compressor, 230 cfm	$ 245.00/day plus fuel
Air Compressor, 185 cfm	$ 185.00/day plus fuel
Air Blower, 7,500 cfm	$ 425.00/day plus fuel
Air Blower, 5,000 cfm	$ 385.00/day plus fuel
Air Blower, 4,000 cfm	$ 325.00/day plus fuel
Air Blower, 3,000 cfm	$ 280.00/day plus fuel
Air Blower, 1,000 cfm	$ 165.00/day plus fuel
Air Blower, 350 cfm	$ 150.00/day plus fuel
Portable Air Blower	$ 60.00/day plus fuel
Positive-displacement Air Pump, 750 cfm	$ 475.00/day
Positive-displacement Air Pump, 250 cfm	$ 240.00/day
Positive-displacement Air Pump, 150 cfm	$ 135.00/day
High-pressure, Tank-cleaning Head	$ 260.00/day

WATER EQUIPMENT

Robalo Boat	$ 350.00/day
Pontoon Boat, 30 foot	$ 250.00/day
Jon Boat	$ 60.00/day
Boat Motor, 80 hp	$ 125.00/day
Boat Motor, 15 to 30 hp	$ 75.00/day
Oil-Skimmer Head	$ 50.00/day
Containment Boom, 6 inch	$ 85.00/100 feet/day
Containment Boom, 4 inch	$ 55.00/100 feet/day

PUMPING EQUIPMENT

Note: All pump rates include 10 feet of suction hose and 50 feet of discharge hose.

Vacuum-pressure Pump, 12 inch	$ 495.00/day plus fuel
Vacuum-pressure Pump, 8 inch	$ 385.00/day plus fuel
Vacuum-pressure Pump, 6 inch	$ 295.00/day plus fuel
Hydraulic Sludge Pump, 4 inch	$ 250.00/day
Hydraulic Sludge Pump, 3 inch	$ 180.00/day
Pneumatic Recovery Pump	$ 400.00/day
Electrical Submersible Pump, 6 inch	$ 375.00/day
Electrical Submersible Pump, 4 inch	$ 325.00/day
Electrical Submersible Pump, 3 inch	$ 190.00/day
Electrical Submersible Pump, 2 inch	$ 80.00/day
Trash Pump, 3 and 4 inch	$ 280.00/day plus fuel
Centrifugal Pump, 3 inch	$ 200.00/day
Centrifugal Pump, 2 inch	$ 175.00/day
Centrifugal Pump, 1 1/2 inch	$ 155.00/day
Diaphragm Pump, 3 inch	$ 150.00/day
Diaphragm Pump, 2 inch	$ 130.00/day
Diaphragm Pump, 1 1/2 inch	$ 115.00/day
Diaphragm Pump, 1 inch	$ 90.00/day
Diaphragm Pump, 2-inch, Stainless steel	$ 175.00/day
Diaphragm Pump, 1-inch, Stainless steel	$ 125.00/day
Progressive Cavity Pump, 6 inch	$ 200.00/day

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PUMPING EQUIPMENT (CONTINUED)

Petro Purge Pump with Controls, 1 1/2 inch	$	110.00/day
Hydro Purge Pump with Controls, 2 inch	$	80.00/day
Explosion-proof Barrel Pump	$	120.00/day
Chemical-feed Pump	$	45.00/day
Recovery Well Pump, 1 1/2 inch	$	35.00/day
Well Development Pump	$	30.00/day
High-pressure pump, 1 1/2 inch	$	90.00/day
Suction Hose, 3 and 4 inch	$	74.00/100 feet/day
Suction Hose, 2 inch	$	62.00/100 feet/day
Suction Hose, 1 1/2 inch	$	42.00/100 feet/day
Discharge Hose, 3 and 4 inch	$	24.00/50 feet/day
Discharge Hose, 2 inch	$	20.00/50 feet/day
Discharge Hose, 1 1/2 inch	$	18.00/50 feet/day
Air Hose, 1 1/2 inch	$	37.00/50 feet/day
Air Hose, 3/4 inch	$	22.00/50 feet/day
Aluminum Transfer Pipe, 6 inch	$	15.00/20 feet/day

SPECIALIZED TOOLS AND EQUIPMENT

Stone Crushing and Screening Plant	Quoted per occurrence	
Pugmill, 3.5 yard	Quoted per occurrence	
Pugmill, 1 yard	Quoted per occurrence	
Pugmill Feed System	Quoted per occurrence	
Reciprocating Feeder	Quoted per occurrence	
Belt Feeder	Quoted per occurrence	
Shaker, Double Deck	Quoted per occurrence	
Shaker, Single Deck	Quoted per occurrence	
Belt Conveyor	Quoted per occurrence	
Screw Auger	Quoted per occurrence	
Cement Silo	Quoted per occurrence	
Inflatable Building	Quoted per occurrence	
Hydraulic Drum Grappler	$	350.00/day
Hydraulic Claw Grappler	$	350.00/day
Double-barrel Forklift Grappler	$	50.00/day
Hydraulic Shears, 490 ton	$1,200.00/day	
Hydraulic Shears, 200 ton	$	590.00/day
Hydraulic Ho-ram, 215	$	130.00/day
Hydraulic Ho-ram, Bobcat	$	50.00/day
Manlift	$	125.00/day plus fuel
Magnet with 4-kW Rectifier	$	100.00/day
Barrel Shredder, 40- x 62-inch throat	$3,500.00/day plus fuel	
Can Shredder, 18- x 20-inch throat	$	625.00/day
Plastic Shredder	$	250.00/day
Barrel Hopper	$	250.00/day
Kiln-dust Applicator	$	500.00/day
Soil Ripper	$	75.00/day
Petro-Tite Tank Tester	$	90.00/day
Petro-Tite Line Tester	$	80.00/day
Petro-Tite Supplementary Circulating Pump	$	65.00/day
Portable Controlled-flow Sampler	$	80.00/day
Ground-water Flow Meter	$	260.00/day
Peristaltic Testwell Pump	$	70.00/day
Drill-rig Truck, Two-ton, B-53	$	95.00/hr plus $.50/mile
Mobile Drill Rig, B-47	$	65.00/hr
Mobile Drill Rig, B-24	$	45.00/hr
Well Sampler Controller	$	85.00/day
Submersible Bladder Pump, 1 1/2-inch, Stainless steel	$	50.00/day
Water-level Indicator	$	13.00/day
Water-level Recorder	$	30.00/day
Oil/Water-level Indicator	$	45.00/day
Hermit Data Logger	$	60.00/day
Pressure Transducer	$	40.00/day
Split Spoon Soil Sampler, Manual	$	35.00/day
Sample Auger, 3-inch, Stainless steel	$	75.00/day
Hydraulic Earth Drill	$	65.00/day
Blast Machine with Galvanometer	$	130.00/day

MISCELLANEOUS TOOLS AND EQUIPMENT

Concrete Coring Machine	$	245.00/day plus tooling

Beazer001510

MISCELLANEOUS TOOLS AND EQUIPMENT (CONTINUED)

Pneumatic Nibbler	$ 45.00/day
Cutting Torch	$ 65.00/day
Welder	$ 65.00/day
Welder, Gas Powered	$ 120.00/day
Partner Saw	$ 45.00/day
Chain Saw	$ 40.00/day
Brush and Weed Cutter	$ 55.00/day
Jackhammer	$ 60.00/day
Hammer Drill	$ 50.00/day
Survey Instrument Set	$ 90.00/day
Magnetic Metal Detector	$ 125.00/day
Space Heater, 90,000 Btu	$ 25.00/day plus fuel
Barrel Cart	$ 30.00/day
Sandblaster	$ 115.00/day
Power Auger, Two man	$ 50.00/day
Equipment Hoist, 3 ton	$ 65.00/day
Scaffolding	Quoted per occurrence
Sound-level Meter	$ 25.00/day
Temporary Control Panel, 400 amp	$ 125.00/day
Temporary Control Panel, 100 amp	$ 55.00/day
Mobile Truck Scales	$ 175.00/day
Portable Barrel Scales	$ 65.00/day
Mercury Vacuum	$ 150.00/day
HEPA Vacuum	$ 125.00/day
Barrel Vacuum	$ 50.00/day
Shop Vacuum	$ 20.00/day
Radio, Handheld	$ 25.00/day
Portable Base	$ 50.00/day
Marine Band Radio, Handheld	$ 25.00/day
Portable Cellular Telephone	$ 25.00/day
Microcomputer	$ 50.00/day
Portable Computer	$ 35.00/day
Facsimile (FAX) Machine	$ 25.00/day

AVIATION EQUIPMENT

Beechcraft King Air Turbo Prop Plane	$ 4.30/mile (round-trip mileage) Plus $125.00/hour waiting time
Learjet	$ 4.80/mile (round-trip mileage) Plus $175.00/hour waiting time

INVOICING PROCEDURES

- OHM requires an executed contract, signed customer purchase order acceptable to OHM, or signed OHM terms and conditions to commence work.
- It is OHM's practice to progress invoice every 7 days. Progress invoices estimate work performed and costs incurred during the invoice period. A final invoice is issued at the completion of the job which summarizes actual use of rate-sheet items and other costs incurred.
- All work performed on an "emergency-response" basis is invoiced at catalog price list rates plus 10 percent.
- All rates are subject to change without prior written notice.
- Customer is responsible for all applicable federal, state, and local taxes and permit fees.
- All rates are stated in United States dollars.
- All invoices are due upon receipt. Balances outstanding more than 30 days after the invoice date are subject to a monthly finance charge of 1 1/2 percent per month from the invoice date.

SUBCONTRACTORS, EXPENDABLES, AND MISCELLANEOUS ITEMS

- All subcontractors and/or costs for disposal, utilities, or other contracted project services are billed at invoice price plus 20 percent.
- OHM per diem rates are charged for subcontractors whose expenses are paid by OHM.

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- Expendable items inventoried and warehoused by OHM are billed according to the OHM expendables price list. Expendable items purchased locally for specific projects are billed at invoice price plus 20 percent.
- A 4 percent surcharge on total daily labor rates is charged for hand-tool use. Hand tools include jig saw, skill saw, nailing gun, electric hammer, 1/2-inch electric impact wrench, reciprocating saw, angle grinder, and pipe threader. Hand tools damaged or contaminated by site conditions will be charged at their replacement cost plus 20 percent.
- All hourly rate equipment and personnel are billed a minimum of 4 hours per day.

PERSONNEL

- All equipment and personnel are billed portal-to-portal plus loading and unloading.
- At the completion of each job, all equipment will be in a clean and working order. Cleaning, repair, or replacement charges will be assessed for equipment contaminated or damaged by site conditions. Equipment contaminated or damaged beyond repair will be charged at actual replacement cost plus 20 percent.
- Straight time (ST) is 8 a.m. to 4 p.m. weekdays. Overtime (OT) is anytime before 8 a.m. and after 4 p.m. weekdays and Saturdays. Premium time (PT) is Sundays and holidays.
- There is a $7.50 per-hour, per-man surcharge for each hour worked in Level A or Level B protection.
- There is an explosives-handling fee of $250 per day, per explosives specialist when explosive materials are handled.
- Expert testimony, including preparation and review time, is charged at 1.5 times normal price list rates.
- The Company reserves the right to increase personnel rates depending upon local conditions.

Beazer001512

CHEM-SECURITY SYSTEMS, INC.

NATIONAL RESPONSE CENTER 1-800-424-8802
OREGON ACCIDENT RESPONSE CENTER 1-800-452-0311

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* 94186 *Form Approved. OMB No. 2050-0039. Expires 9-30-88*

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: ORD027734359 — Manifest Document No.: 715888
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
KOPPERS COMPANY, INC.
7540 N. W. ST. HELENS RD.
PORTLAND, OR 97210 (503) 286-3681

4. Generator's Phone

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name: CHEM SECURITY SYSTEMS
6. US EPA ID Number: ORD089452353

C. State Transporter's ID

D. Transporter's Phone: 503 454 2643

7. Transporter 2 Company Name
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Chem-Security Systems, Inc.
Star Route
Arlington, Oregon 97812

10. US EPA ID Number: ORD089452353

G. State Facility's ID

H. Facility's Phone: 503-454-2643

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	EPA/I. Waste No.
a. HAZARDOUS WASTE SOLID NOS ORM-E NA9188	6	DM cup	330	G cu	U051
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. CREOSOTE CONTAMINATED SOIL
b.
c.
d.

K. WPS D23758 — Handling Code D81
Cu. Yd. 1.62
Lbs. 2640
Gal.

Area	S	D	Q	PR
T7	8	Q	E	4

15. Special Handling Instructions and Additional Information **Waste Profile Sheet Number(s)**
a. D23758
b.
c.
d.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JOHN A. OXFORD — Signature: John A Oxford — Month Day Year: 07 15 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Clayton Wright — Signature: Clayton Wright — Month Day Year: 07 15 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space
Section 11a additional information omitted

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Betty L Reed — Signature: Betty L Reed — Month Day Year: 07 18 88

GENERATOR — TRANSPORTER — FACILITY

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.

ORIGINAL - RETURN TO GENERATOR

Beazer001513

CHEM-SECURITY SYSTEMS, INC.

NATIONAL RESPONSE CENTER 1-800-424-8802
OREGON ACCIDENT RESPONSE CENTER 1-800-452-0311

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)* *Form Approved: OMB No. 2050-0039. Expires 9-30-88*

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: O R D0 2 77 34 3 5 97 — Manifest Document No.: 13 8 8
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
KOPPERS COMPANY, INC.
7540 N. W. ST. HELENS RD.
4. Gen PORTLAND, OR 97210 (503) 286-3681

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: CHEM SECURITY SYSTEMS
6. US EPA ID Number: OR D0 8 9 45 235 3
C. State Transporter's ID
D. Transporter's Phone: 503 454 2643

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Chem-Security Systems, Inc.
Star Route
Arlington, Oregon 97812
10. US EPA ID Number: O R D 0 8 9 4 5 2 3 5 3
G. State Facility's ID
H. Facility's Phone: 503-454-2643

11. US DOT Description *(Including Proper Shipping Name, Hazard Class, and ID Number)*	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	EPA/ Waste No.
a. HAZARDOUS WASTE SOLID NOS ORM-E NA9188	6	DR	330	gal	U051
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. CREOSOTE CONTAMINATED SOIL
b.
c.
d.

K. WPS — Handling Code — Cu. Yd. — Area — S — D — Q — PR — Lbs. — Gal.

15. Special Handling Instructions and Additional Information — **Waste Profile Sheet Number(s)**
a. D23758
b.
c.
d.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: JOHN A. OXFORD — Signature: John A. Oxford — Month Day Year: 07 15 88

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Clayton Wright — Signature: Clayton Wright — Month Day Year: 07 15 88

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Month Day Year

GENERATOR — TRANSPORTER — FACILITY

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete.

GENERATOR'S COPY

E.P.A Hazardous Waste File DEC 2 1985

November 7, 1985

EXHIBIT A

SUPPLEMENTAL INFORMATION DOCUMENT: NUMBER 85-001 (Portland)

This Document supplements, and is part of, that certain "Waste Transportation and Disposal Agreement," (hereinafter "the Agreement"), entered into by and between Koppers Company, Inc., (hereinafter "the Generator"), and Chemical Waste Management, Inc., (hereinafter "Disposer"), on October 1, 1985. The provisions of this Document shall be incorporated into the Agreement.

1. DESCRIPTION OF WASTE PRODUCTS. The "Waste Products", to which the Agreement refers, are described in the "Generator's Waste Material Profile Sheet," Code Designation D23758, attached hereto and made part hereof.

Containers are to be provided by Generator (for drums); Generator according to the following specifications: or Disposer for Bulk

Drums - DOT specification open head drums with 5/8" bolt rings and no side bungs.
Bulk - dump trucks plastic lined and tarped

2. TENDER OF WASTE PRODUCTS. Generator shall tender or deliver the above Waste Products to Disposer as follows:

(a) Quantity of Waste Products to be Tendered Over Term.

(1) Estimated.

Volume listed in Section "F" of referenced Generator's Waste Material Profile Sheet or in addendum to profile sheet.

(2) Guaranteed (if applicable).

Not Applicable

RECEIVED
DEC 11 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

(b) Maximum/Minimum Quantity of Waste Products Per Tender (if tendered in installments).

Maximum - same as quantity listed in Section 2(a) above.

(c) Place of Tender.

Portland, Oregon if Disposer transports
Arlington, Oregon if Generator transports

(d) Time and Frequency of Tender.

8:00 a.m. to 4:30 p.m. weekdays, except holidays, weather permitting.

Beazer001515

(a) Name/Address of Storage Facility:

(b) Name/Address of Facility Permittee:

(c) Permit Number(s)/Initiation and Termination Date(s):

(d) Permitting Authority(ies):

6. DISPOSAL FACILITY. Disposer shall dispose of the above Waste Products at the following disposal facility (or facilities):

(a) Name/Address of Facility (Facilities):
Chem-Security Systems, Inc.
Star Route
Arlington, Oregon 97812

(b) Name/Address of Facility Permittee:
Chem-Security Systems, Inc.
P.O. Box 1866
Bellevue, Washington 98009-1866

(c) Permit Number(s)/Initiation and Termination Date(s):
State of Oregon - HW-1, initiated August 26, 1980; continues pending issuance of new permit

(d) Permitting Authority(ies):
Oregon Department of Environmental Quality

(f) Generator's Billing Address. Disposer shall submit its statements to: Koppers Company, Inc.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

(g) Disposer Billing Address. Disposer will issue its billings from the following:
Chem-Security Systems, Inc.
Star Route
Arlington, Orgeon 97812

NOTE: The prices set forth in this paragraph may be changed at any time during the term hereof upon thirty (30) days prior written notice to the Generator.

11. TERM. The term of the Agreement, with respect to the Waste Products covered in this Document, shall be as follows:
This Agreement shall commence on November 7, 1985 and shall remain in effect until terminated by either party with or without cause by thirty (30) days' advance written notice to the other party.

12. LAW TO GOVERN. The Agreement and this Supplemental Information Document shall be governed and construed in accordance with the laws of the State of Oregon.

13. MISCELLANEOUS CONDITIONS.

By their signatures hereto, the parties agree that this Supplemental Information Document shall be considered an attachment to, and part of, that certain "Waste Transportation and Disposal Agreement" identified above.

Date: November 15, 1985

Koppers Company, Inc.

By: Richard J. Prebud

Title: Senior Buyer

Chemical Waste Management, Inc.

By:

Title:

Waste Management Inc.
GENERATOR'S WASTE MATERIAL

WASTE PROFILE SHEET CODE: D23758
TSDR

A GENERAL INFORMATION

GENERATOR NAME: Koppers Co Inc
FACILITY ADDRESS: 7540 N.W. Saint Helens Rd
Portland Oregon 97229
TECHNICAL CONTACT: Jordan M. Dean TITLE: Mgr, Env Reg. Projects PHONE: 412-227-2307
NAME OF WASTE: Creosote
PROCESS GENERATING WASTE: treatment operations

TRANSPORTER: to be determined
TRANSPORTER PHONE:
GENERATOR USEPA I.D.: ORD027734359
GENERATOR STATE I.D.:

B PHYSICAL CHARACTERISTICS OF WASTE

COLOR: brown black

ODOR: ☐ NONE ☒ MILD ☐ STRONG
DESCRIBE: Creosote

PHYSICAL STATE @ 70°F: ☐ SOLID ☒ SEMI-SOLID ☐ LIQUID ☐ POWDER

LAYERS: ☐ MULTILAYERED ☐ BI-LAYERED ☒ SINGLE PHASED

FREE LIQUIDS: ☐ YES ☒ NO
VOLUME: %

pH: ☐ < 2 ☐ 2-4 ☐ 4.1-6.9 ☒ 7 ☐ 7.1-10 ☐ 10.1-12.5 ☐ > 12.5 ☐ EXACT ☐ N/A

SPECIFIC GRAVITY: ☐ < .8 ☐ .8-1.0 ☒ 1.1-1.2 ☐ EXACT ☐ 1.3-1.4 ☐ 1.5-1.7 ☐ > 1.7

FLASH POINT: ☐ < 70°F ☐ 70°F-100°F ☐ 101°F-139°F ☐ 140°F-200°F ☒ > 200°F ☐ NO FLASH ☐ EXACT ☒ CLOSED CUP ☐ OPEN CUP

C CHEMICAL COMPOSITION (TOTALS MUST ADD TO 100%)

Creosote	30-100 %
coal tar	0-0080 %
Soil	0-80 %
	%
	%
	%
	%
	%
	%
	%

D METALS ☒ TOTAL (PPM) ☐ EPA EXTRACTION PROCEDURE (mg/L)

ARSENIC (As)	0.22	SELENIUM (Se)	0.11
BARIUM (Ba)	2.2	SILVER (Ag)	0.13
CADMIUM (Cd)	0.09	COPPER (Cu)	2.8
CHROMIUM (Cr)	0.43	NICKEL (Ni)	24
MERCURY (Hg)	<0.005	ZINC (Zn)	20
LEAD (Pb)	0.19	THALLIUM (Th)	
CHROMIUM-HEX (Cr + 6)			

E OTHER COMPONENTS - TOTAL (PPM)

CYANIDES	none	PCB'S	ND
SULFIDES	2 mg/l	PHENOLICS	yes

F SHIPPING INFORMATION

D.O.T. HAZARDOUS MATERIAL? ☒ YES ☐ NO
PROPER SHIPPING NAME: Creosote, coal tar
HAZARD CLASS: Combustible I.D. NO.: NA 1993 RQ.:
METHOD OF SHIPMENT: ☐ BULK LIQUID ☒ BULK SOLID ☐ DRUM (TYPE/SIZE)
ANTICIPATED VOLUME: 3,000 TONS as needed CUBIC YARDS ☐ OTHER
PER: ☐ ONE TIME ☐ WEEK ☐ MONTH ☐ QUARTER ☒ YEAR

G HAZARDOUS CHARACTERISTICS

REACTIVITY: ☒ NONE ☐ PYROPHORIC ☐ SHOCK SENSITIVE ☐ EXPLOSIVE ☐ WATER REACTIVE ☐ OTHER

RECEIVED MAY 22 1985

OTHER HAZARDOUS CHARACTERISTICS:
☒ NONE ☐ RADIOACTIVE ☐ ETIOLOGICAL ☐ PESTICIDE MANUFACTURING WASTE ☐ OTHER

USEPA HAZARDOUS WASTE? ☒ YES ☐ NO
USEPA HAZARDOUS CODE(S): U051
STATE HAZARDOUS WASTE? ☐ YES ☒ NO
STATE CODE(S): not listed per se, but specific constituents are hazardous

H SPECIAL HANDLING INFORMATION Fumes from heating are irritating to skin, eyes & respiratory tract
photosensitization can occur

☐ ADDITIONAL PAGE(S) ATTACHED

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS IS COMPLETE AND ACCURATE, AND THAT ALL KNOWN OR SUSPECTED HAZARDS HAVE BEEN DISCLOSED.

AUTHORIZED SIGNATURE	TITLE	DATE
Jordan M Dean	Mgr, Env. Regulatory Projects	2/4/15

Beazer001518

CHEM-SECURITY SYSTEMS, INC. DISPOSAL REQUEST

REFERENCE: D23758
WASTE PROFILE SHEET NO.

RECEIVED OCT 11 1985

SUBJECT:
WASTE STREAM NAME: Creosote

PHYSICAL STATE
LIQUID ☐ SOLID ☒ SEMISOLID ☐

~~NA1993 UOS1~~
EPA WASTE CODE

GENERATOR NAME: KOPPERS CO. INC.

ORD027734359
EPA GENERATOR I.D. NUMBER

FACILITY ADDRESS:

Koppers Co. Inc.
7540 N.W. St. Helens Rd.
Portland, Or. 97229

MAILING ADDRESS

GENERATOR CONTACT PERSON NAME: Jordan M. Dern JOHN OXFORD Tel. No. (503286-3681

Review and approval of the subject waste stream is requested for disposal at the Chem-Security Arlington site. The complete waste description is detailed on the attached waste profile sheet and is summarized below.

DESCRIPTION CHEMICAL COMPOSITION	PROCESS/OPERATION GENERATING WASTE
Creosote 10-100% Coal Tar 0-70% Oil 0-80% Phenolics 0-1%	2779 Terminal Operations

WASTE VOLUME REQUESTED FOR DISPOSAL: NOW 200 drums or 40 tons ANNUAL

Based on the Waste Characteristics, Chem-Security proposes to Dispose of the Waste By (Describe Treatment/Disposal Procedure)

Landfill by procedure 4.

Note: No free liquids may be present in this waste stream.

C.C. CSSI, Arlington, OR
C.C. CSSI, Bellevue, WA
CSSI, Portland, OR
Generator

SUBMITTED BY: Richard D. Zweig (PRINT)
Richard D. Zweig (SIGNATURE)
9/24/85 (DATE)

FOR OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY

THE SUBJECT WASTE STREAM HAS BEEN REVIEWED FOR DISPOSAL AT THE ARLINGTON SITE AND IS HEREBY:

State of Oregon
Department of Environmental Quality
APPROVED
On Oct. 9 1985
By Edward A. Chang
Solid Waste Division
Hazardous Waste Operations

RE: HW4.10 K

COMMENTS:

Beazer001519

CHEM-SECURITY SYSTEMS, INC.
P.O. Box 1269 • Portland, Oregon 97207-1269 • (503) 223-1912
CSSI

November 20, 1985

Jordan M. Dern
Manager Environmental Reg. Program
Koppers Company, Inc.
901 Koppers Building
Pittsburg, Pennsylvania 15219

Re: Waste Profile Number D23758 (copy attached)

Dear Mr. Dern:

Confirming our conversation of today's date, regarding the referenced profile sheet, phenolics would be up to 10,000 ppm and should be so indicated in Section C and E of the profile. The phenolics are all allkylated phenols. There are no halogenated phenols in the material.

Sincerely,

CHEM-SECURITY SYSTEMS, INC.

William Van Dyke
District Sales Manager

WVD:lh
Enclosure

Waste Management, Inc.
GENERATOR'S WASTE MATERIAL

TSDR D23758

A GENERAL INFORMATION

GENERATOR NAME: Koppers Co Inc
TRANSPORTER: to be determined
FACILITY ADDRESS: 7500 N.W. Saint Helens Rd
TRANSPORTER PHONE:
Portland Oregon 97229
GENERATOR USEPA I.D.: ORD027734359
GENERATOR STATE I.D.:
TECHNICAL CONTACT: Jordan M. Dean
TITLE: Mgr, Env Reg. Program
PHONE: 412-227-2207
NAME OF WASTE: Creosote
PROCESS GENERATING WASTE: Terminal operations

B PHYSICAL CHARACTERISTICS OF WASTE

COLOR: brown-black

ODOR: ☐ NONE ☒ MILD ☐ STRONG
DESCRIBE: Creosote

PHYSICAL STATE @ 70°F: ☐ SOLID ☒ SEMI-SOLID ☐ LIQUID ☐ POWDER

LAYERS: ☐ MULTILAYERED ☐ BI-LAYERED ☒ SINGLE PHASED

FREE LIQUIDS: ☐ YES ☒ NO
VOLUME: %

pH: ☐ < 2 ☐ 2-4 ☐ 4.1-6.9 ☒ 7 ☐ 7.1-10 ☐ 10.1-12.5 ☐ > 12.5 ☐ EXACT ☐ N/A

SPECIFIC GRAVITY: ☐ < .8 ☐ .8-1.0 ☒ 1.1-1.2 ☐ EXACT ☐ 1.3-1.4 ☐ 1.5-1.7 ☐ > 1.7

FLASH POINT: ☐ < 70°F ☐ 70°F - 100°F ☐ 101°F - 139°F ☐ 140°F - 200°F ☒ > 200°F ☐ NO FLASH ☐ EXACT ☒ CLOSED CUP ☐ OPEN CUP

C CHEMICAL COMPOSITION (TOTALS MUST ADD TO 100%)

Creosote	30-100 %
coal tar	0-0080 %
Soil	0-80 %
	%
	%
	%
	%
	%
	%
	%

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BARIUM (Ba)	2.2	SILVER (Ag)	0.13
CADMIUM (Cd)	0.09	COPPER (Cu)	2.8
CHROMIUM (Cr)	0.43	NICKEL (Ni)	24
MERCURY (Hg)	<0.005	ZINC (Zn)	20
LEAD (Pb)	0.19	THALLIUM (Th)	
CHROMIUM-HEX (Cr + 6)			

E OTHER COMPONENTS - TOTAL (PPM)

CYANIDES	none	PCB'S	ND
SULFIDES	2 mg/L	PHENOLICS	yes

F SHIPPING INFORMATION

D.O.T. HAZARDOUS MATERIAL? ☒ YES ☐ NO
PROPER SHIPPING NAME: Creosote, coal tar
HAZARD CLASS: Combustible I.D. NO.: NA 1993 RQ.:
METHOD OF SHIPMENT: ☐ BULK LIQUID ☒ BULK SOLID ☐ DRUM (TYPE/SIZE)
ANTICIPATED VOLUME: 3,000 TONS as needed ☐ CUBIC YARDS ☐ OTHER
PER: ☐ ONE TIME ☐ WEEK ☐ MONTH ☐ QUARTER ☑ YEAR ☐

G HAZARDOUS CHARACTERISTICS

REACTIVITY: ☒ NONE ☐ PYROPHORIC ☐ SHOCK SENSITIVE ☐ EXPLOSIVE ☐ WATER REACTIVE ☐ OTHER

RECEIVED MAY 22 1985

OTHER HAZARDOUS CHARACTERISTICS: ☒ NONE ☐ RADIOACTIVE ☐ ETIOLOGICAL ☐ PESTICIDE MANUFACTURING WASTE ☐ OTHER

USEPA HAZARDOUS WASTE? ☒ YES ☐ NO
USEPA HAZARDOUS CODE(S): U051
STATE HAZARDOUS WASTE? ☐ YES ☒ NO
STATE CODE(S):

H SPECIAL HANDLING INFORMATION

Fumes from heating are irritating to skin, eyes & respiratory tract
photosensitization can occur

☐ ADDITIONAL PAGE(S) ATTACHED

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS IS COMPLETE AND ACCURATE, AND THAT ALL KNOWN OR SUSPECTED HAZARDS HAVE BEEN DISCLOSED.

AUTHORIZED SIGNATURE	TITLE	DATE
Jordan M Dean	Mgr. Env. Regulatory Program	2/4/15

Beazer001521

E.P.A File

CHEM-SECURITY SYSTEMS, INC.
P.O. Box 1866 • Bellevue, Washington 98009-1866 • (206) 827-0711
CSSI

Mr. Richard Ireland, Senior Buyer
Koppers Company, Inc.
7540 N. W. St. Helens Road
Portland, Oregon 97229

RE: Our Contract Dated November 7, 1985

Dear Richard:

We are pleased to report that our Arlington and Kettleman Hills Facilities have certified to the EPA that they comply with Part B submittal, ground water monitoring and financial assurance requirements of the recent November 8, 1985 deadline. It is because we have made the necessary investments over the past several years that we are able to continue serving your needs.

We are making every effort to provide that service more efficiently. We have recently added a customer service representative at Arlington to aid in resolving problems with new waste profiles and waste loads. Already, we have seen an improvement in profile approval and problem resolution times, and we expect to see further improvement as we proceed.

The prices listed below will be in effect beginning January 2, 1986 under our contract. It is our intention these prices will remain at the levels indicated at least through the first half of 1986. However, there are regulatory changes that are scheduled to occur in February and November. If the impending regulatory changes or other unanticipated regulatory actions add to our costs to properly manage wastes, we plan to adjust our pricing structure accordingly.

New prices by disposal method are as follows:

Bulk Solids

$\leq$250 tons per year	$120.00 per ton
250-1500 tons per year	$112.00 per ton
1500-3000 tons per year	$104.00 per ton
$\geq$3000 tons per year	$ 96.00 per ton

$10.00 per ton surcharge for oils and solvents $\geq$1000 ppm - all quantities

Solids with density lower than 75 lbs/ft^3	$ 4.50 per cubic foot

Drums to Trench	30-55 gallon	85 gallon
Container 90% full or more	$ 66.00/drum	$102.00/drum
Additional Charges:		
Container less than 90% full	+$ 10.00/drum	+$ 16.00/drum
Small amount of free liquid separates in transit-can be stabilized in drum	+$ 54.00/drum	+$ 96.00/drum
Oil and solvent greater than 1000 ppm	+$ 10.00/drum	+$ 16.00/drum

Also effective January 2, 1986, the State of Oregon will impose a $10 per ton tax on wastes entering the Arlington Facility. This tax will be a separate item on your invoice. As soon as the state has given us more direction on how the tax is to be applied to aqueous wastes and wastes not normally charged by the ton (such as drums), we will forward this information to you.

Thank you for your support, your patience and your patronage.

Sincerely,

CHEM-SECURITY SYSTEMS, INC.

Bill Van Dyke/mb

Bill Van Dyke
District Sales Manager

BV:sj

From the desk of:

RICHARD T. IRELAND

2-4

JOHN OXFORD:

FOLLOW THE ENCLOSED AS SPECIFIED . . .

THANX.

Rick

RECEIVED
FEB 18 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

hazardous waste disposal

CHEM-SECURITY SYSTEMS, INC.
P.O. Box 1866 • Bellevue, Washington 98009-1866 • (206) 827-0711
CSSI

January 27, 1986

RECEIVED
JAN 30 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON
FEB 1986

Mr. Richard Ireland, Senior Buyer
Koppers Company, Inc.
7540 N. W. St. Helens Road
Portland, Oregon 97229

Re: Need to Notify Arlington and Receive Confirmation of Proposed Load Receipt Dates

Dear Richard:

To improve our efficiency in handling your waste loads we request that you begin giving us at least 24 hours notice of wastes you wish to bring to the Arlington facility, effective January 31, 1986.

If you use CSSI's transportation service, you are now providing adequate notification and can disregard the procedures described below. If you use other transportation, please use the procedures described in the steps listed below:

1. Make a list of waste profile numbers and the number of containers you wish to send, and have ready a date and time you will propose for the waste to arrive.

2. Call 503-454-2643, ask for Customer Service and give the information to our Customer Service Representative.

3. Our Customer Service Representative will check with operational personnel and call you back either to confirm the time or to suggest an alternative.

Please note, the facility may not always be able to accept materials on the day you propose. The earlier your call is received, the more lead time we will have in helping to arrange mutually acceptable dates and times.

If you do schedule and then must change the schedule, please call us as soon as you can to discuss the change. If you have an emergency, please call as soon as you are aware of it.

CSSI's operational personnel will process loads using the following priority system:

First Priority: Loads having at least 24 hour notice that have been confirmed and arrive at or before the proposed time.

Second Priority: Loads which have given some notice, that have been confirmed, and arriving at or before the proposed times.

Third Priority: Loads which had confirmed arrival times but arrived late.

Last Priority: Unscheduled loads.

Regulations governing checking of wastes prior to disposal, and actual disposal processes have become more complex over the last several years. Confirmed notification will allow us to plan for checking and processing of your waste load before it arrives. We believe it will help us serve you more efficiently.

We greatly appreciate your cooperation in implementing these procedures. If you have questions, please call our sales office.

Sincerely,

CHEM-SECURITY SYSTEMS, INC.

Bill Van Dyke/mb

Bill Van Dyke
District Sales Manager

BV:mb

2250

ASSOCIATED BUSINESS FORMS - (206) 367-9619

CHEM-SECURITY SYSTEMS, INC.

NATIONAL RESPONSE CENTER 1-800-424-8802
OREGON ACCIDENT RESPONSE CENTER 1-800-452-0311

Please print or type
(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2000-0404, Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. O R D 0 2 7 7 3 4 3 5 9 | Manifest Document No. 8 6 0 0 1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
KAPPERS CO INC

4. Generator's Phone (503) 286-3681

A. Gross
B. Tare
C. Net

5. Transporter 1 Company Name: CHEM SECURITY SYSTEMS
6. US EPA ID Number: O R D 0 8 9 4 5 2 3 5 3
D. Transporter's Phone

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Chem-Security Systems, Inc.
Star Route
Arlington, Oregon 97812
10. US EPA ID Number: **ORD 089 452 353**
G. State Facility's ID
H. Facility's Phone: **503-454-2643**

	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	EPA/I Waste No.
a.	NA HAZARDOUS WASTE SOLID NOS ORM-E 9189	X	20	DM	1100	G	K051
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. NA 9189
b.
c.
d.

K. WPS
Handling Code
Cu. Yd.
Area | S | D | Q | PR | Lbs. / Gal.

15. Special Handling Instructions and Additional Information **Waste Profile Sheet Number(s)**
a. D23758
b.
c.
d.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately decribed above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name | Signature | Date (Month . Day . Year)

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date (Month . Day . Year)

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date (Month . Day . Year)

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name | Signature | Date (Month . Day . Year)

Beazer001527

KOPPERS

from the desk of . . . Richard T. Ireland

5-9-86

JOHN OXFORD

ENCLOSED IS S.I.D. FOR CREOSOTE & SOIL DRUMS AS PER OUR DISCUSSIONS OF TODAY...

I AM CHECKING ON ASBESTOS & WILL LET YOU KNOW A.S.A.P.

THANX

Rich
Ext. 2778

RECEIVED
MAY 12 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

Chuck Vita
Marty Steinberger.

EXHIBIT A

SUPPLEMENTAL INFORMATION DOCUMENT: NUMBER 85-001 (Portland)

This Document supplements, and is part of, that certain "Waste Transportation and Disposal Agreement," (hereinafter "the Agreement"), entered into by and between Koppers Company, Inc., (hereinafter "the Generator"), and Chemical Waste Management, Inc., (hereinafter "Disposer"), on October 1, 1985. The provisions of this Document shall be incorporated into the Agreement.

1. DESCRIPTION OF WASTE PRODUCTS. The "Waste Products", to which the Agreement refers, are described in the "Generator's Waste Material Profile Sheet," Code Designation D23758, attached hereto and made part hereof.

   Containers are to be provided by Generator (for drums); Generator or Disposer for Bulk according to the following specifications:

   Drums - DOT specification open head drums with 5/8" bolt rings and no side bungs.
   Bulk - dump trucks plastic lined and tarped

2. TENDER OF WASTE PRODUCTS. Generator shall tender or deliver the above Waste Products to Disposer as follows:

   (a) Quantity of Waste Products to be Tendered Over Term.

   (1) Estimated.

   Volume listed in Section "F" of referenced Generator's Waste Material Profile Sheet or in addendum to profile sheet.

   (2) Guaranteed (if applicable).

   Not Applicable

   (b) Maximum/Minimum Quantity of Waste Products Per Tender (if tendered in installments).

   Maximum - same as quantity listed in Section 2(a) above.

   (c) Place of Tender.

   Portland, Oregon if Disposer transports
   Arlington, Oregon if Generator transports

   (d) Time and Frequency of Tender.

   8:00 a.m. to 4:30 p.m. weekdays, except holidays, weather permitting.

© 1984 WASTE MANAGEMENT, INC

(e) Manner of Tender (including notification to Disposer).

Uniform hazardous waste manifest, telephone request to Disposer (if Disposer provides transportation) drums must have waste profile sheet code marked on each drum top.

3. WORK RULES/PROCEDURES AT GENERATOR'S PREMISES. Any specific rules or procedures required by Generator for workers on its premises must be noted here, or attached hereto and initialed by both parties.

4. LOADING AND TRANSPORTATION. The Waste Products are to be loaded (or stowed) on vehicles (or vessels) by Generator _____, and transported to the Storage Facility/Disposal Facility (circle one) by Generator or Disposer _____. If the Waste Products are first transported to a Storage Facility, they will be reloaded (or stowed) on vehicles (or vessels) by _____, and transported to the Disposal Facility by _____. If Disposer is to provide transportation the following special transportation requirements (if any) shall apply, pursuant to the Generator's direction:

(a) Vehicles or Vessels.

Flatbed truck for drums; dump truck for bulk shipments

(b) Routes.

Not applicable

(c) Hours of Transportation.

Not applicable

5. STORAGE FACILITY. Disposer shall store the Waste Products at the following storage facility for a period not to exceed ____ days, from which facility the Waste Products will then be removed to the Disposal Facility:

Not applicable

(a) Name/Address of Storage Facility:

(b) Name/Address of Facility Permittee:

(c) Permit Number(s)/Initiation and Termination Date(s):

(d) Permitting Authority(ies):

6. DISPOSAL FACILITY. Disposer shall dispose of the above Waste Products at the following disposal facility (or facilities):

(a) Name/Address of Facility (Facilities):
Chem-Security Systems, Inc.
Star Route
Arlington, Oregon 97812

(b) Name/Address of Facility Permittee:
Chem-Security Systems, Inc.
P.O. Box 1866
Bellevue, Washington 98009-1866

(c) Permit Number(s)/Initiation and Termination Date(s):
State of Oregon - HW-1, initiated August 26, 1980; continues pending issuance of new permit

(d) Permitting Authority(ies):
Oregon Department of Environmental Quality

7. DISPOSAL METHODS: Disposer shall utilize one or more of the following methods for the disposal of the Waste Products:
secure burial - no free liquid may be present

8. EMERGENCY SERVICES: Disposer shall provide emergency transportation, storage or disposal services, with respect to the above Waste Products, pursuant to the following:
Response to an incident involving Disposer's transportation or as required by site license or at Generator's request if Disposer transports.

9. RECLAMATION AND/OR SALE OF WASTE PRODUCTS. Disposer is authorized to reclaim, recover and sell, distribute or use the Waste Products, their components or residues, except as specified below:

10. COMPENSATION. The Generator shall compensate Disposer as follows:

(a) For Transportation, Storage and Disposal of Waste Products.

Drums - $640 per 48,000 lb. maximum flatbed truckload. Include two hours loading time. Time beyond will be $16.25 per quarter hour. See Attachment I for less than truckload amounts.

(b) For Transportation and Disposal of Waste Products.

For bulk shipments - $640 per 20-ton maximum dumptruck load. $35 per load to plastic line. Includes one hour to load. Time beyond one hour will be $16.25 per quarter hour.

(c) For Disposal of Waste Products Only.

Drums - $60 per 30-gal. or 55-gal. drum. Bulk - $116 per ton. Minimum disposal billing is $200 per tender. Federal tax is $2.13 per dry weight ton.

(d) Emergency Services.

No charge for conforming waste if Disposer transports; time and materials basis if Disposer transports.

(e) Measurement of Waste Products. Waste Products shall be measured by Disposer for the purpose of computing fees hereunder, at the time and place, and in the manner, as follows: Upon acceptance at Arlington facility using:
drum count or facility scale (for bulk loads)

(f) Generator's Billing Address. Disposer shall submit its statements to: Koppers Company, Inc.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

(g) Disposer Billing Address. Disposer will issue its billings from the following:
Chem-Security Systems, Inc.
Star Route
Arlington, Orgeon 97812

NOTE: The prices set forth in this paragraph may be changed at any time during the term hereof upon thirty (30) days prior written notice to the Generator.

11. TERM. The term of the Agreement, with respect to the Waste Products covered in this Document, shall be as follows:
This Agreement shall commence on November 7, 1985 and shall remain in effect until terminated by either party with or without cause by thirty (30) days' advance written notice to the other party.

12. LAW TO GOVERN. The Agreement and this Supplemental Information Document shall be governed and construed in accordance with the laws of the State of Oregon.

13. MISCELLANEOUS CONDITIONS.

By their signatures hereto, the parties agree that this Supplemental Information Document shall be considered an attachment to, and part of, that certain "Waste Transportation and Disposal Agreement" identified above.

Date: November 15, 1985

Koppers Company, Inc.

By: Richard S. Packard

Title: Senior Buyer

Chemical Waste Management, Inc.

By:

Title:

Waste Profile Sheet

Waste Management, Inc.
GENERATOR'S WASTE MATERIAL

WASTE PROFILE SHEET CODE: D23758

TSDR:

A GENERAL INFORMATION

GENERATOR NAME: Koppers Co Inc

TRANSPORTER: to be determined

FACILITY ADDRESS: 7540 N.W. Saint Helens Rd
Portland Oregon 97229

TRANSPORTER PHONE:

GENERATOR USEPA I.D.: ORD027734359

GENERATOR STATE I.D.:

TECHNICAL CONTACT: Jordan M. Dern

TITLE: Mgr, Env Reg. Program

PHONE: 412-227-2207

NAME OF WASTE: Creosote

PROCESS GENERATING WASTE: terminal operations

B PHYSICAL CHARACTERISTICS OF WASTE

COLOR: brown black

ODOR: ☐ NONE ☒ MILD ☐ STRONG

DESCRIBE: Creosote

PHYSICAL STATE @ 70°F: ☐ SOLID ☒ SEMI-SOLID ☐ LIQUID ☐ POWDER

LAYERS: ☐ MULTILAYERED ☐ BI-LAYERED ☒ SINGLE PHASED

FREE LIQUIDS: ☐ YES ☒ NO

VOLUME: %

pH: ☐ < 2 ☐ 7.1-10 ☐ N/A ☐ 2-4 ☐ 10.1-12.5 ☐ 4.1-6.9 ☐ > 12.5 ☒ 7 ☐ EXACT

SPECIFIC GRAVITY: ☐ < .8 ☐ 1.3-1.4 ☐ .8-1.0 ☐ 1.5-1.7 ☒ 1.1-1.2 ☐ > 1.7 ☐ EXACT

FLASH POINT: ☐ < 70°F ☒ > 200°F ☒ CLOSED CUP ☐ 70°F-100°F ☐ NO FLASH ☐ OPEN CUP ☐ 101°F-139°F ☐ EXACT ☐ 140°F-200°F

C CHEMICAL COMPOSITION (TOTALS MUST ADD TO 100%)

Creosote	30-100%
coal tar	0-0080%
Soil	0-80%
	%
	%
	%
	%
	%
	%
	%

D METALS ☒ TOTAL (PPM) ☐ EPA EXTRACTION PROCEDURE (mg/L)

ARSENIC (As)	0.22	SELENIUM (Se)	0.11
BARIUM (Ba)	2.2	SILVER (Ag)	0.13
CADMIUM (Cd)	0.09	COPPER (Cu)	2.8
CHROMIUM (Cr)	0.43	NICKEL (Ni)	24
MERCURY (Hg)	<0.005	ZINC (Zn)	20
LEAD (Pb)	0.19	THALLIUM (Th)	
CHROMIUM-HEX (Cr + 6)			

E OTHER COMPONENTS - TOTAL (PPM)

CYANIDES	none	PCB'S	no
SULFIDES	2 mg/l	PHENOLICS	yes

F SHIPPING INFORMATION

D.O.T. HAZARDOUS MATERIAL? ☒ YES ☐ NO

PROPER SHIPPING NAME: Creosote, coal tar

HAZARD CLASS: Combustible I.D. NO. NA 1993 R.Q.

METHOD OF SHIPMENT: ☐ BULK LIQUID ☒ BULK SOLID ☐ DRUM (TYPE/SIZE)

ANTICIPATED VOLUME: 3,000 TONS as needed CUBIC YARDS

OTHER

PER: ☐ ONE TIME ☐ WEEK ☐ MONTH ☐ QUARTER ☒ YEAR ☐

G HAZARDOUS CHARACTERISTICS

REACTIVITY: ☒ NONE ☐ PYROPHORIC ☐ SHOCK SENSITIVE ☐ EXPLOSIVE ☐ WATER REACTIVE ☐ OTHER

OTHER HAZARDOUS CHARACTERISTICS: ☒ NONE ☐ RADIOACTIVE ☐ ETIOLOGICAL ☐ PESTICIDE MANUFACTURING WASTE ☐ OTHER

USEPA HAZARDOUS WASTE? ☒ YES ☐ NO

USEPA HAZARDOUS CODE(S): U051

STATE HAZARDOUS WASTE? ☐ YES ☒ NO

not listed per se, but some components are hazardous

STATE CODE(S):

RECEIVED MAY 22 1985

H SPECIAL HANDLING INFORMATION Fumes from heating are irritating to skin, eyes + respiratory tract photosensitization can occur

☐ ADDITIONAL PAGE(S) ATTACHED

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS IS COMPLETE AND ACCURATE, AND THAT ALL KNOWN OR SUSPECTED HAZARDS HAVE BEEN DISCLOSED.

AUTHORIZED SIGNATURE: Jordan M Dern

TITLE: Mgr, Env Regulatory Program

DATE: 2/4/15

Beazer001534

CHEM-SECURITY SYSTEMS, INC. DISPOSAL REQUEST

REFERENCE: D23758
WASTE PROFILE SHEET NO.

RECEIVED OCT 1 1 1985

SUBJECT:

WASTE STREAM NAME: Creosote

PHYSICAL STATE
LIQUID ☐ SOLID ☒ SEMISOLID ☐

~~NA1993~~ U051
EPA WASTE CODE

GENERATOR NAME: KOPPERS CO. INC.

ORD027734359
EPA GENERATOR I.D. NUMBER

FACILITY ADDRESS:

Koppers Co. Inc.
7540 N.W. St. Helens Rd.
Portland, Or. 97229

MAILING ADDRESS

GENERATOR CONTACT PERSON NAME: Jordan M. Dern JOHN OXFORD Tel. No. (503286-3681

Review and approval of the subject waste stream is requested for disposal at the Chem-Security Arlington site. The complete waste description is detailed on the attached waste profile sheet and is summarized below.

DESCRIPTION CHEMICAL COMPOSITION	2779 PROCESS/OPERATION GENERATING WASTE
Creosote 10-100% Coal Tar 0-70% Oil 0-80% Phenolics 0-15	Terminal Operations

WASTE VOLUME REQUESTED FOR DISPOSAL: NOW 200 drums or 10 tons ANNUAL

Based on the Waste Characteristics, Chem-Security proposes to Dispose of the Waste By (Describe Treatment/Disposal Procedure)

Landfill by procedure 4.

Note: No free liquids may be present in this waste stream.

C.C. CSSI, Arlington, OR
C.C. CSSI, Bellevue, WA
CSSI, Portland, OR
Generator

SUBMITTED BY: Richard B. Zweig (NAME)
(SIGNATURE)
9/12/85 (DATE)

FOR OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY

THE SUBJECT WASTE STREAM HAS BEEN REVIEWED FOR DISPOSAL AT THE ARLINGTON SITE AND IS HEREBY:

State of Oregon
Department of Environmental Quality
APPROVED
On Oct. 9 1985
by Edward A. Chang
Solid Waste Div.
Hazardous Waste Operations

RE: HW4.10 K

COMMENTS:

Beazer001535

CHEM-SECURITY SYSTEMS, INC.
P.O. Box 1269 • Portland, Oregon 97207-1269 • (503) 223-1912
CSSI

November 20, 1985

Jordan M. Dern
Manager Environmental Reg. Program
Koppers Company, Inc.
901 Koppers Building
Pittsburg, Pennsylvania 15219

Re: Waste Profile Number D23758 (copy attached)

Dear Mr. Dern:

Confirming our conversation of today's date, regarding the referenced profile sheet, phenolics would be up to 10,000 ppm and should be so indicated in Section C and E of the profile. The phenolics are all allkylated phenols. There are no halogenated phenols in the material.

Sincerely,

CHEM-SECURITY SYSTEMS, INC.

William Van Dyke
District Sales Manager

WVD:lh
Enclosure

Waste Management, Inc.
GENERATOR'S WASTE MATERIAL

TSDR D23758

A GENERAL INFORMATION

GENERATOR NAME: Koppers Co Inc
TRANSPORTER: to be determined
FACILITY ADDRESS: 7540 N.W. Saint Helens Rd
Portland Oregon 97229
TRANSPORTER PHONE:
GENERATOR USEPA I.D.: ORD027734359
GENERATOR STATE I.D.:
TECHNICAL CONTACT: Jordan M. Dean TITLE: Mgr, Env Reg. Program PHONE: 412-227-2207
NAME OF WASTE: Creosote
PROCESS GENERATING WASTE: terminal operations

B PHYSICAL CHARACTERISTICS OF WASTE

COLOR: brown-black

ODOR: ☐ NONE ☒ MILD ☐ STRONG
DESCRIBE: Creosote

PHYSICAL STATE @ 70°F: ☐ SOLID ☒ SEMI-SOLID ☐ LIQUID ☐ POWDER

LAYERS: ☐ MULTILAYERED ☐ BI-LAYERED ☒ SINGLE PHASED

FREE LIQUIDS: ☐ YES ☒ NO
VOLUME: %

pH: ☐ < 2 ☐ 2-4 ☐ 4.1-6.9 ☒ 7 ☐ 7.1-10 ☐ 10.1-12.5 ☐ > 12.5 ☐ EXACT ☐ N/A

SPECIFIC GRAVITY: ☐ < .8 ☐ .8-1.0 ☒ 1.1-1.2 ☐ EXACT ☐ 1.3-1.4 ☐ 1.5-1.7 ☐ > 1.7

FLASH POINT: ☐ < 70°F ☐ 70°F-100°F ☐ 101°F-139°F ☐ 140°F-200°F ☒ > 200°F ☐ NO FLASH ☐ EXACT ☒ CLOSED CUP ☐ OPEN CUP

C CHEMICAL COMPOSITION (TOTALS MUST ADD TO 100%)

Creosote	30-100%
coal tar	0-70%
soil	0-30%

D METALS ☒ TOTAL (PPM) ☐ EPA EXTRACTION PROCEDURE (mg/L)

ARSENIC (As)	0.22	SELENIUM (Se)	0.11
BARIUM (Ba)	2.2	SILVER (Ag)	0.13
CADMIUM (Cd)	0.09	COPPER (Cu)	2.8
CHROMIUM (Cr)	0.43	NICKEL (Ni)	24
MERCURY (Hg)	<0.005	ZINC (Zn)	20
LEAD (Pb)	0.19	THALLIUM (Th)	
CHROMIUM-HEX (Cr + 6)			

E OTHER COMPONENTS - TOTAL (PPM)

CYANIDES	none	PCB'S	no
SULFIDES	2 mg/l	PHENOLICS	yes

F SHIPPING INFORMATION

D.O.T. HAZARDOUS MATERIAL? ☒ YES ☐ NO
PROPER SHIPPING NAME: Creosote, coal tar
HAZARD CLASS: Combustible I.D. NO. NA 1993 RQ. 1 lb.
METHOD OF SHIPMENT: ☐ BULK LIQUID ☒ BULK SOLID ☐ DRUM (TYPE/SIZE)
ANTICIPATED VOLUME: 3,000 tons as needed CUBIC YARDS ☐ OTHER
PER: ☐ ONE TIME ☐ WEEK ☐ MONTH ☐ QUARTER ☒ YEAR ☐

G HAZARDOUS CHARACTERISTICS

REACTIVITY: ☒ NONE ☐ PYROPHORIC ☐ SHOCK SENSITIVE ☐ EXPLOSIVE ☐ WATER REACTIVE ☐ OTHER

RECEIVED MAY 23 1985

OTHER HAZARDOUS CHARACTERISTICS: ☒ NONE ☐ RADIOACTIVE ☐ ETIOLOGICAL ☐ PESTICIDE MANUFACTURING WASTE ☐ OTHER

USEPA HAZARDOUS WASTE? ☒ YES ☐ NO
USEPA HAZARDOUS CODE(S): U051
STATE HAZARDOUS WASTE? ☐ YES ☒ NO not listed per se, but some components are hazardous
STATE CODE(S):

H SPECIAL HANDLING INFORMATION

Fumes from heating are irritating to skin, eyes & respiratory tract
photosensitization can occur

☐ ADDITIONAL PAGE(S) ATTACHED

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS IS COMPLETE AND ACCURATE, AND THAT ALL KNOWN OR SUSPECTED HAZARDS HAVE BEEN DISCLOSED.

AUTHORIZED SIGNATURE	TITLE	DATE
Jordan M Dean	Mgr Env Regulatory Program	2/4/15

Beazer001537

Koppers Company, Inc.
Pittsburgh, PA 15219

KOPPERS

Purchase Order

Copy Portland OR

To Labelmaster
724 North Pulaski Road
Chicago, ILL 60646
Attn: J. J. Wenstrup

Date February 25, 1986
Order No. 15-6-50043
Sheet 1
Continued on sheet 1-A

This order number must be shown on all shipments, invoices, correspondence, etc.

Koppers requests that Seller furnish the material and/or services listed below, subject to the terms on the face and reverse side of this order.

Ship to: SEE INVOICE AND SHIPPING INSTRUCTIONS BELOW

Prepaid via UPS

RECEIVED
APR 14 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

On truckload or carload shipments routing will be furnished by Koppers Traffic and Transportation Department.

Requisition No.	Inquiry No.	Account No.

Quantity	Description	Price
	MISCELLANEOUS HAZARDOUS MATERIAL LABELS, FORMS, PACKAGING AND PLACARDS (BLANKET ORDER)	
	This purchase order is issued to cover MISCELLANEOUS HAZARDOUS MATERIAL LABELS, FORMS, PACKAGING AND PLACARDS for ALL KOPPERS COMPANY, Chemical and Allied Products plants for the period of January 1, 1986 through December 31, 1986.	
	Item 1: CATALOG HW-85 ..... Item 2: CATALOG P86 ..... Item 3: CATALOG 83P ..... Item 4: CATALOG 85G ..... Item 5: CATALOG MMT-86T	"ONE BRACKET UP" FROM LIST AND CATALOG
	EXAMPLE: ITEM X — QTY 100 $.10/EA. — QTY 200 $.05/EA. ORDER OF 100 QUANTITY WILL BE $.05/EA.	
	KOPPERS will specify the Blanket Order Number to seller's order department at the time of each release. Releases will either be telephoned to Seller or forwarded to him on a requisition release. Seller will supply KOPPERS Company one (1) copy of his packing list to cover each shipment.	

AS NOTED

Budget	Addition	Deduction	Total
Est. Weight			

Beazer001538

Koppers Co[illegible] Inc.
Pittsburgh, P[illegible] 219

KOPPERS

Purchase Order

Copy

To Labelmaster
5724 North Pulaski Road
Chicago, ILL 60646
Attn: J. J. Wenstrup

Date February 25, 1986
Order No. 15-6-50043
Sheet 1-A
Continued on sheet 1-B

This order number must be shown on all shipments, invoices, correspondence, etc.

Quantity	Description	Price
	Each packing list will contain KOPPERS' requisition, quantity, release number for each item and any other description and/or price seller deems necessary. INVOICE AND SHIPPING INSTRUCTIONS: To be designated at time of release order by plant or KOPPERS' location making release. Seller is to provide one (1) photocopy of each invoice for reference to: KOPPERS COMPANY, INC. K-801 KOPPERS BUILDING PITTSBURGH, PA 15219 ATTN: MARYANN GOODRICH Seller is to give KOPPERS Company written notice thirty (30) days prior to any price increase. KOPPERS Company reserves the right to cancel this order at anytime without charge. KOPPERS' IS ENTITLED TO ALL REMEDIES PURSUANT TO THE UNIFORM COMMERCIAL CODE. NOTE: This order supercedes and cancels order #15-5-50008 dated January 16, 1985. PRICE - BASED ON SELLER'S CURRENT PRICE LIST F.O.B.- SHIPPING POINT FREIGHT MUST BE PREPAID AND SHOWN AS A SEPARATE ITEM ON SELLER'S INVOICE. A COPY OF THE PAID FREIGHT BILL MUST BE ATTACHED TO THE INVOICE TO SUPPORT THIS CHARGE. SHIP - AS RELEASED TERMS - NET 30 DAYS TAX: AS APPLICABLE PER EACH STATE RELEASED.	

Budget | Addition | Deduction | Total
Est. Weight

Beazer001539

Koppers Company, Inc.
Pittsburgh, PA 15219

KOPPERS

Purchase Order

Copy

To Labelmaster
5724 North Pulaski Road
Chicago, ILL 60646
Attn: J. J. Wenstrup

Date February 25, 1986
Order No. 15-6-50043
Sheet 1-B
Continued on sheet END

This order number must be shown on all shipments, invoices, correspondence, etc.

Quantity	Description	Price
	INVOICES FOR GOODS OR SERVICES FURNISHED AGAINST THIS PURCHASE ORDER MUST BE CERTIFIED AS FOLLOWS: "SELLER hereby certifies that the amounts invoiced for goods and services purchased comply in all respects with all current applicable price control regulations or guidelines promulgated by governmental authority." cc: P. Denning - 3700 Koppers Street - Baltimore, MD 21203 J. Sebbens - K-850 J. Cafaro - K-850 C. Brush - K-1940 S. Tymiak - K-1940 M. Schlesinger - K-1940 C. Vita - K-1940 D. Kerschner - K-1940 B. Kerschner - K-1250 J. Dern - K-901 C. Markle - K-901 M. Dvorsky - K-1350 D. King - North Little Rock, AR B. Simpson - Florence, SC M. A. Goodrich - K-801 R. T. Ireland - K-801 G. J. McGinley - K-801 All CAP Chemical Locations - Plant Managers MARYANN GOODRICH/DMG	

EST. $1,000.00

Budget	Addition	Deduction	Total
Est. Weight			

Beazer001540

CHEM-SECURITY SYSTEMS, INC.
P.O. Box 1866 • Bellevue, Washington 98009-1866 • (206) 827-0711
CSSI

January 27, 1986

RECEIVED
JAN 30 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

Mr. Richard Ireland, Senior Buyer
Koppers Company, Inc.
7540 N. W. St. Helens Road
Portland, Oregon 97229

Re: Need to Notify Arlington and Receive Confirmation of Proposed Load Receipt Dates

Dear Richard:

To improve our efficiency in handling your waste loads we request that you begin giving us at least 24 hours notice of wastes you wish to bring to the Arlington facility, effective January 31, 1986.

If you use CSSI's transportation service, you are now providing adequate notification and can disregard the procedures described below. If you use other transportation, please use the procedures described in the steps listed below:

1. Make a list of waste profile numbers and the number of containers you wish to send, and have ready a date and time you will propose for the waste to arrive.

2. Call 503-454-2643, ask for Customer Service and give the information to our Customer Service Representative.

3. Our Customer Service Representative will check with operational personnel and call you back either to confirm the time or to suggest an alternative.

Please note, the facility may not always be able to accept materials on the day you propose. The earlier your call is received, the more lead time we will have in helping to arrange mutually acceptable dates and times.

If you do schedule and then must change the schedule, please call us as soon as you can to discuss the change. If you have an emergency, please call as soon as you are aware of it.

CSSI's operational personnel will process loads using the following priority system:

First Priority: Loads having at least 24 hour notice that have been confirmed and arrive at or before the proposed time.

Second Priority: Loads which have given some notice, that have been confirmed, and arriving at or before the proposed times.

Third Priority: Loads which had confirmed arrival times but arrived late.

Last Priority: Unscheduled loads.

Regulations governing checking of wastes prior to disposal, and actual disposal processes have become more complex over the last several years. Confirmed notification will allow us to plan for checking and processing of your waste load before it arrives. We believe it will help us serve you more efficiently.

We greatly appreciate your cooperation in implementing these procedures. If you have questions, please call our sales office.

Sincerely,

CHEM-SECURITY SYSTEMS, INC.

Bill Van Dyke/mb

Bill Van Dyke
District Sales Manager

BV:mb

CHEM-SECURITY SYSTEMS, INC.
P.O. Box 1866 • Bellevue, Washington 98009-1866 • (206) 827-0711
CSSI

January 27, 1986

RECEIVED
JAN 30 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

Mr. Richard Ireland, Senior Buyer
Koppers Company, Inc.
7540 N. W. St. Helens Road
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3. Our Customer Service Representative will check with operational personnel and call you back either to confirm the time or to suggest an alternative.

Please note, the facility may not always be able to accept materials on the day you propose. The earlier your call is received, the more lead time we will have in helping to arrange mutually acceptable dates and times.

If you do schedule and then must change the schedule, please call us as soon as you can to discuss the change. If you have an emergency, please call as soon as you are aware of it.

CSSI's operational personnel will process loads using the following priority system:

First Priority: Loads having at least 24 hour notice that have been confirmed and arrive at or before the proposed time.

Second Priority: Loads which have given some notice, that have been confirmed, and arriving at or before the proposed times.

Third Priority: Loads which had confirmed arrival times but arrived late.

Last Priority: Unscheduled loads.

Regulations governing checking of wastes prior to disposal, and actual disposal processes have become more complex over the last several years. Confirmed notification will allow us to plan for checking and processing of your waste load before it arrives. We believe it will help us serve you more efficiently.

We greatly appreciate your cooperation in implementing these procedures. If you have questions, please call our sales office.

Sincerely,

CHEM-SECURITY SYSTEMS, INC.

Bill Van Dyke/mb

Bill Van Dyke
District Sales Manager

BV:mb

CHEM-SECURITY SYSTEMS, INC. DISPOSAL REQUEST

REFERENCE: D23758 WASTE PROFILE SHEET NO.

RECEIVED
OCT 15 1985

SUBJECT:
WASTE STREAM NAME: Creosote

PHYSICAL STATE
LIQUID ☐ SOLID ☒ SEMISOLID ☐

~~NA1993~~ ~~U051~~ EPA WASTE CODE

GENERATOR NAME: KOPPERS CO. INC.

KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

ORD027734359 EPA GENERATOR I.D. NUMBER

FACILITY ADDRESS	MAILING ADDRESS
Koppers Co. Inc. 7540 N.W. St. Helens Rd. Portland, Or. 97229	

GENERATOR CONTACT PERSON NAME: Jordan M. Dern Tel. No. (~~503~~286-3681

Review and approval of the subject waste stream is requested for disposal at the Chem-Security Arlington site. The complete waste description is detailed on the attached waste profile sheet and is summarized below.

DESCRIPTION CHEMICAL COMPOSITION	2879 PROCESS/OPERATION GENERATING WASTE
Creosote 10-100% Coal Tar 0-70% soil 0-80% Phenolics 0-1%	Terminal Operations

WASTE VOLUME REQUESTED FOR DISPOSAL: NOW ~~200 drums or 40 tons~~ ANNUAL

Based on the Waste Characteristics, Chem-Security proposes to Dispose of the Waste By (Describe Treatment/Disposal Procedure)

Landfill by procedure 4.

Note: No free liquids may be present in this waste stream.

C.C. CSSI, Arlington, OR
C.C. CSSI, Bellevue, WA
CSSI, Portland, OR
Generator

SUBMITTED BY: Richard D. Zweig (NAME (PRINT))
Richard D. Zweig (SIGNATURE)
9/12/85 (DATE)

FOR OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY

THE SUBJECT WASTE STREAM HAS BEEN REVIEWED FOR DISPOSAL AT THE ARLINGTON SITE AND IS HEREBY:

State of Oregon
Department of Environmental Quality
APPROVED
On Oct. 9, 1985
By Eduardo A. Chong
Solid Waste Division
Hazardous Waste Operations

RE: HW4.10 K

COMMENTS:

CSSI-6000 (1/85)

Beazer001545

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS RD.

PORTLAND OREGON 97210-3663

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100077-9

(17-19) DISCHARGE NUMBER:

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	11	1	TO	88	12	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

3077J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	6000							N/1	4/30	GRAB
	PERMIT REQUIREMENT		NA	GWP							
TEMP	SAMPLE MEASUREMENT				44	45	46	F	0	4/30	GRAB
	PERMIT REQUIREMENT										
PH	SAMPLE MEASUREMENT				6.0	6.3	6.6		0	4/30	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SU			
OIL & GREASE	SAMPLE MEASUREMENT				0.2	0.575	1.0	MG/L	0	4/30	GRAB
	PERMIT REQUIREMENT					10	15				
PHENOLS	SAMPLE MEASUREMENT				0.05	0.075	0.11	MG/L	1	4/30	GRAB
	PERMIT REQUIREMENT					0.5	0.7	PPM			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A OXFORD 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 U.S.C. § 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.)*	John A Oxford	503	286-3681	88	12	13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO.	DAY

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

Beazer001546

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33, U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

FOLD HERE THIRD

STAPLE HERE

Beazer001547

4 Tank pumps 4 x 45000 = 180000 ÷ 30 6000

	WW1	WW2	WW3	WW4	
Temp.	46	46	44	44	182÷4 46
Ph.	6.6	6.5⁻	6.1	6.0	25.2÷4 6.3
oil + grease	1.0	0.9	0.2	0.2	2.3÷4 0.575⁻
Phenols	0.15⁻	0.05⁻	0.09	0.11	0.3÷4 0.075⁻

Beazer001548

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

NAME: Koppers Co Inc

ADDRESS: 7340 N. W. St Helens Rd. Portland OR 97210-3663

FACILITY:

LOCATION: Multnomah

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100077-9

(17-19) DISCHARGE NUMBER:

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	88	11	1	TO	88	12	1

30 77 J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
Flow.	SAMPLE MEASUREMENT	6000							N/A	~~DAY~~ 30	grab.
	PERMIT REQUIREMENT		N/A	GWP							
Temp.	SAMPLE MEASUREMENT				44	45	46	F	0	~~DAY~~ 30	GRAB
	PERMIT REQUIREMENT										
Ph.	SAMPLE MEASUREMENT				6.0	6.3	6.6	SU	0	~~DAY~~ 30	grab.
	PERMIT REQUIREMENT				6.0		9.0				
Oil & grease	SAMPLE MEASUREMENT				0.2	0.575	1.0	mg/L	0	4/30	GRAB
	PERMIT REQUIREMENT					10	15				
Phenols.	SAMPLE MEASUREMENT				0.05	0.075	0.11	mg/L	1	4/30	GRAB
	PERMIT REQUIREMENT					0.5	0.7	ppm			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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: AREA CODE / NUMBER

DATE: YEAR / MO / DAY

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

Beazer001549

11-17-88

W-W-T-3

Temp. [redacted] 44

Ph. [redacted] 6.1

W-W-T-4

Temp- 44

Ph. 6.0

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 1, 1988
Log #A881118-S2
PO# Verbal John

Koppers Co., Inc.
7540 NW St. Helens Rd.
Portland, OR 97229
Attention: John Oxford

Sample Collected: 11/17/88 0930 hrs.
Sample Received: 11/18/88

ANALYSIS	METHOD	WWT3	WWT4	UNITS
Oil & Grease	EPA 413.2	0.2	0.2	mg/L
Total Phenols	EPA 420.1	0.09	0.11	mg/L

Sincerely,

Victor A. Perry,
Quality Assurance

Sincerely,

Susan M. Coffey,
President

SMC/lws

This report is for the sole and exclusive use of the client. Samples are retained a maximum of 15 days from the report date, or until the maximum holding time expires.

DEC 6 1988

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

THIS SECTION FOR LABORATORY USE ONLY

LABORATORY LOG # A881118-52
CUSTABBR: _____ NEW _____
DUE DATE _____ R P C
VERBAL RESULTS _____

(1)PREPAID? CASH _____ CK# _____
(2)PAY FOR REL $ _____ PRT PM$ _____
(3)NET 30 DAY _____ (4)PROF. COURTES

PLEASE FILL IN THE REQUESTED INFORMATION COMPLETELY

LABORATORY REPORT INFORMATION:

COMPANY (or private party) NAME Koppers Co.

MAILING ADDRESS: _____

CITY, STATE, ZIP _____

REPORT TO ATTENTION OF: _____ PHONE ( ) ____-____

DO YOU NEED VERBAL RESULTS? _____ CALL _____ PHONE ( ) ____-____

SEND EXTRA COPY OF REPORT TO: _____ ATTN: _____

MAILING ADDRESS: _____

EXTRA COPY of REPORT is: For ALL jobs ___, or For this job ONLY ___.

Pickup or Delivery address: _____

BILLING INFORMATION:

DO YOU HAVE A PRICE QUOTE FOR THIS JOB? QUOTE # _____

BILLING ADDRESS: _____

CITY, STATE, ZIP _____

BILLING TO ATTENTION OF: _____ PHONE ( ) ____-____

SEND EXTRA COPY OF BILL TO: _____ ATTN: _____

MAILING ADDRESS: _____

EXTRA BILLING REQUEST IS: For ALL jobs ___, or For this job ONLY ___.

DOES YOUR COMPANY USE PO#S ? YES ___ NO___ IF NO PO# IS REQUIRED, INITAL HERE _____

PO# FOR THIS JOB _____

PAYMENT AUTHORIZATION FOR:

RUSH SURCHARGE (2 X Std. PRICE) SIGN HERE _____

PRIORITY SURCHARGE (1.5 X Std. PRICE) SIGN HERE _____

(CONTINUED ON THE BACK SIDE OF THIS PAPER)

IT IS IMPORTANT TO GIVE US THE FOLLOWING INFORMATION ABOUT YOUR SAMPLES!
*** PLEASE INDICATE THIS INFORMATION IN THE SPECIAL INSTRUCTIONS COLUMN. ***

IF YOUR SAMPLE IS MULTI-PHASED,	IF YOUR SAMPLE IS WET,	IF SAMPLE IS LIQUID & HAS SEDIMENT or PARTICULATE,	DO YOU NEED:
SHALL WE: __Test Each Phase separately? __Test only ONE Phase? Which Phase? __Mix All Phases by Shaking? __Dry Sample & Test Residue?	SHALL WE: ___Test As Received? ___Dry Sample First? ___Ash Sample First?	SHALL WE: ___Test Filtrate Only? ___Mix Sample by Shaking? ___Test Particulate Only?	__Special DETECTION LIMITS? _____ppb or _____ppm __Special METHODS? TELL US What Method Number or What Method name.

FIELD IDENTITY	COLLECTION DATE	COLLECTION TIME	MEDIA	# of UNITS	ANALYSIS REQUESTED	SPECIAL INSTRUCTIONS	SAMPLER
J-W-T-3	11-8-88	9:30 AM			oil & Grease		
J-W-T-3	"	"			Phenols		
J-W-T-4	"	"			oil & Grease		
J-W-T-4	"	"			Phenols		

TIONAL REMARKS: _____

LE INTEGRITY COMMENTS: _____

LE CUSTODY RELINQUISHED BY: D Hoffman DATE: 11-18-88 TIME: _____ am (pm)

MPLE RECEIVED FOR COFFEY LABS BY: D Kathy Savino DATE: 11/18/88 TIME: 1615 am (pm)

Beazer001553

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 5, 1988
Log # A881117-L2

Koppers Co., Inc.
7540 NW St. Helens Rd.
Portland, OR 97229
Attention: John Oxford

Sample Collected: 11/16/88, 0905 hrs
Sample Received: 11/17/88

Sample ID: #1-W-W-T-1
#2-W-W-T-2

ANALYSIS	METHOD	SAMPLE #1 RESULTS	SAMPLE #2 RESULTS
Total Phenols	EPA 420.1	< 0.05	< 0.05
Oil & Grease	EPA 413.2	1.0	0.9

Results expressed as mg/L unless otherwise noted.

The less than "<" symbol means none detected at or above the indicated value and represents the detection limit for the method.

Sincerely,

Victor A. Perry,
Quality Assurance

Sincerely,

Susan M. Coffey
President

SMC/mlh

This report is for the sole and exclusive use of the client. Samples are retained a maximum of 15 days from the report date, or until the maximum holding time expires.

11-16-88

w-w-T-1

Temp. 46

P.h. 6-6

---

w-w-T-2

Temp. 46

Ph 6-5

(1) PREPAID
(1) PART DEPOSIT
(2) PAY FOR RELEASE
(3) BILL
(4) Prof. Courtesy
CUSTABBR

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG# A88111?-ha

CO. NAME KOPPERS COMPANY INC. NEW TELEPHONE# (503) 286-3681

ADDRESS 7540 N.W. ST. HELENS RD PURCHASE ORDER # VERBAL JOHN

CITY/STATE/ZIP PORTLAND,OR. 97210-3663 LAB PRICE QUOTE # $35.00

BILLING ADDRESS SAME

ATTENTION JOHN OXFORD DUE DATE ___/___/___ RUSH X

SAMPLE COLLECTED BY DELIVERED BY

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

WHAT MINIMUM DETECTION LIMITS ARE REQUIRED ACTUAL RESULTS

WHAT SPECIFIC METHODS ARE REQUIRED FOR PHENOL STANDARD METHOD 222C CHLOROFORM EXTRACTION
FOR OIL & GREASE STANDARD METHOD 137

IF YOUR SAMPLE IS MULTI-PHASED, SHALL WE:
Test Each Phase Separately
Test One Phase Only
Mix All Phases By Shaking X
Dry Sample and Test Residue

IF YOUR SAMPLE IS WET, SHALL WE:
Test as Received X
Dry Sample First

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE, SHALL WE:
Test Filtrate only X
Mix Sample by Shaking

If we need more info on how to do your analysis, who should we call? JOHN OXFORD Phone? 503-286-3681

CHAIN OF CUSTODY INFORMATION

(Continuation Sheet is on the Backside of this Form)

ID	Loc	FieldID	Date	Time	Media	Pres	btl	Analysis Requested	MDL
		W-W-T-1	11-16	9-15				oil & Grease	
		W-W-T-1	"	"				Phenols	
		W-W-T-2	"	"				oil & Grease	
		W-W-T-2	"	"				Phenols	

SAMPLE INTEGRITY COMMENTS

J.A Oxford 11/17 12:30 Beverly Clement

Sample Custody Relinquished by Date Time Received for Coffey Laboratories By

A:\FORM\LOG\REQUEST.LOG REV 10/06/87

Beazer001556

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND OREGON 97210-3663

FACILITY

LOCATION MULTONAMAH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR-100077-9	001

30773
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	10	1	TO	88	11	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
PH	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
OIL & GREASE	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
JOHN A OXFORD 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 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.*)		503 286-3681	88	11	1
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

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

Beazer001557

GENERAL INSTRUCTIONS

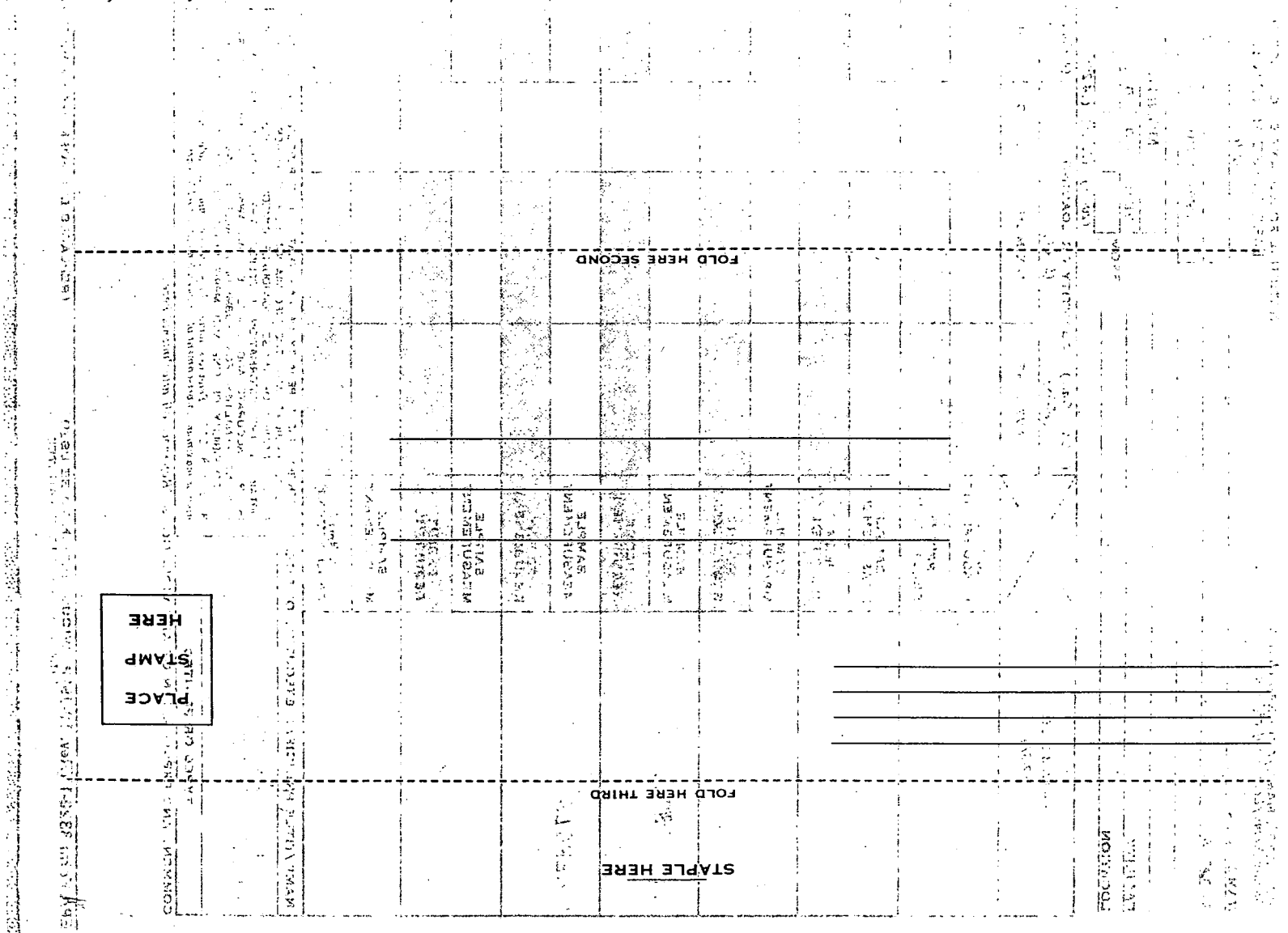
1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period), and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.



Beazer001558

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

NAME KUPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND OREGON 97210-3663

FACILITY

LOCATION MILTONAMAH

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100077-9

(17-19) DISCHARGE NUMBER:

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	9	1	TO	88	10	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

30773
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	3000							N/A	30/30	GRAB
	PERMIT REQUIREMENT		NA	GWP							
TEMP	SAMPLE MEASUREMENT				66	67	68		0	30/30	GRAB
	PERMIT REQUIREMENT						110	F			
PH	SAMPLE MEASUREMENT				6.8	6.85	6.9		0	30/30	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SU			
OIL & GREASE	SAMPLE MEASUREMENT				0.76	0.81	0.86	MG/L	0	1/7	GRAB
	PERMIT REQUIREMENT					10	15				
PHENOLS	SAMPLE MEASUREMENT				0.220	0.233	0.245	MG/L (PPM)	1	1/30	GRAB
	PERMIT REQUIREMENT					0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD
PLANT MANAGER

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.)*

John A Oxford

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 88 | MO 10 | DAY 13

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

Beazer001559

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER" and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring. "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER," with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

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STAPLE HERE

2 Tank Pumped 2 X 45000 = 90,000

÷ 30 Day = 3000

	WW3	WW4	
temp.	66	68	= 134 ÷ 2 = 67°
Ph.	6.8	6.9	= 13.7 ÷ 2 6.85
oil + grease	0.76	0.86	= 1.62 ÷ 2 = 0.81
Phenol	0.245	0.220	= 0.465 ÷ 2 = 0.233

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

Lab Log# A880802-X2

Custabbr _____ New__

Duedate _____ R P C

Verbal Results _____

CLIENT REPORT INFORMATION

Company KOPPERS COMPANY INC.

Address1 7540 N.W. ST HELENS RD

Address2 _____

City PORTLAND, OR. 97210-3663 State OREGON Zip 97210-3663

Attention JOHN OXFORD Phone 286-3681

CLIENT BILLING INFORMATION

Company SAME PO VERBAL JOHN

Address1 _____ Quote# $35.00

Address2 _____

City _____

State _____ Zipcode _____

Attention _____ Phone _____

1) Prepay _____
Cash _____
Check# _____
2) Pay for Rel _____
Part Pay _____
3) Net 30 _____
4) Prof Courtesy _____

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

COMMENTS: Split sample with DEQ, Monrowville - last time widely different results were found. Call John Oxford 286 3681 to find out how to contact Monrowville Also ask John who the "young girl" is at DEQ. O&G pres <pH2 phenol pres <pH4

WHO COLLECTED YOUR SAMPLE: DO YOU HAVE SPECIAL ANALYSIS INSTRUCTIONS

Client Name _____ Minimum Detection Limits ACTUAL RESULTS FOR PHENOL STANDARD METHOD 22C CHLOROFORM EXTRACTION

Coffey Lab _____ Specific Methods FOR OIL & GREASE STANDARD METHOD 137

3rd Part _____ Other Instructions _____

IF YOUR SAMPLE IS MULTI PHASED SHALL WE:
- ____Test Each Phase Separately
- ____Test One Phase Only? Which Phase?
- X Mix All Phases By Shaking
- ____Dry Sample and Test Residue

IF YOUR SAMPLE IS WET SHALL WE:
- X Test As Received
- ____Dry Sample First
- ____Ash Sample Fist

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE SHALL WE:
- X Test Filtrate Only
- ____Mix Sample by Shaking
- ____Test Particulate Only

Who do we call if we have questons JOHN OXFORD Phone 503-286-3681

Continued on the Back Side of This Paper

Beazer001562

A880802-X2

Lab Loc	Lab ID	Field ID	Collection Date	Collection Time	Media	Presv	#	Size	Analysis	MDL	Lab Asn	D C	Due Date	Lab Tsk	Unit Cost
	1h	W-W- T-3	8-2-88	2:30	wwtr	HCl	g	1L	oil & Grease						
	1i	w-w- T-3	8-2-88	2:30					Phenols						
	2h	w-w- T-4	8-2-88	2:30					oil & Grease						
	2i	w-w- T-4	8-2-88	2:30					Phenols						
									This is a resample of June and July						
									Also get phenol and oil and grease limits from oxford.						

SAMPLE INTEGRITY COMMENTS: This is ReSample From T-3 & T-4

George Hoffman — 8-2-88 — 1610 — Elizabeth A Harris

Sample Custody Relinquished by — Date — Time — Received for Coffey Laboratories By

Beazer001563

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

NAME KOPPERS COMPANY INC

ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND OREGON 97210

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100077-9

(17-19) DISCHARGE NUMBER:

3077 3
37430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	8	1	TO	88	9	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	2900							N/A	30/30	GRAB
	PERMIT REQUIREMENT		NA	GWP							
TEMP	SAMPLE MEASUREMENT				76	76.5	77		0	30/30	GRAB
	PERMIT REQUIREMENT						110	F			
PH	SAMPLE MEASUREMENT				6.8	6.9	7.0		0	30/30	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SU			
OIL & GREASE	SAMPLE MEASUREMENT				0.76	0.81	0.86		0	1/1	GRAB
	PERMIT REQUIREMENT					10	15	MG/L			
PHOENLS	SAMPLE MEASUREMENT				0.325	0.332	0.338	MG/L	1	1/30	GRAB
	PERMIT REQUIREMENT					0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD
PLANT MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 88 | MO 9 | DAY 15

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

Beazer001564

GENERAL INSTRUCTIONS

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PLACE STAMP HERE

FOLD HERE THIRD

STAPLE HERE

Beazer001565

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

August 17, 1988
Log#A880802-X2
PO# Verbal John

Koppers Co., Inc.
7540 NW St. Helens Rd.
Portland, OR 97229

Attention: John Oxford

Sample Received: 08/02/88
Sample Delivered by: Client
Sample Date: 08/02/88 1430 hrs.
Sample Id: Wastewater

ANALYSIS	METHOD	W-W-T-3	W-W-T-4
Oil & Grease	EPA 413.2	0.76	0.86
Total Phenols	EPA 420.1	0.325	0.338

Results expressed in mg/L

Approved,

Richard D. Reid,
Laboratory Director

Sincerely,

Susan M. Coffey,
President

SMC/lws

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this report, or until maximum holding time has expired.

AUG 22 1988

8-2-88

T - 3

Temp = 78

PH = 7.0

T - 4

Temp 76

PH = 6.8

TO AND FROM
ARIZONA - CALIFORNIA - NEVADA - OREGON - WASHINGTON
FASTEST LTL SERVICE

WILLIG

Call
286-2685

PORTLAND

DELIVERY BY NOON

2 tanks Pumped X 45- 000 = 90000

90,000 ÷ 31 = 2904

	WW 3	WW 4	
Temp	77	76 = 153 ÷ 2	76.5
Ph	7.0	6.8 = 13.8 ÷ 2	6.9
oil & grease	0.76	0.86 = 1.62 ÷ 2 = 0.81	
Phenols	0.328	0.338 = 0.663 ÷ 2 = 0.332	

Beazer001568

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND OREGON 97210-3663

FACILITY
LOCATION MULTONAMAH COUNTY

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	7	1	TO	88	8	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

30773
47430

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
PH	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
OIL & GREASE	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A OXFORD
PLANT MANAGER
TYPED OR PRINTED

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John A Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 88 | MO 8 | DAY 17

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

Beazer001569

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FOLD HERE SECOND

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Beazer001570

Koppers Company, Inc., Organic Materials Group
7540 N.W. St. Helens Road, Portland, OR 97229
Telephone 503-286-3681

KOPPERS

August 17, 1988

D. E. Q. N.W. Region
811 S.W. 6th
Portland, Oregon 97204

Dear Sir:

No actual pumping was done this month. Samples were taken on W,W. Tank# 3 & #4, these samples were monitored by D.E.Q.- Ms. Laurie McCullock, Coffey Laboratory, and Koppers Monroeville, Pa. Research Center. A wide discrepancy was noted in the Phenol sample results and it was decided to Resample for all three parties and those results are pending.

Thank You,

John A. Oxford

John A. Oxford
Plant Manager

JAO:mn

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND OR 97210

FACILITY

LOCATION MULTNOMAH COUNTY

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

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3077 J
47430

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FLOW	SAMPLE MEASUREMENT	3000							N/A	2/30	EST
	PERMIT REQUIREMENT		N/A	GPD							
TEMPERATURE	SAMPLE MEASUREMENT				60	60	60		0	2/30	GRAB
	PERMIT REQUIREMENT						110	OF			
PH	SAMPLE MEASUREMENT				7.1	7.15	7.2		0	2/30	GRAB
	PERMIT REQUIREMENT				6.0		9.0	SU			
OIL & GREASE	SAMPLE MEASUREMENT				0.9	1.0	1.1		0	2/30	GRAB
	PERMIT REQUIREMENT					10	15	MG/L			
PHENOLS	SAMPLE MEASUREMENT				0.36	0.37	0.38	MGLE	0	2/30	GRAB
	PERMIT REQUIREMENT					0.5	0.7	PPM			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A OXFORD 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 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.)*	John A Oxford	503 286-3681		88	7	14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

TANK #1 AND TANK#2 EASH PUMPED ONE TIME DURING THE MONTH

Beazer001572

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring. "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation; or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

FOLD HERE THIRD

STAPLE HERE

Beazer001573

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

NAME Hopkins Co Inc.

ADDRESS 7540 N.W. St Helens Rd.
Portland Or 97210

FACILITY

LOCATION Multnomah County

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) OR-100077-9 PERMIT NUMBER

(17-19) DISCHARGE NUMBER

3077 9
47430

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	6	1	TO	88	7	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
Flow	SAMPLE MEASUREMENT	3000							N/A	2/30	Est.
	PERMIT REQUIREMENT		N/A	GPD							
Temperature	SAMPLE MEASUREMENT				60	60	60		0	2/30	grab.
	PERMIT REQUIREMENT						110	°F			
Ph.	SAMPLE MEASUREMENT				7.1	7.15	7.2		0	2/30	grab.
	PERMIT REQUIREMENT				6.0		9.0	SU.			
Oil & Grease	SAMPLE MEASUREMENT				0.9	1.0	1.1		0	2/30	grab.
	PERMIT REQUIREMENT					10	15	mg/l			
Phenols	SAMPLE MEASUREMENT				0.36	0.37	0.38	mg/l	0	2/30	grab.
	PERMIT REQUIREMENT					0.5	0.7	(PPm)			
	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 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.*)		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)
Tank #1 & Tank #2 each Pumped one time during month

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE OF

Beazer001574

2 tanks Pumped @ 45 000 = 90000 ÷ 30 = 3.00

Temp

WW1	WW2	
60	60	= 120 ÷ 2 = 60

Ph.

7.1	7.2	= 14.3 ÷ 2 = 7.15

Oil + grease

0.9	1.1	= 2 ÷ 2 = 1.0

Phenols

0.38	0.36	= 0.74 ÷ 2 = 0.37

Beazer001575

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

Lab Log# A880608-K2

Custabbr _____ New

Duedate _____ R P

Verbal Results _____

CLIENT REPORT INFORMATION

Company KOPPERS COMPANY INC.

Address1 7540 N.W. ST HELENS RD

Address2 _____

City PORTLAND, OR. 97210-3663 State OREGON Zip 97210-3663

Attention JOHN OXFORD Phone 286-3681

CLIENT BILLING INFORMATION

Company SAME PO VERBAL JOHN

Address1 _____ Quote# $35.00

Address2 _____ 1) Prepay _____
Cash _____
Check# _____

City _____ 2) Pay for Rel _____
Part Pay _____

State _____ Zipcode _____ 3) Net 30 X

Attention _____ Phone _____ 4) Prof Courtesy _____

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

COMMENTS: _____

WHO COLLECTED YOUR SAMPLE:

Client Name _____

Coffey Lab _____

3rd Part _____

DO YOU HAVE SPECIAL ANALYSIS INSTRUCTIONS

Minimum Detection Limits ACTUAL RESULTS FOR PHENOL STANDARD METHOD 22C CHLOROFORM EXTRACT

Specific Methods FOR OIL & GREASE STANDARD METHOD 137

Other Instructions _____

IF YOUR SAMPLE IS MULTI PHASED SHALL WE:
- ___ Test Each Phase Separately
- ___ Test One Phase Only? Which Phase?
- X Mix All Phases By Shaking
- ___ Dry Sample and Test Residue

IF YOUR SAMPLE IS WET SHALL WE:
- X Test As Received
- ___ Dry Sample First
- ___ Ash Sample Fist

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE SHALL WE:
- X Test Filtrate Only
- ___ Mix Sample by Shaking
- ___ Test Particulate Only

Who do we call if we have questons JOHN OXFORD Phone 503-286-3681

Continued on the Back Side of This Paper

Beazer001576

Lab Loc	Lab ID	Field ID	Collection Media	Date	Time		Presv	B	Size	Analysis	MDL -	Lab Asn	D C	Due Date	Lab Tsk	Unit Cost
A1	1h	W-W-T-1		5-7-88			HCl	g	1L	Oil & Grease			C	WED		
A2	1i	W-W-T-1		5-7-88	9:50		$CuSO_4$	g	1L	Phenols			C	WED		
A1	2h	W-W-T-2		5-7-88	9:40		HCl	g	1L	Oil & Grease			C	↓		
A2	2i	W-W-T-2		5-7-88	9:40		$CuSO_4$	g	1L	Phenols			C	↓		

SAMPLE INTEGRITY COMMENTS: _____

George Hoffman — 6-7-88 — 1055 — Elizabeth Harris

Sample Custody Relinquished by — Date — Time — Received for Coffey Laboratories By

Beazer001577

PORTLAND OR
RECEIVED
JUN 24 1988

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

June 20, 1988
Log #A880608-K2
PO# Verbal John

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: John Oxford

Analyses Requested: Oil and Grease and Phenols
Sample Date: 06/07/88 0940 hrs.
Samples Received: 06/08/88

ANALYSIS	METHOD	W-W-T-1	W-W-T-2
Oil and Grease	EPA 413.2	0.9	1.1
Total Phenols	SM 510-C	0.38	0.36

Results in mg/L

Approved,

Richard D. Reid
Laboratory Director

Sincerely,

Susan M. Coffey
President

SMC/lws

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this report, or until maximum holding time has expired.

6-6-87

w-w-T-1

Temp - 16°C
60°F Ph 7.1

---

w-w-T-2

Temp - 16°C
60°F Ph 7.1

Beazer001579

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS RD

FACILITY
LOCATION MULTONAMAH COUNTY

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) OR 100077-9 — PERMIT NUMBER
(17-19) 001 — DISCHARGE NUMBER

3077J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	5	1	TO	88	6	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	5806		GRD						ESTIMATE	
	PERMIT REQUIREMENT		10000								
TEMPERATURE	SAMPLE MEASUREMENT	54									
	PERMIT REQUIREMENT		100	F							
PH	SAMPLE MEASUREMENT					7.6				PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					0.8				PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				10		15			5 PER WEEK GRAB	
PHENOLS ~~PHOENLS~~	SAMPLE MEASUREMENT					0.6				PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				0.5		0.7			5 PER WEEK GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A OXFORD 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 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.*)	John A Oxford	503 286-3681	88	6	9
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Beazer001580

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

FOLD HERE THIRD

STAPLE HERE

Beazer001581

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

NAME Kopker Co. Inc.

ADDRESS 7540 NW St Helens Rd

Portland Or.

FACILITY

LOCATION Multnomah County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR 100077-9	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	5	1	TO	88	6	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

30775
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
flow.	SAMPLE MEASUREMENT	5.806		GRV						Estimate	
	PERMIT REQUIREMENT		10,100								
temp	SAMPLE MEASUREMENT	54									
	PERMIT REQUIREMENT		100	F							
Ph.	SAMPLE MEASUREMENT					7.6				Per Lab B/4 Pumping 5 Per week.	
	PERMIT REQUIREMENT				6.0		9.0			goal.	
oil + grease	SAMPLE MEASUREMENT					0.8				Per Lab B/4 Pumping 5 Per week.	
	PERMIT REQUIREMENT				10		15			goal.	
Phenols	SAMPLE MEASUREMENT					0.6				Per Lab B/4 Pumping 5 Per week.	
	PERMIT REQUIREMENT				0.5		0.7			goal.	
	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.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

Beazer001582

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

May 23, 1988
Log#A880504-Q4
PO# Verbal John

Koppers Co., Inc.
7540 NW St. Helens Rd.
Portland, OR 97229

Attention: John Oxford

Sample Received: 05/04/88
Sample Delivered by: Client

Sample Id:
#1 - W-W-T-1 05/02/88
#2 - W-W-T-2 05/02/88
#3 - W-W-T-3 04/26/88
#4 - W-W-T-4 04/26/88

ANALYSIS	METHOD	#1	#2	#3	#4	UNITS
Oil & Grease	EPA 413.2	0.9	0.5	1.0	0.8	mg/L
Total Phenols	SM 510A,C	0.182	0.189	0.627	0.528	mg/L

Approved,

Richard D. Reid,
Laboratory Director

Sincerely,

Susan M. Coffey,
President

SMC/lws

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

RECEIVED
PORTLAND, OR
MAY 26 1988

WW-T-1 51°F

PH = 7.4

WW T-2 51°F

PH = 7.6

5-2-88

4-26-88

w-w- T=3

Temp 56°F Ph 7.6

---

w-w- T=4

Temp - 57°F Ph 7.8

Beazer001585

4 tanks Pumped @ 150,000 ÷ by 31 = 5806

	Tank #1	WW 2	WW 3	WW 4
Temp.	51	51	56	57 = 218 ÷ 4 = 55.75
PH	7.4	7.6	7.6	7.8 = 30.4 ÷ 4 = 7.6
Oil + grease	0.9	0.5	1.0	0.8 = 3.2 ÷ 4 = 0.8
Phenols	0.182	0.189	0.627	0.528 = 2.426 ÷ 4 = 0.607

Beazer001586

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

Lab Log# 4880504-04
Custabbr Koppers New
Duedate ASAP R P
Verbal Results

CLIENT REPORT INFORMATION

Company KOPPERS COMPANY INC.
Address1 7540 N.W. ST HELENS RD
Address2
City PORTLAND, OR. 97210-3663 State OREGON Zip 97210-3663
Attention JOHN OXFORD Phone 286-3681

CLIENT BILLING INFORMATION

Company SAME PO VERBAL JOHN
Address1 Quote# $35.00
Address2 1) Prepay
Cash
City Check#
2) Pay for Rel
State Zipcode Part Pay
3) Net 30
Attention Phone 4) Prof Courtesy

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

COMMENTS:

WHO COLLECTED YOUR SAMPLE: DO YOU HAVE SPECIAL ANALYSIS INSTRUCTIONS

Client Name Minimum Detection Limits ACTUAL RESULTS FOR PHENOL STANDARD METHOD 22C CHLOROFORM EXTRACT
Coffey Lab Specific Methods FOR OIL & GREASE STANDARD METHOD 137
3rd Part Other Instructions

IF YOUR SAMPLE IS MULTI PHASED SHALL WE:
- ___ Test Each Phase Separately
- ___ Test One Phase Only? Which Phase?
- X Mix All Phases By Shaking
- ___ Dry Sample and Test Residue

IF YOUR SAMPLE IS WET SHALL WE:
- X Test As Received
- ___ Dry Sample First
- ___ Ash Sample Fist

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE SHALL WE:
- X Test Filtrate Only
- ___ Mix Sample by Shaking
- ___ Test Particulate Only

Who do we call if we have questons JOHN OXFORD Phone 503-286-3681

Continued on the Back Side of This Paper

Beazer001587

Lab Loc	Lab ID	Field ID	Collection Date	Collection Time	Media	Presv	B	Size	Analysis 5-16-88	MDL	Lab Asn	D C	Due Date	Lab Tsk	Unit Cost
A1	3h	w-w-T-3	5-14-88						oil & Grease 1.0						
A2	3i	w-w-T-3	5-14-88						Phenols 0.627						
A1	4h	w-w-T-4	5-14-88						oil & Grease 0.8						
A2	4i	w-w-T-4	5-14-88						Phenols 0.528						
A1	1h	w-w-T-1	5-13-88						oil & Grease 0.9						
A2	1i	w-w-T-1	5-13-88						Phenols 0.182						
A1	2h	w-w-T-2	5-13-88						oil & Grease 0.5						
A2	2i	w-w-T-2	5-13-88						Phenols 0.189						

SAMPLE INTEGRITY COMMENTS: _____

George Hoffman — 5/14-88 — 1320 — _____

Sample Custody Relinquished by — Date — Time — Received for Coffey Laboratories By

Beazer001588

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND OR 97210

FACILITY

LOCATION MULTONAMAH COUNTY

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER: OR-100077-9

(17-19) DISCHARGE NUMBER: 001

30773
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	4	1	TO	88	5	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	3000		GRD						ESTIMATE	
	PERMIT REQUIREMENT		10000								
TEMPERATURE	SAMPLE MEASUREMENT	50									
	PERMIT REQUIREMENT		110	F							
PH	SAMPLE MEASUREMENT					8.0				PER TANK BEFORE PUMPIN	
	PERMIT REQUIREMENT				6.0		9.0			5 GRAB PER WEEK	
OIL & GREASE	SAMPLE MEASUREMENT					0.15				PER TANK BEFORE PUMPIN	
	PERMIT REQUIREMENT				10		15			5 PER WEEK GRAB	
PHOENLS	SAMPLE MEASUREMENT					0.3				PER TANK BEFORE PUMPIN	
	PERMIT REQUIREMENT				0.5		0.7			5 PER WEEK GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
JOHN A OXFORD 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 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.*)	John A Oxford	503 286-8681	88	5	9
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

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

Beazer001589

GENERAL INSTRUCTIONS

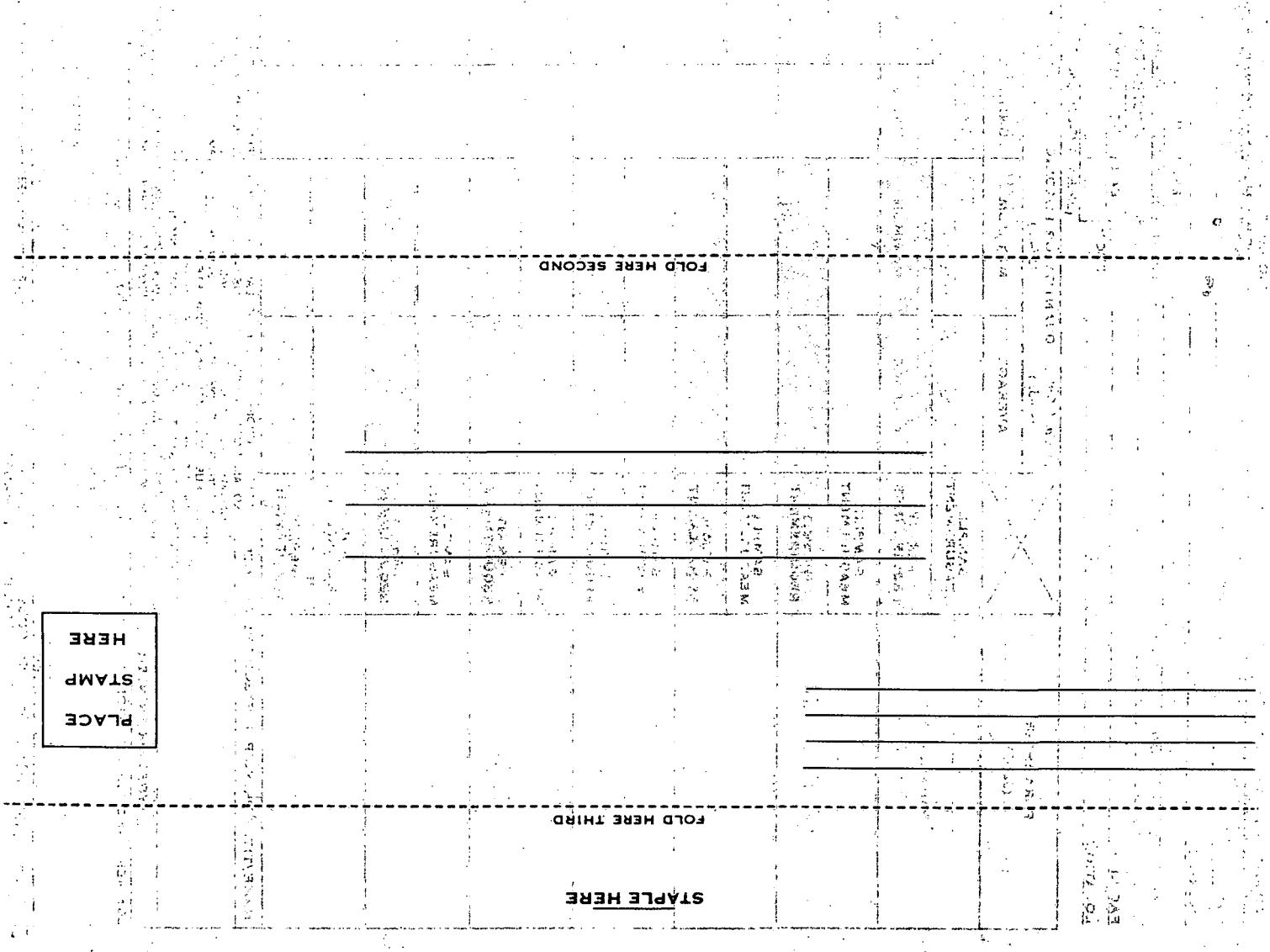
1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.



Beazer001590

2 tank pump @ 90,000 = 90,000

÷ 30 3000

	Tank WW 1	WW 2	
temp	50	50	= 100 ÷ 2 = 50
PH.	7.0	7.0	= 14.0 ÷ 2 7.0
nic + qua.	0.2	0.1	= 0.3 ÷ 2 = 0.15
Phenols	0.277	0.336	= 0.613 ÷ 2 = 0.3065

Beazer001591

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

NAME Koppers Co Inc.

ADDRESS 7540 N.W. St Helens Rd.
Portland Or.

FACILITY

LOCATION Multnomah County

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16)	(17-19)
OR-100077-9	101
PERMIT NUMBER	DISCHARGE NUMBER

3077J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	4	1	TO	88	5	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
flow.	SAMPLE MEASUREMENT	3000		GPD						Estimate	
	PERMIT REQUIREMENT		10000								
temperature	SAMPLE MEASUREMENT	50									
	PERMIT REQUIREMENT		100	F							
Ph.	SAMPLE MEASUREMENT					7.0				Per tank B/4 Pumping	
	PERMIT REQUIREMENT				6.0		9.0			5 Per week grab.	
oil + grease	SAMPLE MEASUREMENT					0.15				Per tank B/4 Pumping	
	PERMIT REQUIREMENT				10		15			5 Per week grab.	
Phoenix.	SAMPLE MEASUREMENT					0.3				Per tank B/4 Pumping	
	PERMIT REQUIREMENT				0.5		0.7			5 Per week grab.	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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 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

TELEPHONE		DATE		
503	286-3681			
AREA CODE	NUMBER	YEAR	MO	DAY

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

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE OF

Beazer001592

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

April 13, 1988
Log#A880404-N2
PO# Verbal John

Koppers Co., Inc.
7540 NW St. Helens Rd.
Portland, OR 97229

Attention: John Oxford

Sample Received: 04/04/88
Sample Delivered by: Client

Sample Date: 04/04/88 1045 hrs.

ANALYSIS	METHOD	W-W-T-1	W-W-T-2	UNITS
Oil & Grease	EPA 413.2	0.2	0.1	mg/L
Total Phenols	EPA 420.1	0.277	0.336	mg/L

Approved

Richard D. Reid,
Laboratory Director

Sincerely,

Susan M. Coffey,
President

SMC/lws

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

RECEIVED
APR 15 1988

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

Lab Log# A880404-N2

Custabbr KOPPERS New_

Duedate_____ R P

Verbal Results_____

CLIENT REPORT INFORMATION

Company KOPPERS COMPANY INC.

Address1 7540 N.W. ST HELENS RD

Address2_____

City PORTLAND, [illegible] State OREGON Zip 97210-3663

Attention JOHN OXFORD Phone 286-3681

CLIENT BILLING INFORMATION

Company SAME PO VERBAL JOHN

Address1_____ Quote# $35.00

Address2_____ 1) Prepay_____
Cash_____
Check#_____

City_____ 2) Pay for Rel_____
Part Pay_____

State_____ Zipcode_____ 3) Net 30_____

Attention_____ Phone_____ 4) Prof Courtesy_____

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

COMMENTS:_____

WHO COLLECTED YOUR SAMPLE:

Client Name_____

Coffey Lab_____

3rd Part_____

DO YOU HAVE SPECIAL ANALYSIS INSTRUCTIONS

Minimum Detection Limits ACTUAL RESULTS FOR PHENOL STANDARD METHOD 22C CHLOROFORM EXTRACT

Specific Methods FOR OIL & GREASE STANDARD METHOD 137

Other Instructions_____

IF YOUR SAMPLE IS MULTI PHASED SHALL WE:
- ____Test Each Phase Separately
- ____Test One Phase Only? Which Phase?
- X Mix All Phases By Shaking
- ____Dry Sample and Test Residue

IF YOUR SAMPLE IS WET SHALL WE:
- X Test As Received
- ____Dry Sample First
- ____Ash Sample Fist

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE SHALL WE:
- X Test Filtrate Only
- ____Mix Sample by Shaking
- ____Test Particulate Only

Who do we call if we have questons JOHN OXFORD Phone 503-286-3681

Continued on the Back Side of This Paper

Beazer001594

Lab Loc	Lab ID	Field ID	Collection Date	Collection Time	Media	Presv	Size	Analysis	MDL	Lab Asn	D C	Due Date	Lab Tsk	Unit Cost
	1h	W-W-T-1	4-4-88	10:45				oil & Grease						
	1i	W-W-T-1	4-4-88	10:45				Phenols						
	2h	W-W-T-2	4-4-88	10:45				oil & Grease						
	2i	W-W-T-2	4-4-88	10:45				Phenols						

SAMPLE INTEGRITY COMMENTS: _____

Sample Custody Relinquished by _____ Date 4-4-88 Time 1200 Received for Coffey Laboratories By _____

Beazer001595

4-4-88

W-W- T-1

Temp. 50 Ph. 7.0

W-W- T-2

Temp. 50 Ph. 7.0

Beazer001596

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND, OREGON 97210-3663

FACILITY

LOCATION MULTONAMAH COUNTY

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER: OR-100077-9

(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	3	1	TO	88	4	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

30773
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	2903		GRD						ESTIMATE	
	PERMIT REQUIREMENT		10000								
TEMPERATURE	SAMPLE MEASUREMENT	50									
	PERMIT REQUIREMENT		100	F							
PH	SAMPLE MEASUREMENT					7.5				PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					7.9				PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT	1			10		15			5 PER WEEK	GRAB
PHENOLS	SAMPLE MEASUREMENT					0.3				PER TANK BEFPRE PUMPING	
	PERMIT REQUIREMENT				0.5		0.7			5 PER WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A. OXFORD
PLANT MANAGER

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 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

TELEPHONE: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 88 | MO 04 | DAY 15

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

Beazer001597

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

FOLD HERE THIRD

STAPLE HERE

Beazer001598

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

March 17, 1988
Log#A880307-E
PO# Verbal John

Koppers Co., Inc.
7540 NW St. Helens Road
Portland, OR 97229

Attention: John Oxford

Sample Received: 03/07/88
Sample Delivered by: Client
Sample Date: 03/07/88 0840

ANALYSIS	METHOD	W-W-T-3	W-W-T-4	UNITS
Oil & Grease	EPA 413.2	8.3	7.4	mg/L
Total Phenols	SM 510 C	0.345	0.317	mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/lws

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

MAR 2 1 19..

Beazer001599

2 tank Pumped @ 94,000 = 90,000
÷ 31 = 2903

	WWT3	WW 4
Temp.	60	60 = 100 ÷ 2 = 50
Ph.	7.6	7.4 = 15.0 ÷ 2 7.5
oil + grease	8.3	7.4 = 15.7 = 7.9
Phenols	0.345	0.317 = 0.662 = 0.3

Beazer001600

w-w- T-3

oil + Grease 8.3

Phenols 0.345

w-w- T-4

oil + Grease 7.4

Phenols 0.317

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

Lab Log# A880307-E2

Custabbr _____ New_

Duedate 3+10 R P

Verbal Results _____

CLIENT REPORT INFORMATION

Company KOPPERS COMPANY INC.

Address1 7540 N.W. ST HELENS RD

Address2 _____

City PORTLAND, OR. 97210-3663 State OREGON Zip 97210-3663

Attention JOHN OXFORD Phone 286-3681

CLIENT BILLING INFORMATION

Company SAME PO VERBAL JOHN

Address1 _____ Quote# $35.00

Address2 _____ 1) Prepay _____
Cash _____
Check# _____

City _____ 2) Pay for Rel _____
Part Pay _____

State _____ Zipcode _____ 3) Net 30 _____

Attention _____ Phone _____ 4) Prof Courtesy _____

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

COMMENTS: _____

WHO COLLECTED YOUR SAMPLE:

Client Name _____

Coffey Lab _____

3rd Part _____

DO YOU HAVE SPECIAL ANALYSIS INSTRUCTIONS

Minimum Detection Limits ACTUAL RESULTS FOR PHENOL STANDARD METHOD 22C CHLOROFORM EXTRACT

Specific Methods FOR OIL & GREASE STANDARD METHOD 137

Other Instructions _____

IF YOUR SAMPLE IS MULTI PHASED SHALL WE:

- ____ Test Each Phase Separately
- ____ Test One Phase Only? Which Phase?
- X Mix All Phases By Shaking
- ____ Dry Sample and Test Residue

IF YOUR SAMPLE IS WET SHALL WE:

- X Test As Received
- ____ Dry Sample First
- ____ Ash Sample Fist

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE SHALL WE:

- X Test Piltrate Only
- ____ Mix Sample by Shaking
- ____ Test Particulate Only

Who do we call if we have questons JOHN OXFORD Phone 503-286-3681

Continued on the Back Side of This Paper

Beazer001602

Lab Loc	Lab ID	Field ID	Collection Date	Collection Time	Media	Presv	B	Size	Analysis	MDL	Lab Asn	D C	Due Date	Lab Tsk	Unit Cost
A1	1h	W-W-T-3	3-7-88	8:50	wwtr	HCl	g	1L	Oil & Grease		C#2		+8	IR	
A2	1i	W-W-T-3	3-7-88	8:50		$CuPO_4$	g	1L	Phenols		I#2			BNA	
A1	2h	W-W-T-4	3-7-88	8:50		HCl	g	1L	Oil & Grease						
A2	2i	W-W-T-4	3-7-88		↓	$CuPO_4$	g	1L	Phenols				↓		

SAMPLE INTEGRITY COMMENTS: _____

George Hoffman — 3-7-88 — 11:05 — Elizabeth Harris

Sample Custody Relinquished by — Date — Time — Received for Coffey Laboratories By

Beazer001603

3-7-85

W-W- T=3 6.41

Temp- 50°F Ph 7.6

W-W- T=4

was Air Mixed before Sample 6.57

Temp- 50°F Ph 7.4

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

NAME: KOPPERS COMPANY INC.

ADDRESS: 7540 N.W. ST. HELENS RD
PORTLAND, OR. 97210-3663

FACILITY LOCATION: MULTONAMAH COUNTY

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR-100077-9	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	2	1	TO	88	5	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

3077J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	3,100		GRD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	58									
	PERMIT REQUIREMENT		100	F							
PH	SAMPLE MEASUREMENT					7.6				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					1.0				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				10		15			5 PER WEEK GRAB	
PHOENLS	SAMPLE MEASUREMENT					0.195				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				0.5		0.7			5 PER WEEK GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A OXFORD
PLANT MANAGER
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: AREA CODE 503 NUMBER 286-3681

DATE: YEAR 88 MO 05 DAY 04

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

Beazer001605

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail Signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

FOLD HERE THIRD

STAPLE HERE

Beazer001606

2 tank Pumps x 45,000 = 90,000
90,000 ÷ 29 days = 3,103

	WW1	WW2	
Temp.	58	58	= 116 ÷ 2 = 54
PH.	7.5	7.6	= 15.1 ÷ 2 = 7.6
oil + grease	1.0	1.0	= 2.0 ÷ 2 = 1.0
Phenols	0.191	0.199	= 0.390 = 0.195

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 25, 1988
Log #A880217-AH2
PO # None

Koppers Co., Inc.
7540 NW St. Helens Rd.
Portland, OR 97229
Attention: John Oxford

Sample Received: 2-17-88
Sample Collected: 2-17-88
Sample Delivered by: Client

ANALYSIS	METHOD	W-W-T-1	W-W-T-2	UNITS
Total Phenols	EPA 420.1	0.191	0.199	mg/L
Oil & Grease	EPA 413.2	1.0	1.0	mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/gle

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

KOPPERS CO. PORTLAND, OR RECEIVED

FEB 29 1988

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

Lab Log# A880217-AH22

Custabbr _____ New_

Duedate _____ R P C

Verbal Results YES

CLIENT REPORT INFORMATION

Company KOPPERS COMPANY INC.

Address1 7540 N.W. ST HELENS RD

Address2 _____

City PORTLAND, [illegible] State OREGON Zip 97210-3663

Attention JOHN OXFORD Phone 286-3681

CLIENT BILLING INFORMATION

Company SAME PO VERBAL JOHN

Address1 _____ Quote# $35.00

Address2 _____ 1) Prepay _____
Cash _____
Check# _____

City _____ 2) Pay for Rel _____
Part Pay _____

State _____ Zipcode _____ 3) Net 30 _____

Attention _____ Phone _____ 4) Prof Courtesy _____

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

COMMENTS: _____

WHO COLLECTED YOUR SAMPLE:

Client Name _____

Coffey Lab _____

3rd Part _____

DO YOU HAVE SPECIAL ANALYSIS INSTRUCTIONS

Minimum Detection Limits ACTUAL RESULTS FOR PHENOL STANDARD METHOD 22C CHLOROFORM EXTRACT

Specific Methods FOR OIL & GREASE STANDARD METHOD 137

Other Instructions _____

IF YOUR SAMPLE IS MULTI PHASED SHALL WE:

____Test Each Phase Separately
____Test One Phase Only? Which Phase?
_X_Mix All Phases By Shaking
____Dry Sample and Test Residue

IF YOUR SAMPLE IS WET SHALL WE:

_X_Test As Received
____Dry Sample First
____Ash Sample Fist

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE SHALL WE:

_X_Test Filtrate Only
____Mix Sample by Shaking
____Test Particulate Only

Who do we call if we have questons JOHN OXFORD Phone 503-286-3681

Continued on the Back Side of This Paper

Beazer001609

Lab Loc	Lab ID	Field ID	Collection Date	Collection Time	Media	Presv	B	Size	Analysis	MDL	Lab Asn	D C	Due Date	Lab Tsk	Unit Cost
	1h	W-W-T-1	2-17-88	1:45PM					Oil + Grease				+5		
	1i	W-W T-1	2-17-88	1:45PM					Phenols				↓		
	2h	W-W-T-2	2-17-88	1:45PM					Oil + Grease						
	2i	W-W T-2	2-17-88	1:45PM					Phenols						
									Call w/ results.						

SAMPLE INTEGRITY COMMENTS: _____

George Hoffman 2-17-88 1630 Elizabeth Harris

Sample Custody Relinquished by Date Time Received for Calgon Laboratories By

Beazer001610

2-17-88

W-W-T-1

Water Temp. 58°F Ph 7.5

W-W-T-2

Water Temp. 58°F Ph 7.6

Beazer001611

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 25, 1988
Log #A880217-AH2
PO # None

Koppers Co., Inc.
7540 NW St. Helens Rd.
Portland, OR 97229
Attention: John Oxford

Jordan, This is Coffeys' report on the tank that we sampled and sent to Monroeville for PAH

John

Sample Received: 2-17-88
Sample Collected: 2-17-88
Sample Delivered by: Client

ANALYSIS	METHOD	W-W-T-1	W-W-T-2	UNITS
Total Phenols	EPA 420.1	0.191	0.199	mg/L
Oil & Grease	EPA 413.2	1.0	1.0	mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/gle

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

KOPPERS CO. PORTLAND, OR RECEIVED

FEB 29 1988

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.E. ST. HELENS RD
PORTLAND, OR. 97210-3663

FACILITY

LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR-1001077-9	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	88	1	1	TO	88	2	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	6000	ERR PUMP	GPD						EVERY PUMP	
	PERMIT REQUIREMENT		10,000	GPD DAILY MAX							
TEMPERATURE	SAMPLE MEASUREMENT	53									
	PERMIT REQUIREMENT		100	F							
PH	SAMPLE MEASUREMENT					6.7				1 PER BEFORE DRUM	TAKE PUMP
	PERMIT REQUIREMENT				6.0		9.0			5 PER CALEN	WEEK
OIL & GREASE	SAMPLE MEASUREMENT					4.675				1 PER BEFORE	TAKE PUMP
	PERMIT REQUIREMENT				10		15			5 PER CALE	WEEK
PHOENLS	SAMPLE MEASUREMENT					0.265				1 PER BEFORE	TAKE PUMP
	PERMIT REQUIREMENT				0.5		0.7			5 PER CALE	WEEK
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
JOHN A OXFORD 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 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]	503 236-3681	88	2	29
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Beazer001613

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

FOLD HERE THIRD

STAPLE HERE

4 tanks Pumped X 45,000 = 180,000

180,000 ÷ 30 Days = 6000 Day.

	WWT1	WWT2	WWT3	WWT4	
Temp.	50	51	55	54	= 210 ÷ 4 = 52.5 or 53
Ph.	6.5	6.5	6.9	7.0	= 26.9 ÷ 4 = 6.7
oil + grease.	10.1	7.8	0.4	0.4	= 18.7 ÷ 4 = 4.675
phenols.	0.17	0.15	0.34	0.40	= 1.06 ÷ 4 = 0.265

Beazer001615

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

January 21, 1988
Log #A880114-Z1-2
PO # Verbal John

Koppers Co., Inc.
7540 NW St. Helens Rd
Portland, OR 97229

Attention: John Oxford

Sample Received: 01/14/88
Sample Date: 01/14/88 1030 hrs
Sample Delivered by: George

ANALYSIS	METHOD	W-W-T-1	W-W-T-2	UNITS
Oil & Grease	EPA 413.1	10.1	7.8	mg/L
Total Phenols	EPA 420.1	0.17	0.15	mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/lws

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

JAN 25 1988

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

Lab Log# A880114-Z1-4
Custabbr _____ New
Duedate _____ R P
Verbal Results _____

CLIENT REPORT INFORMATION

Company KOPPERS COMPANY INC.
Address1 7540 N.W. ST HELENS RD
Address2 _____
City PORTLAND, [illegible] State OREGON Zip 97210-3663
Attention JOHN OXFORD Phone 286-3681

CLIENT BILLING INFORMATION

Company SAME PO VERBAL JOHN
Address1 _____ Quote# $35.00
Address2 _____ 1) Prepay _____
City _____ Cash _____
Check# _____
State _____ Zipcode _____ 2) Pay for Rel _____
Part Pay _____
Attention _____ Phone _____ 3) Net 30 _____
4) Prof Courtesy _____

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

COMMENTS: _____

WHO COLLECTED YOUR SAMPLE: DO YOU HAVE SPECIAL ANALYSIS INSTRUCTIONS

Client Name George Hoffman Minimum Detection Limits ACTUAL RESULTS FOR PHENOL STANDARD METHOD 22C CHLOROFORM EXTRACTIO
Coffey Lab _____ Specific Methods FOR OIL & GREASE STANDARD METHOD 137
3rd Part _____ Other Instructions _____

IF YOUR SAMPLE IS MULTI PHASED SHALL WE:
____Test Each Phase Separately
____Test One Phase Only? Which Phase?
X Mix All Phases By Shaking
____Dry Sample and Test Residue

IF YOUR SAMPLE IS WET SHALL WE:
X Test As Received
____Dry Sample First
____Ash Sample Fist

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE SHALL WE:
X Test Filtrate Only
____Mix Sample by Shaking
____Test Particulate Only

Who do we call if we have questons JOHN OXFORD Phone 503-286-3681

Continued on the Back Side of This Paper

Lab Loc	Lab ID	Field ID	Collection Date	Collection Time	Media	Presv	#	Size	Analysis	MDL	Lab Asn	D C	Due Date	Lab Tsk	Unit Cost
1h		w-w- T-1	1-14-88	10:30 AM	wwtr	HCl	3	1L	Oil & Grease		I#4		+5	EXCH	
1i		w-w- T-1	1-14-88	10:30 AM	↓		↓	↓	Phenols		↓			↓	
2h		w-w- T-2	1-14-88	10:30 AM		HCl			Oil & Grease						
2i		w-w- T-2	1-14-88	10:30 AM	↓		↓	↓	Phenols		↓			↓	

SAMPLE INTEGRITY COMMENTS: _____

George Hoffman — 1-14-88 — 15:35 — Elizabeth Harris

Sample Custody Relinquished by — Date — Time — Received for Coffey Laboratories By

Beazer001618

1-14-68

W-W-T-1

water Temp. 50°F

Ph 6.5

W-W-T-2

water Temp. 51°F

Ph 6.5

Beazer001619

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 5, 1988
Log# A880129-Q1-2
PO # Verbal John

Koppers Co., Inc.
7540 NW St. Helens Road
Portland, OR 97229

Attention: John Oxford

Sample Received: 01/29/88
Sample Date: 01/29/88 1330 hrs
Sample Delivered by: George Hoffman

ANALYSIS	METHOD	WW T-3	WW T-4	UNITS
Oil & Grease	EPA 413.2	0.4	0.4	mg/L
Total Phenols	EPA 420.1	0.34	0.40	mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/lws

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

KOPPERS CO.
PORTLAND, OR
RECEIVED
FEB 8 1988

1-29-88

W-W-T-3

Temp. 55°F Ph 6.9

W-W-T-4

Temp. 54°F Ph 7.0

Beazer001621

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

Lab Log# 880729-01-2

Custabbr _____ New

Duedate _____ R P

Verbal Results _____

CLIENT REPORT INFORMATION

Company KOPPERS COMPANY INC.

Address1 7540 N.W. ST HELENS RD

Address2 _____

City PORTLAND, [illegible] State OREGON Zip 97210-3663

Attention JOHN OXFORD Phone 286-3681

CLIENT BILLING INFORMATION

Company SAME PO VERBAL JOHN

Address1 _____ Quote# $35.00

Address2 _____ 1) Prepay _____
Cash _____
Check# _____

City _____ 2) Pay for Rel _____
Part Pay _____

State _____ Zipcode _____ 3) Net 30 _____

Attention _____ Phone _____ 4) Prof Courtesy _____

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

COMMENTS: _____

WHO COLLECTED YOUR SAMPLE:

Client Name _____

Coffey Lab _____

3rd Part _____

DO YOU HAVE SPECIAL ANALYSIS INSTRUCTIONS

Minimum Detection Limits ACTUAL RESULTS FOR PHENOL STANDARD METHOD 22C CHLOROFORM EXTRACT

Specific Methods FOR OIL & GREASE STANDARD METHOD 137

Other Instructions _____

IF YOUR SAMPLE IS MULTI PHASED SHALL WE:

- ____ Test Each Phase Separately
- ____ Test One Phase Only? Which Phase?
- X Mix All Phases By Shaking
- ____ Dry Sample and Test Residue

IF YOUR SAMPLE IS WET SHALL WE:

- X Test As Received
- ____ Dry Sample First
- ____ Ash Sample First

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE SHALL WE:

- X Test Filtrate Only
- ____ Mix Sample by Shaking
- ____ Test Particulate Only

Who do we call if we have questons JOHN OXFORD Phone 503-286-3681

Continued on the Back Side of This Paper

Beazer001622

Lab Loc	Lab ID	Field ID	Collection Date	Collection Time	Media	Presv	B	Size	Analysis	MDL	Lab Asn	D C	Due Date	Lab Tsk	Unit Cost
A1	1h	W-W-T-3	1-29-88	1:30 PM					Oil & Grease						
	1i	W-W-T-3	1-29-88	1:30 PM					Phenols						
	2h	W-W-T-4	1-29-88	1:30 PM					Oil & Grease						
	2i	W-W-T-4	1-29-88	1:30 PM					Phenols						

SAMPLE INTEGRITY COMMENTS:

George Hoffman | 1/29 | 1630 | [signature]

Sample Custody Relinquished by | Date | Time | Received for Coffey Laboratories By

Beazer001623

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

NAME: KUPPERS COMPANY INC.

ADDRESS: 7540 N.W. ST. HELENS RD
PORTLAND, OR. 97210-3663

FACILITY LOCATION: MULTONAMAH COUNTY

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(1-10) PERMIT NUMBER: OR-100077-9

(11-12) DISCHARGE NUMBER: 001

3077J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	87	12	1	TO	88	1	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	6000	GPD							ESTIMATE	
	PERMIT REQUIREMENT		10,000	GWP							
TEMPERATURE	SAMPLE MEASUREMENT	58									
	PERMIT REQUIREMENT		100	F							
PH	SAMPLE MEASUREMENT					6.8				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					LESS THAN 0.1				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15			5 PER WEEK GRAB	
PHOENLS	SAMPLE MEASUREMENT					0.14				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7			5 PER WEEK GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A OXFORD
PLANT MANAGER
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.)*

John A Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 88 | MO 01 | DAY 14

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

Beazer001624

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

FOLD HERE THIRD

STAPLE HERE

Beazer001625

12-2-87

4 tanks pumped X 45,000 gal = 180000
180000 ÷ 30 Day = 6000 avg

	WW I	WW II	WW3	WW-4
~~Ph~~	~~6.8~~	~~6.7~~	~~6.8~~	~~6.9 =~~
				~~27.2 ÷ 4 = 6.8~~
Temp.	55°	56°	51°	51° =
				212 ÷ 4 = 53
Ph	6.8	6.7	6.8	6.9 =
				27.2 ÷ 4 = 6.8
oil + grease	0.8	0.5	<1	<1 = 1.3
				1.3 ÷ 2 = 0.65
Phenols	0.24	0.09	0.10	0.12 =
				0.55 ÷ 4 = 0.1375

Beazer001626

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 30, 1987
Log #A871221-Z1-2
PO # Verbal John

Koppers Co., Inc.
7540 NW St. Helens Road
Portland, OR 97229

Attention: John Oxford

Sample Received: 12/21/87
Sample Date: 12/21/87 1245 hrs
Sample Delivered by: Client

ANALYSIS	METHOD	W-W-T-3	W-W-T-4	UNITS
Total Phenols	EPA 420.1	0.10	0.12	mg/L
Oil & Grease	EPA 413.1	<1	<1	mg/L

The less than "<" symbol means none detected at or above the indicated value and represents the detection limit for the method.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/lws

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

KOPPERS CO.
PORTLAND, OR.
RECEIVED
JAN 4 1988

(1) PREPAID
(1) PART DEPOSIT
(2) PAY FOR RELEASE
(3) BILL
(4) Prof. Courtesy
CUSTABBR

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG# A8712121-2

CO. NAME KOPPERS COMPANY INC. NEW TELEPHONE# (503) 286-3681

ADDRESS 7540 N.W. ST. HELENS RD PURCHASE ORDER # VERBAL JOHN

CITY/STATE/ZIP PORTLAND, OR. 97210-3663 LAB PRICE QUOTE # $35.00

BILLING ADDRESS SAME

ATTENTION JOHN OXFORD DUE DATE ___/___/___ RUSH X

SAMPLE COLLECTED BY G Hoffman DELIVERED BY G Hoffman

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

WHAT MINIMUM DETECTION LIMITS ARE REQUIRED ACTUAL RESULTS

WHAT SPECIFIC METHODS ARE REQUIRED FOR PHENOL STANDARD METHOD 222C CHLOROFORM EXTRACTION
FOR OIL & GREASE STANDARD METHOD 137

IF YOUR SAMPLE IS MULTI-PHASED, SHALL WE:
Test Each Phase Separately ____
Test One Phase Only ____
Mix All Phases By Shaking X
Dry Sample and Test Residue ____

IF YOUR SAMPLE IS WET, SHALL WE:
Test as Received X
Dry Sample First ____

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE, SHALL WE:
Test Filtrate only X
Mix Sample by Shaking ____

If we need more info on how to do your analysis, who should we call? JOHN OXFORD Phone? 503-286-3681

CHAIN OF CUSTODY INFORMATION

(Continuation Sheet is on the Backside of this Form)

ID	Loc	FieldID	Date	Time	Media	Pres	btl	Analysis Requested	MDL
		W-W T-3	12-21-87	12:45PM				oil & Grease	
		W-W T-3	"	"				Phenol	
		W-W-T-4	"	"				oil & Grease	
		W-W-T-4	"	"				Phenol	

SAMPLE INTEGRITY COMMENTS

George Hoffman 12-21-87 13:35 R. G. Wilmer
Sample Custody Relinquished by Date Time Received for Coffey Laboratories By

H:\FORM\LOG\REQUEST.LOG REV 10/06/87

Beazer001628

12-21-87

W-W-T-3

water Temp. 51°F PH 6.8

W-W-T-4

water Temp 51°F PH 6.9

Beazer001629

PAID
AT DEPOSIT
AY FOR RELEASE
BILL ✓
Prof. Courtesy
CUSTABBR

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG# A871202-S1-2

J. NAME KOPPERS COMPANY INC. NEW TELEPHONE# (503) 286-3681

ADDRESS 7540 N.W. ST. HELENS RD PURCHASE ORDER # VERBAL JOHN

CITY/STATE/ZIP PORTLAND, OR. 97210-3663 LAB PRICE QUOTE # $35.00 ea

BILLING ADDRESS SAME

ATTENTION JOHN OXFORD DUE DATE 5 DAYS RUSH X

SAMPLE COLLECTED BY J. Hoffman DELIVERED BY J. Hoffman

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

WHAT MINIMUM DETECTION LIMITS ARE REQUIRED ACTUAL RESULTS

WHAT SPECIFIC METHODS ARE REQUIRED FOR PHENOL STANDARD METHOD 222C CHLOROFORM EXTRACTION
FOR OIL & GREASE STANDARD METHOD 137

IF YOUR SAMPLE IS MULTI-PHASED, SHALL WE:
Test Each Phase Separately
Test One Phase Only
Mix All Phases By Shaking X
Dry Sample and Test Residue

IF YOUR SAMPLE IS WET, SHALL WE:
Test as Received X
Dry Sample First

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE, SHALL WE:
Test Filtrate only X
Mix Sample By Shaking

If we need more info on how to do your analysis, who should we call? JOHN OXFORD Phone? 503-286-3681

CHAIN OF CUSTODY INFORMATION

(Continuation Sheet is on the Backside of this Form)

	ID	Loc	FieldID	Date	Time	Media	Pres	btl	Analysis Requested	MDL
1	1h		W-W-T-1				HCl	9	oil & Grease	
2	1i		W-W-T-1					9/L	Phenol	
1	2h		W-W-T-2					9/L	oil & Grease	
2	2i		W-W-T-2					9/L	Phenol	
									Call w/ results	

SAMPLE INTEGRITY COMMENTS

J. Hoffman 12-2-87 16:40 Elizabeth Harris
Sample Custody Relinquished by Date Time Received for Coffey Laboratories By

A:\FORM\LOG\REQUEST.LOG REV 10/06/87

Beazer001630

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 15, 1987
Log #A871202-S1-2
PO # Verbal, John

Koppers Co., Inc.
7540 NW St. Helens Rd.
Portland, OR 97229
Attention: John Oxford

Sample Received: 12-02-87

Sample Collected: No Date Given

Sample Collected/Delivered by: G. Hoffman

ANALYSIS	W-W-T-1	W-W-T-2	METHOD
Oil & Grease (mg/L)	0.8	< 0.5	EPA 413.1
Phenols (ug/L)	0.24	0.09	EPA 420.1

The less than "<" symbol means none detected at or above the indicated value and represents the detection limit for the method.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gle

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

12-2-87

W-W- T=1

Temp. 55° F PH 6.8

W-W- T=2

Temp. 55° F PH 6.7

Beazer001632

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Koppers Company Inc.

ADDRESS 7540 N. W. St. Helens Rd
Portland Oregon 97210-3663

FACILITY

LOCATION Multonomah County

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85.

(2-16)	(17-19)
OL-100077-9	001
PERMIT NUMBER	DISCHARGE NUMBER

3077J
47430

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	87	12	1	TO	88	1	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
Flow	SAMPLE MEASUREMENT	6000	GPD							Estimate	
	PERMIT REQUIREMENT		10,000	GWP							
Temperature	SAMPLE MEASUREMENT	53									
	PERMIT REQUIREMENT		100	F							
Ph	SAMPLE MEASUREMENT					6.8					
	PERMIT REQUIREMENT				6.0		9.0				
Oil & Grease	SAMPLE MEASUREMENT					Less than 0.1					
	PERMIT REQUIREMENT					10	15				
Phenols	SAMPLE MEASUREMENT					0.14					
	PERMIT REQUIREMENT					0.5	0.7				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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		
AREA CODE	NUMBER	YEAR	MO	DAY

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

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE OF

Beazer001633

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND, OREGON 97210

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

3077J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	87	11	1	TO	87	12	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	3000	GPD							ESTIMATE	
	PERMIT REQUIREMENT		10,000	GWP							
TEMPERATURE	SAMPLE MEASUREMENT	61									
	PERMIT REQUIREMENT		100	F.							
PH	SAMPLE MEASUREMENT					7.4				1 PER TANK BEFORE PUMPIN	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					3.5		MGL		1 PER TANK BEFORE PUMPIN	
	PERMIT REQUIREMENT					10	15			5 PER WEEK GRAB	
PHOENLS	SAMPLE MEASUREMENT					LESS THAN 0.1				1 PER TANK BEFORE PUMPIN	
	PERMIT REQUIREMENT					0.5	0.7			1 PER TANK GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE			DATE		
JOHN A. OXFORD 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 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.*)	John A Oxford	503	286-3681	87	12	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Beazer001634

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT" for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN, REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER," and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

DISCHARGE MONITORING REPORT (DMR)

FOLD HERE SECOND

FOLD HERE THIRD

STAPLE HERE

Beazer001635

2 tanks Pumped X 45,000 gal = 90,000

90,000 ÷ 3.0 day = 3000 average

pH 7.3

7.5

14.8 ÷ 2 = 7.4 average

temp 61

61

122 ÷ 2 = 61° average

oil + grease 2.7

4.3

7.0 ÷ 2 = 3.5 average

Phenols

<0.1

<0.1

0.2 ÷ 2 = 0.1 average

Beazer001636

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

November 13, 1987
Log #A871102-P1-2
PO# None

Koppers Co., Inc
7540 NW St. Helens Rd.
Portland, OR 97229

Attention: G. Hoffman

Sample Received: 11/02/87

Sample Collected: 11/02/87

Sample Delivered by: Client

Sample ID: W-W-T-3, W-W-T-4

ANALYSIS	W-W-T-3	W-W-T-4
Oil & Grease	2.7	4.3
Total Phenols	< 0.1	< 0.1

Results in mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/lws

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

KOPPERS CO. PORTLAND, OR. RECEIVED

NOV 18 19

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

A871102-P-1-2

LOG# ~~A871102~~

LOGIN TIME_____

LOGIN INIT._____

COMPANY NAME: Koppers Co. Inc TELEPHONE# 286-3681

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 11-2-87 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY Geo. HoFman DELIVERED BY Geo. HoFFman

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDL
1h	W-W-T-3	11-2-87	10:45AM	Liq.	HCL	1L	Oil & Grease	
1i	W-W-T-3	11-2-87	10:45AM	n	CuSO4		Phenols	
2h	W-W-T-4	11-2-87	10:45AM	n	HCL		Oil & Grease	
2i	W-W-T-4	11-2-87	10:45AM	n	CuSO4		Phenols	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by:
George Hoffman	11-2-87	1630	Steve Thayer

c:\wp\clom\form\log\request.log; Rev: 9/18/86 9:15; Reviewed:

Beazer001638

11-2-87

Sampled w-w- T-3 61°F
water Temp. Ph. 7.3

Sampled w-w- T-4
water Temp. Ph. 7.5 61°F

Beazer001639

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND, OREGON 97210-3663

FACILITY MULTONAMAH COUNTY

LOCATION

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER: OR-10001-9

(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	87	10	1	TO	87	11	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
PH	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
OILS & GREASE	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
PHOENLS	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD
PLANT MANAGER

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.)*

John a Oxford

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 NUMBER 286-3681

DATE: YEAR 87 MO 11 DAY 11

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

Beazer001640

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER" and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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FOLD HERE THIRD

STAPLE HERE

PLACE STAMP HERE

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

NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND, OREGON 97210-3663

FACILITY
LOCATION MULTNOMAH COUNTY

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER: OR-10001-9
(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	87	9	1	TO	87	10	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
PH	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
OILS & GREASE	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
PHOENLS	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
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: AREA CODE 503, NUMBER 286-3681

DATE: YEAR 87, MO 10, DAY 14

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

Beazer001642

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
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7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
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FOLD HERE FIRST

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13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

DEQ-NORTHWEST REGION
P.O. BOX 1760
PORTLAND, OREGON 97207

PLACE STAMP HERE

KOPPERS COMPANY INC.
7540 N.W. ST. HELENS RD
PORTLAND, OREGON 97210-3663

FOLD HERE THIRD

STAPLE HERE

Beazer001643

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

NAME: KOPPERS COMPANY INC.

ADDRESS: 7540 N.W. ST. HELENS RD
PORTLAND, OR. 97210-3665

FACILITY LOCATION: MULTONANAHAH COUNTY

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	87	8	1	TO	87	9	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
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	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
PH	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
OILS & GREASE	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
PHOENLS	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A OXFORD
PLANT MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: John A Oxford

TELEPHONE — AREA CODE: 503 — NUMBER: 286-3681

DATE — YEAR: 87 — MO: 9 — DAY: 14

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

Beazer001644

GENERAL INSTRUCTIONS

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LEGAL NOTICE

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FOLD HERE SECOND

PLACE STAMP HERE

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Beazer001645

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND, OREGON 97210

FACILITY

LOCATION MULTONAMAN COUNTY

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

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR (20-21)	MO. (22-23)	DAY (24-25)		YEAR (26-27)	MO. (28-29)	DAY (30-31)
FROM	87	7	1	TO	87	8	1

3077-J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	3000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000	GPD							
TEMPERATURE	SAMPLE MEASUREMENT	72									
	PERMIT REQUIREMENT		100 8	F							
P.H.	SAMPLE MEASUREMENT					6.4				1 per tank BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					2.8		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL		5 PER WEEK GRAB	
PHENOLS	SAMPLE MEASUREMENT					0.445		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7			1 PER TANK GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD
PLANT MANAGER

TYPED OR PRINTED

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John A Oxford

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 — NUMBER 286-3681

DATE: YEAR 87 — MO 8 — DAY 11

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

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Beazer001646

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.).
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14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

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FOLD HERE SECOND

PLACE STAMP HERE

FOLD HERE THIRD

STAPLE HERE

Beazer001647

7-27 [redacted]

P.h.

$$\begin{array}{r} 6.4 \\ \underline{6.4} \\ 12.8 \end{array} \div 2 \quad 6.4$$

temp

$$\begin{array}{r} 72 \\ \underline{72} \\ 144 \end{array} \div 2 = 72$$

Oil & Grease

$$\begin{array}{r} 1.3 \\ \underline{4.3} \\ 5.6 \end{array} \div 2 = 2.8$$

Phenols.

$$\begin{array}{r} 0.42 \\ \underline{0.47} \\ 0.89 \end{array} \div 2 = 0.45$$

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG#_____

LOGIN TIME_____

LOGIN INIT._____

COMPANY NAME Koppers Co. Inc TELEPHONE# 286-3681

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE_____ DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY G Hoffman DELIVERED BY G Hoffman

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDI
	W-W-T-1	7-27	1:15				oil & Grease	
	W-W-T-1	7-27	1:15				Phenols	
	W-W-T-2	7-27	1:15				oil & Grease	
	W-W-T-2	7-27	1:15				Phenols	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by
George Hoffman	7-27-87	5:30PM	D.G. Nelson

Beazer001649

7-27-87

W.W-T-1

Ph 6-4

Temp. 72°F

Oil & Grease 1.3

Phenols 0.42

W.W-T-2

Ph 6-4

Temp. 72°F

Oil & Grease 4.3

Phenols 0.47

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

July 30, 1987
Log #A870727-T1-2

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Analyses Requested: Oil and Grease and Phenols

Sample Date: 7-27-87

Samples Received: 7-27-87

ANALYSIS	METHOD	W-W-T-1	W-W-T-2
Oil and Grease	EPA 413.1	1.3	4.3
Phenols	SM 510-C	0.42	0.47

Results in mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/glc

AUG 3 [illegible]

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

Beazer001651

Oregon Department of Agriculture
635 Capitol Street NE
Salem, OR 97310-0110
(503) 378-3776

PESTICIDE DEALER RECORD

Inspection for Restricted and Highly Toxic Pesticides

Name Koppers Company Dealer License No. 000520
Address 7540 NW St Helens Road
Portland OR 97210

Yes	No	
X	___	Name of purchaser.
X	___	Address of purchaser.
X	___	Certification number of purchaser.
X	___	Date of sale.
X	___	Trade name (and formulation, if applicable) of pesticide. on [redacted] MSDS
X	___	Quantity of each sale of pesticide.
X	___	Records kept for three (3) years.

Deficiencies: _____

Comments: Records appear to be Excellent

2/30/87
Date

John A O'Hara
Dealer

Don Blevins
Investigator

PL595

Beazer001652

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

NAME: KOPPERS COMPANY INC.

ADDRESS: 7540 N.W. ST. HELENS RD
PORTLAND, OR. 97210-3663

FACILITY

LOCATION: MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100077-9

(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	6 (20-21)	1 (22-23)	87 (24-25)	TO	7 (26-27)	1 (28-29)	87 (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT	NO FLOW									
	PERMIT REQUIREMENT										
PH	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
OILS & GREASE	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT				NO FLOW						
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE			DATE		
JOHN A OXFORD 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 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.)*	John A Oxford	503	286-3681	87	7	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Beazer001653

GENERAL INSTRUCTIONS

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5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g. Enter "CONT" for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g. Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "CONT" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN, REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or falsifying to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation; or by imprisonment for not more than one year, or by both.

(FOLD HERE SECOND)

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Beazer001654

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS RD
PORTLAND, OR. 97210-3663

FACILITY

LOCATION MULTONAMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	87	5	1	TO	87	6	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

3077-J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	3000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10000	GPD							
TEMPERATURE	SAMPLE MEASUREMENT	62									
	PERMIT REQUIREMENT		100 F	F							
PH	SAMPLE MEASUREMENT					6.8				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					1.15		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL		5 PER WEEK GRAB	
PHENOLS	SAMPLE MEASUREMENT					0.266		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL		5 PER WEEK GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD
PLANT MANAGER

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: AREA CODE 503 NUMBER 286-3681

DATE: YEAR 87 MO 6 DAY 12

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

Beazer001655

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER" and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT" for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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Beazer001656

6/12/87

flow 3.00

10.000

temp - 62

100° F

diff pressure 1.3

1.0

2.3 ÷ 2 = 1.15

Pleurals 0.284

0.248

0.532 ÷ 2 = 0.266

Beazer001657

5-8-87

W-W-T-3
Ph. 6.8 oil + Grease 1.3
Phenols 0.248

W-W-T-4 oil + Grease 1.0
Ph = 6.8 Phenols 0.284

temp 62

Beazer001658

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG# A70508-M1-
LOGIN TIME 1630
LOGIN INIT. EGD

COMPANY NAME Koppers Co. Inc TELEPHONE# 286-3681

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 5-8-87 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY George HoFFman DELIVERED BY George HoFFman

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDL
1h	W-W-T-3						oil + Grease	
1i	W-W-T-3						Phenols	
2h	W-W-T-4						oil + Grease	
2i	W-W-T-4						Phenols	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by
George Hoffman	5-8-87	1630	

c:\wp\clom\form\log\request.log: Rev: 9/18/86 9:15 - Revised

Beazer001659

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

May 15, 1987
Log #A870508-M1-2

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Analyses Requested: Oil and Grease and Phenols

Sample Date: May 8, 1987

Samples Received: May 8, 1987

ANALYSIS	METHOD	W-W-T-3	W-W-T-4
Oil and Grease	EPA 413.1	1.3	<1.0
Phenols	SM 510-C	0.248	0.284

The less than "<" symbol means none detected at or above the indicated value and represents the detection limit for the method.

Results in mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND, OREGON 97210-3663

FACILITY

LOCATION MULTONAMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

3077-J

47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	87	4	1	TO	87	5	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	6000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000	GPD							
TEMPERATURE	SAMPLE MEASUREMENT	60									
	PERMIT REQUIREMENT		100° F	F							
PH	SAMPLE MEASUREMENT					6.5				1 PER TANK BEFORE PUMP	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					3.33		MGL		1 PER TANK BEFORE PUMP	
	PERMIT REQUIREMENT					10	15	MGL		5 PER WEEK BEFORE PUMP	
PHENOLS	SAMPLE MEASUREMENT					0.325		MGL		1 PER TANK BEFORE PUMP	
	PERMIT REQUIREMENT					0.5	0.7	MGL		5 PER WEEK GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A. OXFORD
PLANT MANAGER

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: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 87 | MO 5 | DAY 10

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

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE 1 OF 1

Beazer001661

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
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(FOLD HERE FIRST)

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11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
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13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

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DISCHARGE MONITORING REPORT (DMR)

Beazer001662

4 Loads Pumped X 45,000 gal = 180,000 gal

180,000 gal ÷ 30 Days = 6000 gal/D

Ph - 6.6
6.6
6.4
6.3
25.90 ÷ 4 = 6.475 avg. Ph.

temp - 60
59
60
59
238 ÷ 4 59.5 or 60° avg temp

oil + grease
4.2
4.1
3.8
1.2
13.30 ÷ 4 = 3.325 average oil + grease.

TO AND FROM
ARIZONA - CALIFORNIA - NEVADA - OREGON - WASHINGTON
FASTEST LTL SERVICE

WILLIG

Call
286-2685

PORTLAND

DELIVERY BY NOON

Phenols. 0.302
0.336
0.350
0.313
1.3010 ÷ 4 = 0.3258
average Phenols.

TO AND FROM
ARIZONA - CALIFORNIA - NEVADA - OREGON - WASHINGTON
FASTEST LTL SERVICE

WILLIG

Call
286-2685

PORTLAND

DELIVERY BY NOON

4-3-87

W-W-3

PH 6.6
Temp. 60°

W-W-4

PH 6.6
Temp. 59°

Beazer001665

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

April 13, 1987
Log #A870403-01-2

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Analyses Requested: Oil and Grease and Phenols

Sample Date: April 3, 1987

Samples Received: April 3, 1987

ANALYSIS	METHOD	W-W-T-3	W-W-T-4
Oil and Grease	EPA 413.1	4.2	4.1
Phenols	SM 510-C	0.350	0.313

Results in mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

REPAID_____
ART DEPOSIT_____
AY FOR RELEASE_____
ILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG#_____

LOGIN TIME_____

LOGIN INIT._____

OMPANY NAME Koppers Co. Inc TELEPHONE# 286-3681

ODRESS_____ PURCHASE ORDER #_____

ODRESS_____ LAB PRICE QUOTE #_____

ITY/STATE/ZIP_____ BILLING ADDRESS:

TTENTION_____

AMPLE COLLECTION DATE 4-3-87 DUE DATE_____ RUSH_____

AMPLE COLLECTED BY G. Hoffman DELIVERED BY G Hoffmann

IENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

)#	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDL
	W-W- T-3	4-3-87	12:45 PM				oil + Grease	
	W-W- T-3	4-3-87	12:45 PM				Phenols	
	W-W- T-4	4-3-87	12:45 PM				oil + Grease	
	W-W- T-4	4-3-87	12:45 PM				Phenols	

AMPLE INTEGRITY COMMENTS

elinquished by:	Date	Time	Received for Coffey Labs by
George Hoffman	4-3-87	1621	H Haynes

Beazer001667

4-16-87

W-W-T-1

Ph = 6.4
6.0

W-W-T-2

Ph = 6.3
5.9

Beazer001668

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG#_____

LOGIN TIME_____

LOGIN INIT._____

COMPANY NAME Koppers Co. Inc. TELEPHONE# 286-3681

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 4-16-87 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY G Hoffman DELIVERED BY G Hoffman

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDL
	W-W-T-1						Oil + Grease	
	W-W-T-1						Phenols	
	W-W-T-2						Oil + Grease	
	W-W-T-2						Phenols	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by:
Gregg Hoffman	3-16-87	1629	

c:\wp\clom\form\log\request.log; Rev: 9/18/86 9:15; Reviewed:

Beazer001669

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

April 28, 1987
Log #A870416-H

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Analyses Requested: Oil and Grease and Phenols

Sample Date: April 16, 1987

Samples Received: April 16, 1987

ANALYSIS	METHOD	W-W-T-1	W-W-T-2
Oil and Grease	EPA 413.1	3.8	1.2
Phenols	SM 510-C	0.302	0.336

Results in mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

MAY 4 1987

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

Beazer001670

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. STL HELENS RD
PORTLAND, OREGON 97210

FACILITY

LOCATION MULTONAMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR-100011-9	001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	87	3	1	TO	87	4	1

3077-J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	5800		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000	GPD							
TEMPERATURE	SAMPLE MEASUREMENT	55									
	PERMIT REQUIREMENT	1	100^0	F.							
P.H.	SAMPLE MEASUREMENT					6.8			1	PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0		5	PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					4.55		MGL	1	PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL	5	PER WEEK GRAB	
PHENOLS	SAMPLE MEASUREMENT					0.386		MGL	1	PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	2.7	MGL	1	PER TANK GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
JOHN E. OXFORD 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 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]	503	286-3681	87	4	29
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Beazer001671

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

FOLD HERE THIRD

STAPLE HERE

Beazer001672

3-1 to 4-1-87

4 tanks pumped X 45,000 gal = 180,000 gals

180,000 gal ÷ 31 days = 5800 G.P.D.

P.H 6.8
6.9
6.8
6.7
27.2 ÷ 4 = 6.8 average P.H

Temp 54
54
55
55
218 ÷ 4 = 54.5 or 55° average Temp.

Oil & Grease
13.4
1.8
1.0
2.0
18.2 ÷ 4 = 4.55 average Oil & Grease

TO AND FROM
ARIZONA · CALIFORNIA · NEVADA · OREGON · WASHINGTON
FASTEST LTL SERVICE

WILLIG

Call
286-2685

PORTLAND

DELIVERY BY NOON

Phenols 0.454
0.484
0.278
0.328
1.544 ÷ 4 = 0.386
average Phenols

TO AND FROM
ARIZONA · CALIFORNIA · NEVADA · OREGON · WASHINGTON
FASTEST LTL SERVICE

WILLIG

Call
286-2685

PORTLAND

DELIVERY BY NOON

3-23-87

W-W-T-1 Oil & Grease <1.0

Ph 6.8 Phenols 0.278

water Temp. 55°F

W-W-T-2

Oil + Grease 2.0

Ph 6.9

Phenols 0.328

water Temp. 55°F

Beazer001675

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG#_____

LOGIN TIME_____

LOGIN INIT._____

COMPANY NAME Koppers Co. Inc TELEPHONE# 286-3681

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 3-23-87 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY J Hoffman DELIVERED BY_____

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDI
	W-W-T-1	3-23-87					Oil & Grease	
	W-W-T-1	3-23-87					Phenols	
	W-W-T-2	3-23-87					Oil & Grease	
	W-W-T-2	3-23-87					Phenols	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by
Joseph Hoffman	3-23-87	1634	

Beazer001676

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

April 1, 1987
Log #A870324-B1-2

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Analyses Requested: Oil and Grease and Phenols

Sample Date: March 23, 1987

Samples Received: March 24, 1987

ANALYSIS	METHOD	W-W-T-1	W-W-T-2
Oil and Grease	EPA 413.1	< 1.0	2.0
Phenols	SM 510-C	0.278	0.328

Results in mg/L

The less than "<" symbol means none detected at or above the indicated value and represents the detection limit for the method.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

April 1, 1987
Log #A870324-B1-2

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Analyses Requested: Oil and Grease and Phenols

Sample Date: March 23, 1987

Samples Received: March 24, 1987

ANALYSIS	METHOD	W-W-T-1	W-W-T-2
Oil and Grease	EPA 413.1	< 1.0	2.0
Phenols	SM 510-C	0.278	0.328

Results in mg/L

The less than "<" symbol means none detected at or above the indicated value and represents the detection limit for the method.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

APR 2 1987

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG# A87-03031-4
LOGIN TIME 1630
LOGIN INIT. [illegible]

COMPANY NAME Koppers Co-Inc. TELEPHONE# 286-3681
ADDRESS_____ PURCHASE ORDER #_____
ADDRESS_____ LAB PRICE QUOTE #_____
CITY/STATE/ZIP_____ BILLING ADDRESS:
ATTENTION_____
SAMPLE COLLECTION DATE 3-3-87 DUE DATE_____ RUSH_____
SAMPLE COLLECTED BY George Hoffman DELIVERED BY George Hoffman
CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDL
1	W-W-T-3	3-3-87					Oil & Grease	
2	W-W-T-3	3-3-87					Phenols	
3	W-W-T-4	3-3-87					Oil + Grease	
4	W-W-T-4	3-3-87					Phenols	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by
George Hoffman	3-3-87	1630	[signature]

c:\wp\clab\form\log\request.log: Rev: 9/18/86 9:15: Reviewed:

Beazer001679

3-3-87

W-W - T-3

Ph 6.8 Oil & Grease 13.4
Water Temp. 54 Phenols 0.454

W-W - T-4

Ph 6.7 Oil & Grease 1.8
Water Temp. 54 Phenols 0.484

Beazer001680

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

March 13, 1987
Log #A870303-O

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Analyses Requested: Oil and Grease and Phenols

Sample Date: March 3, 1987

Samples Received: March 3, 1987

ANALYSIS	METHOD	W-W-T-3	W-W-T-4
Oil and Grease	EPA 413.1	13.4	1.8
Phenols	SM 510-C	0.454	0.484

Results in mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME KOPPERS COMPANY, INC.
ADDRESS 7544 N. W. St. Helens Rd.
PORTLAND, OREGON 97210
FACILITY
LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9
(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	87	2	1	TO	87	3	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

3077-J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	10,000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000	GPD							
TEMPERATURE	SAMPLE MEASUREMENT	54°		F.							
	PERMIT REQUIREMENT		100°								
P.H.	SAMPLE MEASUREMENT					6.85				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					1.275		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL		5 PER WEEK GRAB	
PHENOLS	SAMPLE MEASUREMENT					0.137		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER 8 HRS 5 WEEK COMP.	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
JOHN A. OXFORD 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 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 | 286-3681	87	3	16
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

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

Beazer001682

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

FOLD HERE THIRD

STAPLE HERE

Beazer001683

2-6-87
West End Tank Farm
Rain water run off
in Tank Farm
oil + Grease 1-1
Phenols 0.038
pH - 7.3
temp. 12°C

Beazer001684

2-6-87

East End Tank Farm

Rain water run off in Tank Farm

oil + Grease < 1

Phenols 0.038

P.H - 7.2

temp. 12°C

Beazer001685

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG#_____

LOGIN TIME_____

LOGIN INIT._____

COMPANY NAME Koppers Co. Inc. TELEPHONE#_____

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 2-3-87 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY D. Hoffman DELIVERED BY D Hoffman

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

* This is Rain water run off in Tank Farm

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDI
*	West End						oil & Grease	
	Tank Farm						Phenols	
*	East End						oil & Grease	
	Tank Farm						Phenols	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by
D Hoffman	2-3-87	1713	

c:\wp\clom\form\log\request.log; Rev: 9/18/86 9:15: Reviewed:

Beazer001686

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 16, 1987
Log #A870203-M1-2

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Analyses Requested: Oil and Grease and Phenols

Sample ID: #1 - Rain Water Runoff East End
#2 - Rain Water Runoff West End

Sample Date: February 2, 1987

Samples Received: February 3, 1987

ANALYSIS	METHOD	SAMPLE #1	SAMPLE #2
Oil and Grease	EPA 413.1	< 1.0	1.1
Phenols	SM 510-C	0.038	0.038

Results in mg/L

The less than "<" symbol means none detected at or above the indicated value and represents the detection limit for the method.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

KOPPERS CO. PORTLAND, OR RECEIVED

SMC/gs

FEB 18 1987

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

PREPAID _____
PART DEPOSIT _____
PAY FOR RELEASE _____
BILL _____

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG# _____
LOGIN TIME _____
LOGIN INIT. _____

COMPANY NAME Koppers Co. INC
TELEPHONE# 286-3681
ADDRESS _____
PURCHASE ORDER # _____
ADDRESS _____
LAB PRICE QUOTE # _____
CITY/STATE/ZIP _____
BILLING ADDRESS:
ATTENTION _____
SAMPLE COLLECTION DATE 2-13-87
DUE DATE _____ RUSH _____
SAMPLE COLLECTED BY G Hoffman
DELIVERED BY George Hoffman
CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDI
	W-W-T-1						Oil + Grease	
	W-W-T-1						Phenol	
	W-W-T-2						Oil + Grease	
	W-W-T-2						Phenol	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by
George Hoffman	2-13-87		G. Schultz

c:\wp\clom\form\log\request.log; Rev: 9/18/86 9:15; Reviewed:

Beazer001688

2-13-87

W-W-T-1

Ph. 6.5 oil & Grease 2.0

water Temp. 53°F Phenols 0.258

W-W-T-2

Ph 6.4 oil & Grease < 1.0

water Temp. 53°F Phenols 0-214

Beazer001689

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 19, 1987
Log #A870213-01-4

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Analyses Requested: Oil and Grease and Phenols

Sample Date: February 13, 1987

Samples Received: February 13, 1987

ANALYSIS	METHOD	W-W-T-1	W-W-T-2
Oil and Grease	EPA 413.1	2.0	< 1.0
Phenols	SM 510-C	0.258	0.214

Results in mg/L

The less than "<" symbol means none detected at or above the indicated value and represents the detection limit for the method.

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

KOPPERS CO.
PORTLAND, OR
RECEIVED
FEB 23 1987

SMC/gs

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97210

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	87	1	1	TO	87	2	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	10,000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000	GPD							
TEMPERATURE	SAMPLE MEASUREMENT	60°		F.							
	PERMIT REQUIREMENT		100°								
P.H.	SAMPLE MEASUREMENT					6.8				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					4.2		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL		5 PER WEEK GRAB	
PHENOLS	SAMPLE MEASUREMENT					0.209		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER 8 HRS & WEEK COMP	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A. OXFORD
PLANT MANAGER

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: AREA CODE 503, NUMBER 286-3681

DATE: YEAR 87, MO 2, DAY 10

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

PLANT FILE

Beazer001691

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER" and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT" for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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Beazer001692

1-13-87

Ph 7.3

W-W. T-1

1-13-87

Ph 2.2

W-W-T-2

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG# A87-0114-R1-
LOGIN TIME 1630
LOGIN INIT. BS

COMPANY NAME Koppers Co. Inc TELEPHONE#_____

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 1-13-87 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY G Hoffman DELIVERED BY G Hoffman
CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MD
	W-W-T-1						oil & Grease	
	W-W-T-1						Phenols	
	W-W-T-2						oil & Grease	
	W-W-T-2						Phenols	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by
G Hoffman	1-14-87	1630	

Beazer001695

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

January 19, 1987
Log #A870114-R1-2

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Analyses Requested: Oil and Grease and Phenols

Sample Date: January 13, 1987

Samples Received: January 14, 1987

ANALYSIS	METHOD	W-W-T-1	W-W-T-2
Oil and Grease	EPA 413.1	18.5	2.3
Phenols	SM 510-C	0.084	0.0923

Results in mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

KOPPERS CO.
PORTLAND, OR
RECEIVED
JAN 20 1987

SMC/gs

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

1-5-87

W-W-T-3

Ph 6.3

oil & Grease: less than 1

phenols: 0.96

1-5-87

w.w. T-4

Ph 6.5

oil & Grease: 4

Lead 1-

phenols 0.077

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG# A87-0105-F1
LOGIN TIME 1635
LOGIN INIT. BD

COMPANY NAME Koppers Co. Inc. TELEPHONE#_____

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 1-5-87 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY A. Hoffman DELIVERED BY A Hoffman

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDI
	W-W-T-3						O/G Grease	
	W-W-T-3						Phenols	
	W-W-T-4							
	W-W-T-4							

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by
A Hoffman	1/5/87	1635	

Beazer001699

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

January 16, 1987
Log #A870105-F1-2

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Samples Received: January 5, 1987

Sample Date: January 5, 1987

ANALYSIS	METHOD	W-W-T-3	W-W-T-4
Oil and Grease	EPA 413.1	< 1.00	< 1.00
Phenols	SM 510-C	0.96	0.077

Results in mg/L

The less than "<" symbol means none detected at or above the indicated value and represents the detection limit for the method.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

JAN 20 1987

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

2-6-87

W.W.- T-3

Oil + Grease 2.7

Phenols 0.016

P.H.- 6.9

2-6-87

W.W. T-4

oil + Grease 1.7

Phenols 0.025

P.H. 6.5

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG# A870128-Q1-2

LOGIN TIME_____

LOGIN INIT._____

COMPANY NAME Kappers Co. Inc TELEPHONE# 286-3681

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 1-28-87 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY G Hoffman DELIVERED BY G Hoffman

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDI
	W-W-T-3						oil & Grease	
	W-W-T-3						Phenols	
	W-W-T-4						oil + Grease	
	W-W-T-4						Phenols	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by
George Hoffman	1-28-87	4:30	Doreen Buckles

Beazer001703

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 16, 1987
Log #A870128-Q1-2

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Analyses Requested: Oil and Grease and Phenols

Sample Date: January 28, 1987

Samples Received: January 28, 1987

ANALYSIS	METHOD	W-W-T-3	W-W-T-4
Oil and Grease	EPA 413.1	27	1.7
Phenols	SM 510-C	0.16	0.25

Results in mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

RECEIVED
FEB 18 1987

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97229

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

3077-J

47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	12	1	TO	87	1	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	3,900		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	60°		F.							
	PERMIT REQUIREMENT		100°								
P.H.	SAMPLE MEASUREMENT					6.2				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					LESS THAN 1.0		MGL.		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL.		1 PER 6 HR. WEEK COMP.	
PHENOLS	SAMPLE MEASUREMENT					0.135		MGL.		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL.		1 PER 6 HR. WEEK COMP.	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A. OXFORD 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 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	286-3681	87	12	13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Plant Copy

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Beazer001705

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER" and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON
97229

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	86	11	1	TO	86	12	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	6,750		GPD					ESTIMATE		
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	60°		F							
	PERMIT REQUIREMENT		100°								
P.H.	SAMPLE MEASUREMENT					7.03			1 PER TANK BEFORE PUMPING		
	PERMIT REQUIREMENT				6.0		9.0		5 PER WEEK		GRAB
OIL & GREASE	SAMPLE MEASUREMENT					2.23		MGL	1 PER TANK BEFORE PUMPING		
	PERMIT REQUIREMENT					10	15	MGL	1 PER 8 HR. WEEK COMP.		
PHENOLS	SAMPLE MEASUREMENT					0.093		MGL	1 PER TANK BEFORE PUMPING		
	PERMIT REQUIREMENT					0.5	0.7	MGL	1 PER 8 HR. WEEK COMP.		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A. OXFORD 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 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.*)	John A Oxford	503	286-3681	86	12	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Plant File

Beazer001707

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit (e.g., Enter "CONT" for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN, REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation; or by imprisonment for not more than one year, or by both.

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Beazer001708

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

NAME [illegible]

ADDRESS [illegible]

PORTLAND OREGON

[illegible]

FACILITY

LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

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

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	10	1	TO	86	11	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	6,900		GPD							
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	60°		F							
	PERMIT REQUIREMENT		100°								
P.H.	SAMPLE MEASUREMENT					5.35			1	PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0		[illegible]	[illegible]	[illegible]
OIL & GREASE	SAMPLE MEASUREMENT					3.3		MGL	1	PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL	1	PER TANK BEFORE PUMPING	
PHENOLS	SAMPLE MEASUREMENT					0.174		MGL	1	PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL	1	PER TANK BEFORE PUMPING	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A. OXFORD 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 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	[illegible]	[illegible]	[illegible]	11	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Plant File

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

Beazer001709

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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Beazer001710

Report 10/1/86 / 11-1-86

water Samples - 10-17-86 -
(P.H. 6.7) WWT-4

water Samples - 10-27-86
(P.H. 6.0) WWT-1

10-17-86

W-W-T-4

Ph 6-7

CHAIN OF CUSTODY RECORD

PROJ. NO.	SITE / LOCATION
	Koppers Co. Inc,

SAMPLERS: (Signature)
George Hoffman

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT / PRESERVATIVE	Oil + grease	Phenols				SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
10-17-86		1:45	PM		W-W-T-4	1									
	"	1:45	PM		W-W-T-4	1									

Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)
George Hoffman Koppers Co. Inc	10-17-86	Mary L. Howell			

Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Date / Time	Remarks (attachments if necessary)

Beazer001713

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

October 29, 1986
Log #A861017-F

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: George Hoffman

Sample Date: 10-17-86

KOPPERS CO. PORTLAND, OR RECEIVED
OCT 31 1986

ANALYSIS	W-W-T-4
Oil and Grease	4.5
Phenols	0.262

Results in mg/L

9A. 6.7

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this lette.

10-27-86

w-w-T-1

Ph 6.0

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG#_____

LOGIN TIME_____

LOGIN INIT._____

COMPANY NAME Koppers Co. Inc TELEPHONE# 286-3681

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 10-27-86 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY G. Hoffman DELIVERED BY G. Hoffman

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDL
	W-W-T-1	10-27	12:45				Oil + Grease	2.1
	W-W-T-1	10-27	12:45				Phenols	0.085
							pH-	6.0

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by:
G. Hoffman	10-27-86	1630	Susan M. Coffey

c:\wp\clom\form\log\request.log; Rev: 9/18/86 9:15; Reviewed:

Beazer001716

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

November 10, 1986
Log #A861027-M

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Sample ID: W-W-T-1

Sample Date: 10-27-86

KOPPERS CO.
PORTLAND, OR
RECEIVED
NOV 13 1986

ANALYSIS	RESULTS
Oil and Grease	2.1
Total Phenols	0.085

Results in mg/L

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97229

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	9	1	TO	86	10	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

3077-J
47430

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	7,000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	61 F		F							
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					8.5			1	PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0		5	PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					3.4		MGL	1	PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL	1	PER 8 HR. WEEK COMP.	
PHENOLS	SAMPLE MEASUREMENT					.079		MGL	1	PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL	1	PER 8 HR. WEEK COMP.	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A. OXFORD
Plant Manager
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: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 86 | MO 10 | DAY 1

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

Plant Tile

1 1

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

Beazer001718

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER" and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 7-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit (e.g., Enter "CONT" for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "NZA" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
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14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

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Beazer001719

Report - 9/1/86 / 10/1/86

Water Samples: 9-29-86
(P.H.) 6.1) WWT-3

Water Samples: 9-25-86
(P.H. 6.2) WWT-2

Water Samples: 9-3-86
(P.H. 7.2) WWT-1
(P.H. 6.5) WWT-3
(P.H. 6.5) SST-4

Reported -

Beazer001720

9-29-86

W-W-T-3

Ph 6.1

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

October 3, 1986
Log #A860929-0

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: George Hoffman

Sample ID: W-W-T-3, 9/29/86, 1415

Sample Description: Water

KOPPERS CO.
PORTLAND, OR
RECEIVED
OCT 6 1986

ANALYSIS	RESULTS
Oil and Grease	< 1.0
Phenol	0.015

Results in mg/L

< denotes "less than"

P.H. 6.1

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

CHAIN OF CUSTODY RECORD

PROJ. NO.	SITE/LOCATION
	Koppers Co. Inc.

SAMPLERS: (Signature) George Hoffman

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT/PRESERVATIVE: Phenols	oil + Grease					SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
9-29-86		2:15 PM			W-W-T-3	1	✓								
9-29-86		2:15 PM			W-W-T-3	1		✓							

Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)
George Hoffman	9-29-86				
Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)
Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)	Date/Time	Remarks (attachments if necessary)	
		[signature]	9/29 1545		

Beazer001723

9-25-86
W-W-T-2
Ph 6.2

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

October 1, 1986
Log #A860925-G

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Sample ID: WW T-2

Sample Date: 9/25/86

ANALYSIS	RESULTS
Oil and Grease	< 1
Phenol	0.061

Results in mg/L

< denotes "less than"

pH - 6.2

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

KOPPERS CO.
PORTLAND, OR
RECEIVED
OCT 2 1986

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

CHAIN OF CUSTODY RECORD

PROJ. NO.	SITE / LOCATION
	Koppers Co. Inc.

SAMPLERS: (Signature)
George Hoffman

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT/ PRESERVATIVE						SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
							Phenol	Oil & Grease							
	9-25-86				W-W-T-2	1	✓								
	9-25-86				W-W-T-2	1		✓							
		1-3p													

Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)
George Hoffman	9-25-86 16:42	Doreen Buckles			
Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)
Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Date / Time	Remarks (attachments if necessary)	

Beazer001726

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

September 9, 1986
Log #A860903-B

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: George Hoffman

Analyses Requested: Oil and Grease and Phenol

Sample Date: 9/3/86

SAMPLE ID	P.H.	OIL AND GREASE	PHENOL
W-W-T-1	7.2	3.40	0.22
S-S-T-3	6.5	4.10	< 0.05
S-S-T-4	6.5	7.55	< 0.05

Results in mg/L

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

Beazer001727

9-3-86
W-WT-1
PH

7-2

9-3-86
T-4
PH
6.5

9-3-86

w.w.T-3

PH 6.5

WW T - 1

Phenol 0.22

Oil & Grease 3.40

WW T 3 Phenol less than Z 0.05

Oil & Grease 4.10

WW T 4 Phenol less than 0.05

Oil & Grease 7.55

Coffey Lab 9:15 Am 9/9/84

TO AND FROM
ARIZONA · CALIFORNIA · NEVADA · OREGON · WASHINGTON
FASTEST LTL SERVICE

WILLIG

Call
286-2685

PORTLAND

DELIVERY BY NOON

CHAIN OF CUSTODY RECORD

PROJ. NO.	SITE / LOCATION
	Koppers Co. INC.

SAMPLERS: (Signature)

George Hoffman

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT/ PRESERVATIVE	oil	grease	Pheval			SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
9-3-86		9:50	AM		W-W-T-1	1									
					W-W-T-1	1									
					S-S- T-3	1									
					S-S- T-3	1									
					S-S- T-4	1									
					S-S- T-4	1									

Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)
[signature]	9/3 10[illegible]				
Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)
[signature]					
Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Date / Time	Remarks (attachments if necessary)	
		[signature]	9/3 1055		

Beazer001732

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

NAME KOPPERS CO. INC.

ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND OR. 97229

FACILITY

LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2040-0004.
Expires 2-29-84

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR-100011-0	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	8	1	TO	86	9	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

3077-1

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	NO FLOW		GPD						ESTIMATE	GRAB
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT			F							
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					NO FLOW				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					NO FLOW		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL		1 PER 8 HR. WEEK COMP.	
PHENOLS	SAMPLE MEASUREMENT					NO FLOW		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER 8 HR. WEEK COMP.	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A. OXFORD 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 U.S.C. § 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.*)	John A. Oxford	503 (AREA CODE)	286-3681 (NUMBER)	86 (YEAR)	9 (MO)	12 (DAY)
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

Beazer001733

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)", "PERMIT NUMBER" and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
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9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
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FOLD HERE SECOND

PLACE STAMP HERE

FOLD HERE THIRD

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Beazer001734

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97229

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	7	1	TO	86	8	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

3077-J

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	2000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	62 F.		F.							
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					7.55				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					1.1		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL		1 PER 8 HR. WEEK COMP.	
PHENOLS	SAMPLE MEASUREMENT					.215		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER 8 HR. WEEK COMP.	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
JOHN A. OXFORD 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 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.*)	John A Oxford	503	286-3681	86	9	12
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Beazer001735

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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Beazer001736

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97229

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	86	6	1	TO	86	7	1

3077-J

47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	4000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	58 F		F							
	PERMIT REQUIREMENT		100								
P. H.	SAMPLE MEASUREMENT					6.6				1 PER TANK BEFORE PUMPIN	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					2.5		MGL		1 PER TANK BEFORE PUMPIN	
	PERMIT REQUIREMENT					10	15	MGL		1 PER 8 HR WEEK COMP.	
PHENOLS	SAMPLE MEASUREMENT					.039		MGL		1 PER TANK BEFORE PUMPIN	
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER 8 HR. WEEK COMP.	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A. OXFORD 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 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.)*	J.A. Oxford	503	286-3681	86	7	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

RECEIVED
JUL 25 1984
PERMIT CONTROL

Beazer001737

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER," and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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Beazer001738

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND, OREGON 97229

FACILITY
LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9
(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	5	1	TO	86	6	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	4000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	58 F		F			65				
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					7.075				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					1.65 LESS THAN		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL		1 PER 8 HR WEEK COMP.	
PHENOLS	SAMPLE MEASUREMENT					.0246		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER 8 HR WEEK COMP.	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A OXFORD
PLANT MANAGER
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.*)

John A Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503, NUMBER 286-3681

DATE: YEAR 86, MO 6, DAY 25

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

Beazer001739

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
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6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
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8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period), and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

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

NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND OREGON 97229

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

--3077-J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	86	4	1	TO	86	5	1

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	4000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	58 F		F							
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					6.875				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				@ 6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					1.5 LESS THAN		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL		1 PER WEEK	8 HR. COMP.
PHENOLS	SAMPLE MEASUREMENT					.034		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER WEEK	8 HR. COMP.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A. OXFORD
PLANT MANAGER

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.)*

John A Oxford

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3631

DATE: YEAR 86 | MO 5 | DAY 13

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

Beazer001741

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
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6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
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8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN, REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

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FOLD HERE SECOND

PLACE STAMP HERE

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Beazer001742

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND, OREGON 97229
FACILITY
LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9
(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD
FROM YEAR (20-21) 86 MO (22-23) 3 DAY (24-25) 1
TO YEAR (26-27) 86 MO (28-29) 4 DAY (30-31) 1

3077-J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	4000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	56									
	PERMIT REQUIREMENT		100	F							
P.H.	SAMPLE MEASUREMENT					6.75				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					1.0 LESS THAN		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL		1 PER WEEK	8 HR. COMP
PHENOLS	SAMPLE MEASUREMENT					.475		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER WEEK	8 HR. COMP.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
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.*)

John A. Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503, NUMBER 286-3681

DATE: YEAR 86, MO 4, DAY 08

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

Beazer001743

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

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Beazer001744

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

NAME KOPPERS COMPANY INC.

ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND OREGON 97229

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) PERMIT NUMBER: OR-100011-9

(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	86	2	1	TO	86	3	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	4000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	58		F							
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					6.98				1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					1.0 LESS THAN		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					10	15	MGL		1 PER WEEK	8 HR. COMP.
PHENOLS	SAMPLE MEASUREMENT					.085		MGL		1 PER TANK BEFORE PUMPING	
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER WEEK	8 HR. COMP.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
JOHN A. OXFORD 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 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.)*	John A Oxford	AREA CODE 503	NUMBER 286-3681	YEAR 86	MO 3	DAY 14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

Beazer001745

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

PLACE STAMP HERE

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Beazer001746

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

NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND OREGON 97229
FACILITY
LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR-100011-9
(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	86	1	1	TO	86	2	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	3000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	56		F							
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					6.2				5 Per Week Grab	
	PERMIT REQUIREMENT				6.0		9.0			5 Per Week Grab	
OIL & GREASE	SAMPLE MEASUREMENT					1.0 Less Than		MGL		1 Per Week	8 Hr Comp.
	PERMIT REQUIREMENT					10	15	MGL		1 Per Week	8 Hr Comp.
PHENOLS	SAMPLE MEASUREMENT					0.065		MGL		1 Per Week	8 Hr. Comp.
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 Per Week	8 Hr Comp.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
JOHN A. OXFORD Plant Manager TYPED OR PRINTED	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	503 (AREA CODE)	286-3681 (NUMBER)	86 (YEAR)	2 (MO)	18 (DAY)

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

Beazer001747

DEQ WASTEWATER DISCHARGE REPORT
1985

Beazer001748

Facility Name/ Location if different)

NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97229
FACILITY
LOCATION MULTNOMAH COUNTY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR-100011-9
(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	12	1	TO	86	1	1

3077-J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	3000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	56		F							
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					6.7				5 Per Week	Grab
	PERMIT REQUIREMENT				6.0		9.0			5 Per Week	Grab
OIL & GREASE	SAMPLE MEASUREMENT					1.0 Less Than		MGL		1 Per Week	8 Hr Comp.
	PERMIT REQUIREMENT					10	15	MGL		1 Per Week	8 Hr Comp.
PHENOLS	SAMPLE MEASUREMENT					0.031		MGL		1 Per Week	8 Hr Comp.
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 Per Week	8 Hr Comp.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
JOHN A. OXFORD Plant Manager TYPED OR PRINTED	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	John A. Oxford	AREA CODE: 503	NUMBER: 286-3681	YEAR: 86	MO: 1	DAY: 6

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

Beazer001749

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if different)

NAME: KOPPERS COMPANY INC.
ADDRESS: 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97229

FACILITY
LOCATION: MULTNOMAH COUNTY

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

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR-100011-9
(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	11	1	TO	85	12	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	3000		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	58		F							
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					6.8				5 Per Week	Grab
	PERMIT REQUIREMENT				6.0		9.0			5 Per Week	Grab
OIL & GREASE	SAMPLE MEASUREMENT					2.048		MGL		1 Per Week	8 Hr. Comp.
	PERMIT REQUIREMENT					10	15	MGL		1 Per Week	8 Hr. Comp.
PHENOLS	SAMPLE MEASUREMENT					Less Than 0.066		MGL		1 Per Week	8 Hr. Comp.
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 Per Week	8 Hr. Comp.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Plant MGR
JOHN A. OXFORD
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

John A Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 85 | MO 12 | DAY 6

ATTACHMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Beazer001750

1 1

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if different)

NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND, OR. 97229
FACILITY
LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	10	1	TO	85	11	1

3077-J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500								ESTIMATE	
	PERMIT REQUIREMENT		10,000	G.P.D.							
TEMPERATURE	SAMPLE MEASUREMENT	62									
	PERMIT REQUIREMENT		100	F.							
PH	SAMPLE MEASUREMENT					6.8				5 per week	grab
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					2.40		MGL		1PER 8 HR WEEL	COMP
	PERMIT REQUIREMENT					10	15	MGL		1 PER WEEK	8 HR COMP.
PHENOLS	SAMPLE MEASUREMENT					0.2				1 PER MONTH	8 HR COMP
	PERMIT REQUIREMENT					0.5	0.7			1 PER MONTH	8 HR COMP.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

J. A. Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 85 | MO 11 | DAY 27

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

Beazer001751

IMITTEE NAME/ADDRESS (Include ity Name/ Location if different)
IE KOPPERS COMPANY INC.
DRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97229
ILITY
ATION Multnomah County

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

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	9	1	TO	85	10	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500								ESTIMATE	
	PERMIT REQUIREMENT		10,000	G.P.D							
TEMPERATURE	SAMPLE MEASUREMENT	62									
	PERMIT REQUIREMENT		100	F.							
P.H.	SAMPLE MEASUREMENT					6.10				5 Per Week	GRAB
	PERMIT REQUIREMENT				6.0		9.0			5 Per Week	Grab
OIL & GREASE	SAMPLE MEASUREMENT					2.86		MGL		1 Per Week	8 Hr. Comp.
	PERMIT REQUIREMENT					10	15	MGL		1 Per Week	8 Hr Comp.
PHENOLS	SAMPLE MEASUREMENT					Less Than 0.05		MGL		1 Per Month	8 Hr. Comp.
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 Per Month	8 Hr. Comp.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
Plant Manager
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

John a Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 85 | MO 10 | DAY 7

ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Beazer001752

1 1

Facility Name/ Location if different)

NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND OREGON
FACILITY
LOCATION MULTNOMAH COUNTY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR 100077-9
(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	8	1	TO	85	9	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT		NO FLOW								
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
P.H.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
OIL & GREASE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be 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: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 85 | MO 9 | DAY 5

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

EPA Form 3320-1 (Rev. 10-77) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Beazer001753

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if different)

NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND OREGON 97229
FACILITY
LOCATION MULTNOMAH COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR 100077-9

(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	7	1	TO	85	8	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT		NO FLOW								
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
P.H.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
OIL & GREASE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 85 | MO 9 | DAY 5

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

Beazer001754

(Name, Location (if different))

NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND OREGON 97229
FACILITY
LOCATION MULTNOMAH COUNTY

DISCHARGE MONITORING REPORT (DMR)

OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR 100077-9
(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	6	1	TO	85	7	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1,000		G.P.D.						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	60F.		F							
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					6.80				5 per week grab	
	PERMIT REQUIREMENT				6.0		9.0			5 per week grab	
OIL & GREASE	SAMPLE MEASUREMENT					<1.0				1 per week	8 hr comp
	PERMIT REQUIREMENT					10	15	M G L			
PHENOLS	SAMPLE MEASUREMENT					0.18				1 per week	8 hr comp
	PERMIT REQUIREMENT					0.5	0.7			1 per week	8 hr comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be 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: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 85 | MO 7 | DAY 10

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

Beazer001755

EPA Form 3320-1 (Rev. 10-77) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Facility Name, Location if different)

NAME KOPPERS COMPANY INC.
ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97229
FACILITY
LOCATION MULTNOMAH COUNTY

DISCHARGE MONITORING REPORT (DMR)

OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR 100077-9
(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	5	1	TO	85	6	1

3077-J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE (54-61)	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1,000		G.P.D.						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	60 f.		f							
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					7.09				5 per week grab	
	PERMIT REQUIREMENT				6.0		9.0			5 per week grab	
OIL & GREASE	SAMPLE MEASUREMENT					1.165		MGL		1 per week	8 hr comp
	PERMIT REQUIREMENT					10	15				
PHENOLS	SAMPLE MEASUREMENT					0.165				1 per week	8 hr. comp
	PERMIT REQUIREMENT					0.5	0.7			1 per week	8 hr comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

John a Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 85 | MO 6 | DAY 10

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

Beazer001756

NAME KOPPERS COMPANY INC,
ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97229
FACILITY
LOCATION MULTNOMAH COUNTY

DISCHARGE MONITORING REPORT (DMR)

OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR 100077-9
(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	4	1	TO	85	5	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE (54-61)	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	2,000		G.P.D.						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	59 f									
	PERMIT REQUIREMENT		100	f							
P.H	SAMPLE MEASUREMENT					6.65				5 per week grab	
	PERMIT REQUIREMENT				6.0		9.0			5 per week grab	
OIL & GREASE	SAMPLE MEASUREMENT					3.755				1 per week	8 hr. comp.
	PERMIT REQUIREMENT					10	15	MGL			
PHENOLS	SAMPLE MEASUREMENT					.295		MGL		1 per week	8 hr. comp.
	PERMIT REQUIREMENT					0.5	0.7			1 per week	8 hr. comp.
	SAMPLE MEASUREMENT						"				
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
PLANT MGR.
JOHN A. OXFORD
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

John A. Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 — NUMBER 286-3681

DATE: YEAR 85 — MO 5 — DAY 9

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

Beazer001757

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

NAME KOPPERS CO. INC.
ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OR. 97229
FACILITY
LOCATION MULTNOMAH COUNTY

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

Form Approved OMB No. 158-R0073

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR 100077-9	001

3077-J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	3	1	TO	85	4	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	1,000		G.P.D.						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	60 f		f							
	PERMIT REQUIREMENT		100								
P.H	SAMPLE MEASUREMENT					6.10				5 per week grab	
	PERMIT REQUIREMENT				6.0		9.0			5 per week grab	
OIL & GREASE	SAMPLE MEASUREMENT					2.50				1 per week 8 hr. comp	
	PERMIT REQUIREMENT					10	15	MGL		1 per week 8 hr comp	
PHENOLS	SAMPLE MEASUREMENT					.24		MGL		1per week 8 hr. comp	
	PERMIT REQUIREMENT					0.5	0.7			1per week 8hr comp	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MGR.
TYPED OR PRINTED

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John A. Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
503	286/3681	85	4	10

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

Beazer001758

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if different)

NAME KOPPERS CO., INC.
ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97229
FACILITY
LOCATION MULTNOMAH COUNTY

DISCHARGE MONITORING REPORT (DMR)

OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR 100077-9
(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	2	1	TO	85	3	1

3077-J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	1,000		G.P.D.						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	550 F		F							
	PERMIT REQUIREMENT		100								
P.H /	SAMPLE MEASUREMENT					6.80				5 per WEEK GRAB	
	PERMIT REQUIREMENT				6.0		9.0			5per WEEK GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					10.04				1 per 8 HR. WEEK COMP	
	PERMIT REQUIREMENT					10	15	MGL MGL		1 per 8 HR. WEEK COMP	
PHENOLS	SAMPLE MEASUREMENT					.24		MGL		1 per 8 HR. MONTH COMP	
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 per 8 HR. MONTH COMP	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

John A. Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3861

DATE: YEAR 85 | MO 3 | DAY 8

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

Beazer001759

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if different)

NAME KOPPERS CO., INC.

ADDRESS 7540 N.W. ST. HELENS ROAD
PORTLAND, OREGON 97229

FACILITY

LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 158-R0073

(2-16) OR-100077-9 PERMIT NUMBER

(17-19) 001 DISCHARGE NUMBER

3077-J

47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	85	1	1	TO	85	2	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	1,000		G.P.D.						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	55⁰ f									
	PERMIT REQUIREMENT		100	F							
P.H.	SAMPLE MEASUREMENT					6.37				5 PER WEEK	GRAB
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					2.65				1 PER WEEK	8 HR. COMP
	PERMIT REQUIREMENT					10	15	MGL MGL		1 PER WEEK	8 HR. COMP
PHENOLS	SAMPLE MEASUREMENT					.25		MGL		1 PER MONTH	8 HR. COMP
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER MONTH	8 HR. COMP.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A. OXFORD
PLANT MANAGER

TYPED OR PRINTED

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John a. Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3681

DATE: YEAR 85 | MO 2 | DAY 8

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

Beazer001760

DEQ WASTEWATER DISCHARGE REPORT
1984

Beazer001761

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION [illegible] COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 158-R0073

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

[illegible]077-[illegible]
47430

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	12	1	TO	[illegible]	1	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	1000		G.P.D.						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	59									
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					6.45				5 PER WEEK	GRAB
	PERMIT REQUIREMENT				[illegible]		[illegible]			[illegible]	[illegible]
OIL & GREASE	SAMPLE MEASUREMENT					1.50		MGL		1 PER WEEK	[illegible]
	PERMIT REQUIREMENT					[illegible]	[illegible]	MGL		[illegible]	[illegible]
PHENOLS	SAMPLE MEASUREMENT					[illegible]		[illegible]		[illegible]	[illegible]
	PERMIT REQUIREMENT					[illegible]	[illegible]	MGL		[illegible]	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	[illegible]	TELEPHONE		DATE		
PLANT MANAGER [illegible]		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	503	[illegible]	[illegible]	1	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

EPA Form 3320-1 (Rev. 10-77) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE 1 OF

Beazer001762

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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Beazer001763

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

NAME KOPPERS CO., INC.
ADDRESS 7540 N.W. St. Helens Road
PORTLAND, OREGON 97229
FACILITY
LOCATION Multnomah County

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

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR-100077-9	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	84	11	1	TO	84	12	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

3077-J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	2000								ESTIMATE	
	PERMIT REQUIREMENT		10,000	G.P.D.							
TEMPERATURE	SAMPLE MEASUREMENT	59°									
	PERMIT REQUIREMENT		100	F							
P.H.	SAMPLE MEASUREMENT					6.50				5 PER WEEK	GRAB
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					2.0				1 PER WEEK	8 HR. COMP.
	PERMIT REQUIREMENT					10	15	MGL MGL		1 PER WEEK	8 HR. COMP.
PHENOLS	SAMPLE MEASUREMENT					.15		MGL		1 PER MONTH	8 HR. COMP.
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER MONTH	8 HR. COMP.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A. OXFORD PLANT MANAGER	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	John a. Oxford	503	286-3681	84	12	6
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Beazer001764

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER: 02-[illegible]-9

(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	84	11	1	TO	84	12	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	2000									
	PERMIT REQUIREMENT		10,000	G.P.D							
TEMPERATURE	SAMPLE MEASUREMENT	50°									
	PERMIT REQUIREMENT		110	°F							
P.H.	SAMPLE MEASUREMENT	2				6.50				PER WEEK	GRAB
	PERMIT REQUIREMENT				6.0		9.0			PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					2.0				PER WEEK	GRAB
	PERMIT REQUIREMENT					10		MGL MGL		PER WEEK	GRAB
PHENOLS	SAMPLE MEASUREMENT	1				.15		MGL		PER MONTH	GRAB
	PERMIT REQUIREMENT					0.7		MGL		PER MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
JOHN A. OXFORD PLANT MANAGER TYPED OR PRINTED	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	John A. Oxford	AREA CODE: 503	NUMBER: 246-3681	YEAR: 84	MO: 12	DAY: 6

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

Beazer001765

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 158-R0073

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	84	10	1	TO	84	11	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500		M.G.D.						CONTINUOUS	
	PERMIT REQUIREMENT	[illegible]	[illegible]								
TEMPERATURE	SAMPLE MEASUREMENT	570		F							
	PERMIT REQUIREMENT		[illegible]								
P.H.	SAMPLE MEASUREMENT					6.39				[illegible]	
	PERMIT REQUIREMENT										
OIL & GREASE	SAMPLE MEASUREMENT					10.54		MG/L		GRAB	
	PERMIT REQUIREMENT					10		MG/L		WEEKLY	GRAB
PHENOLS	SAMPLE MEASUREMENT					.37		MG/L		1 PER MONTH	GRAB
	PERMIT REQUIREMENT					0.5	[illegible]	MG/L		1 PER MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
JOHN A. OXFORD PLANT MANAGER	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	John A Oxford	AREA CODE 503	NUMBER 286-3691	YEAR [illegible]	MO 11	DAY
TYPED OR PRINTED							

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

PLEASE SEE ATTACHED

Beazer001767

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

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PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if different)

NAME KOPPERS CO., INC.
ADDRESS 7540 N.W. St. Helens Road
Portland, Oregon 97229
FACILITY
LOCATION Multnomah County

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

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	84	10	1	TO	84	11	1

3077-J
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500		G.P.D.						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	570									
	PERMIT REQUIREMENT		100	F							
P.H.	SAMPLE MEASUREMENT					6.39				5 PER WEEK	GRAB
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					19.54		MGL		1 PER WEEK	8HR. COMP
	PERMIT REQUIREMENT					10	15	MGL		1 PER WEEK	8HR. COMP
PHENOLS	SAMPLE MEASUREMENT					.27		MGL		1 PER MONTH	8HR. COMP
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER MONTH	8HR. COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A. OXFORD PLANT MANAGER	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	John A O Hand	AREA CODE 503	NUMBER 286-3681	YEAR 84	MO 11	DAY 2
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

PLEASE SEE ATTACHED

Beazer001769

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 158-R0073

(2-16)	(17-19)
OR 100077-9	001
PERMIT NUMBER	DISCHARGE NUMBER

30775

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	84	09	01	TO	84	10	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	500		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10000								
TEMPERATURE	SAMPLE MEASUREMENT	61		O F							
	PERMIT REQUIREMENT		100								
PIH.	SAMPLE MEASUREMENT					6.10			5	PER WEEK	GRAB
	PERMIT REQUIREMENT				6.0		9.0		5	PER WEEK	GRAB
[illegible]	SAMPLE MEASUREMENT					5.55		MGL	1	PER WEEK	8 HR. COMP.
	PERMIT REQUIREMENT					10	15	MGL	1	PER WEEK	8 HR. COMP.
PHENOLS	SAMPLE MEASUREMENT					0.32		MGL	1	PER MONTH	8 HR. COMP.
	PERMIT REQUIREMENT					0.5	0.7	MGL	1	PER MONTH	8 HR. COMP.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A. OXFORD PLANT MANAGER	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	[signature]	503	286-3691	84	10	10
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

DUE TO LOW RAINFALL AMOUNTS THERE WAS ONLY ONE PUMPING THROUGH OUTFALL

EPA Form 3320-1 (Rev. 10-77) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Beazer001770

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 158-R0073

(2-16)	(17-19)
05-130077-0	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	84	09	01	TO	84	09	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

30773
47430

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	* 100								ESTIMATE	
	PERMIT REQUIREMENT		100	GPD							
TEMPERATURE	SAMPLE MEASUREMENT	50									
	PERMIT REQUIREMENT		100	[illegible]							
P.H.	SAMPLE MEASUREMENT					[illegible]				PER WEEK	
	PERMIT REQUIREMENT				[illegible]		[illegible]		5		GRAB
									5	PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT		[illegible]						1	PER WEEK	8 HR. COMP.
	PERMIT REQUIREMENT					[illegible]	[illegible]	MGL	1	PER WEEK	8 HR. COMP.
PHENOLS	SAMPLE MEASUREMENT								1	PER MONTH	8 HR. COMP.
	PERMIT REQUIREMENT					[illegible]		MGL	1	PER MONTH	8 HR. COMP.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
JOHN A. OXFORD, PLANT MANAGER		[signature]	203	286-3681	84	09	10
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

* Due to dry weather there was only one day when effluent was pumped. Amount pumped is estimated at 1000 gallons.

Beazer001772

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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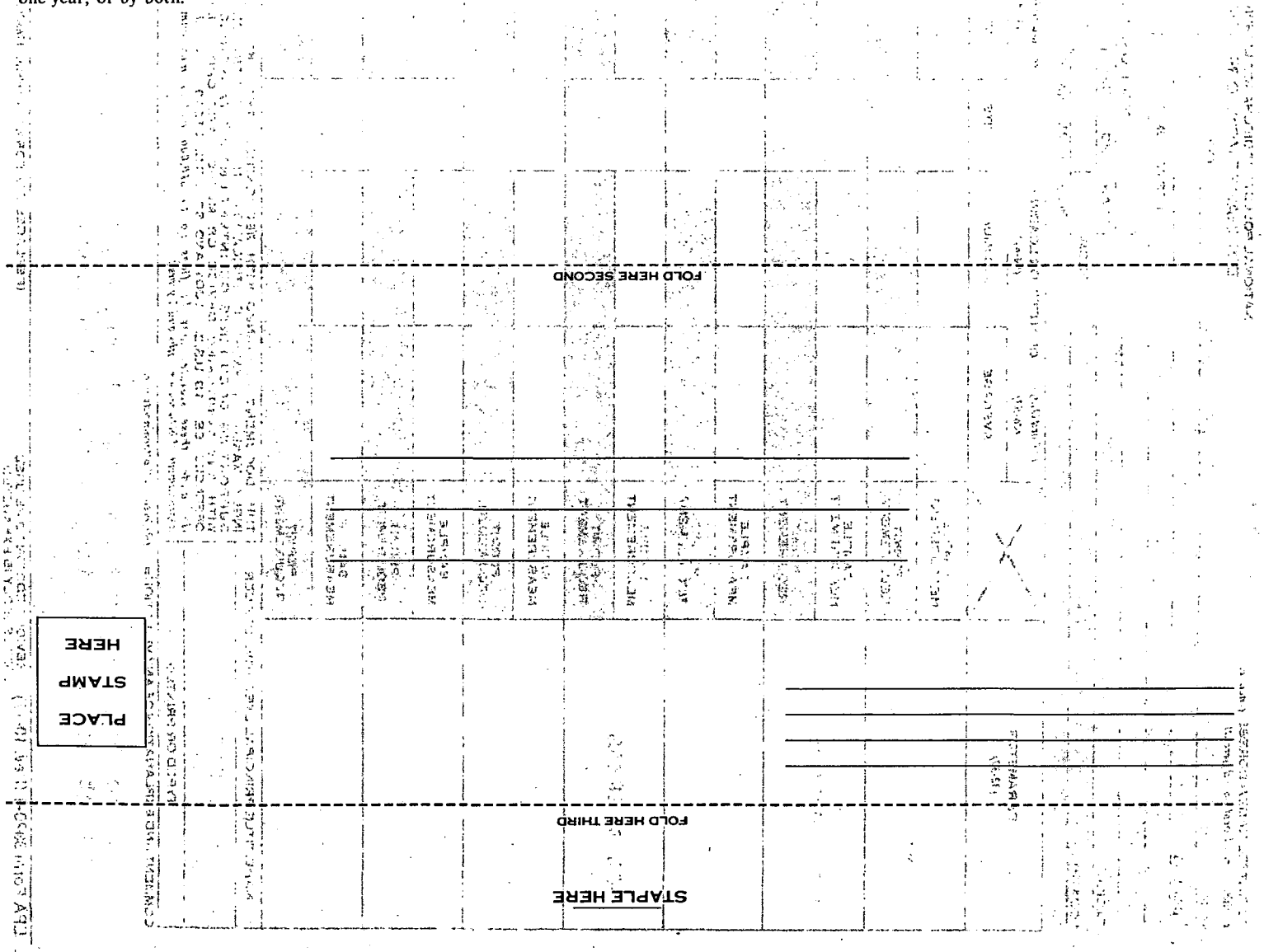
10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.



Beazer001773

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved OMB No. 158-R0073

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR-100077-8	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	84	07	01	TO	84	08	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39.7J
47439

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	L00		GPD						TMATE	
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT	64°F		°C							
	PERMIT REQUIREMENT		100								
P H	SAMPLE MEASUREMENT					6.0			5	WEEK GR	
	PERMIT REQUIREMENT										
OIL & GREASE	SAMPLE MEASUREMENT					LESS THAN 2					
	PERMIT REQUIREMENT										
PHENOLS	SAMPLE MEASUREMENT					0.13					
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A. OXFORD PLANT MANAGER	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	John A. Oxford	AREA CODE 503	NUMBER 286-3681	YEAR 84	MO 09	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

Beazer001774

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR 100077-0

(17-19) DISCHARGE NUMBER: 001

30773
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	84	06	01	TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500		GPD						PERMITTEE	
	PERMIT REQUIREMENT		0000								
TEMPERATURE	SAMPLE MEASUREMENT	58°		O F							
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					6.67			5 PER WEEK	GRAB	
	PERMIT REQUIREMENT				6.0		9.0		5 PER WEEK	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT					3.62		MGL	1 PER MONTH	8 HR COMP	
	PERMIT REQUIREMENT					10	15	MGL	1 PER MONTH	8 HR COMP	
PHENOLS	SAMPLE MEASUREMENT					0.28		MGL	1 PER MONTH	8 HR COMP	
	PERMIT REQUIREMENT					0.5	0.7	MGL	1 PER MONTH	8 HR COMP	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
JOHN A. OKFORD	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years!)*		503	286-3691	84	07	10
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Beazer001776

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
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8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
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12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR-100077-3	002

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	84	05	01	TO	84	06	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500		GPD						ESTIMATE	
	PERMIT REQUIREMENT		1,000								
TEMPERATURE	SAMPLE MEASUREMENT	~~580~~ 580		°F							
	PERMIT REQUIREMENT										
P.H.	SAMPLE MEASUREMENT					6.79				1 PER WEEK	GRAB
	PERMIT REQUIREMENT									1 PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					3.90			1	1 PER WEEK	GRAB
	PERMIT REQUIREMENT					10	15		1	1 PER WEEK	3 HR COMP
PHENOLS	SAMPLE MEASUREMENT					0.47			1	1 PER MONTH	3 HR COMP
	PERMIT REQUIREMENT					0.5	0.7		1	1 PER MONTH	3 HR COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A. OXFORD PLANT MGR.	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	John A. Oxford	AREA CODE 503	NUMBER 236-3691	YEAR 84	MO 06	DAY 01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

Beazer001778

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
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9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
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14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

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Beazer001779

Facility Name/Location if different

NAME KOPPERS COMPANY, INC.
ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND, OREGON 97229
FACILITY
LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

3077J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	84	04	01	TO	84	05	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500		GPD						ESTIMATE	
	PERMIT REQUIREMENT		10000 XXX								
TEMPERATURE	SAMPLE MEASUREMENT	58°									
	PERMIT REQUIREMENT		100	°F							
P.H.	SAMPLE MEASUREMENT					6.75			5	PER WEEK	GRAB
	PERMIT REQUIREMENT				6.0		9.0		5	PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					2.34			1	PER WEEK	8HR. COMP
	PERMIT REQUIREMENT					10	15	MGL MGL	1	PER WEEK	8 HR. COMP
PHENOLS	SAMPLE MEASUREMENT					0.198		MGL	1	PER MONTH	8 HR. COMP
	PERMIT REQUIREMENT					0.5	0.7	MGL	1	PER MONTH	8 HR. COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
OHN A. OXFORD
PLANT MGR.
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

John A. Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-3581

DATE: YEAR 84 | MO 05 | DAY 08

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

Beazer001780

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER

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

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY 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)*
PH	SAMPLE MEASUREMENT	7.00									
	PERMIT REQUIREMENT		9.0								
TEMPERATURE	SAMPLE MEASUREMENT	39°F									
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT	9									
	PERMIT REQUIREMENT				0						GRAB
OIL & GREASE	SAMPLE MEASUREMENT	0				0.0					
	PERMIT REQUIREMENT					10					
PHENOLS	SAMPLE MEASUREMENT					0.7					
	PERMIT REQUIREMENT						0.75			1/QUARTER	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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

Beazer001781

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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PLACE STAMP HERE

FOLD HERE THIRD

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Beazer001782

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if different)

NAME KOPPERS CO. INC.
ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND OR. 97229

FACILITY
LOCATION MULTNOMAH

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

Form Approved
OMB No. 158-R0073

(2-16)	(17-19)
OR-100077-9	001
PERMIT NUMBER	DISCHARGE NUMBER

3077J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	84	02	01	TO	84	03	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	500		G.P.D.						EST.	GRAB
	PERMIT REQUIREMENT		10,000								
TEMP.	SAMPLE MEASUREMENT	61°		F°						5per week	GRAB
	PERMIT REQUIREMENT		100°								
P.H.	SAMPLE MEASUREMENT					7.05				5per week	grab
	PERMIT REQUIREMENT				6.0		9.0			5per week	grab
OIL&GREASE	SAMPLE MEASUREMENT					1.56		MGL		1per week	8hr comp
	PERMIT REQUIREMENT					10	15	MGL		1per week	8hr comp
PHENOLS	SAMPLE MEASUREMENT					0.523		MGL		1per mth	8hr comp
	PERMIT REQUIREMENT					0.5	0.7	MGL		1per mth	8hr comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

John A. Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
503	286-3681	84	03	06
AREA CODE	NUMBER	YEAR	MO	DAY

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

PA Form 3320-1 (Rev. 10-77) PREVIOUS EDITION TO BE USED ... (REPLACES EPA FORM 1 ...)

Beazer001783

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if different)

[redacted]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR-100077-9	001

3077J
47430

MONITORING PERIOD

	YEAR (26-27)	MO (28-29)	DAY (30-31)		YEAR (20-21)	MO (22-23)	DAY (24-25)
FROM	93	01	01	TO	94	02	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	1.000		G.P.D							ESTI
	PERMIT REQUIREMENT										
TEMPERATURE	SAMPLE MEASUREMENT	60°F		O F						5 PER WEEK	GRAB
	PERMIT REQUIREMENT		100°F								
P.H.	SAMPLE MEASUREMENT					6.9				5 PER WEEK	GRAB
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					LESS THAN 1.0		M.G.L		1 PER WEEK	8 HR COMP
	PERMIT REQUIREMENT							M.G.L			
PHENOLS	SAMPLE MEASUREMENT					0.242		M.G.L.		1 PER MO.	8 HR COMP
	PERMIT REQUIREMENT							M.G.L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
JOHN A. OXFORD PLANT MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		503	286-3581	94	02	08

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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

Beazer001784

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

NAME: Koppers Co Inc

ADDRESS: 1225 Lbr. N.W. St Helens Rd
Portland Or. 97229

FACILITY:

LOCATION: Multnomah

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: OR-100077-9

(17-19) DISCHARGE NUMBER: 001

3077J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	84	1	1	TO	84	2	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
Flow	SAMPLE MEASUREMENT	1,000		M.G.D.							Estimate
	PERMIT REQUIREMENT		10,000								
Temperature	SAMPLE MEASUREMENT	60°F		°F						5 per Week	Grab
	PERMIT REQUIREMENT		100°F								
P.H.	SAMPLE MEASUREMENT					6.9				5 Per Week	Grab
	PERMIT REQUIREMENT				6.0		9.0			5 Per Week	Grab
Oil & Grease	SAMPLE MEASUREMENT					Less than 1.0		MGL		1 Per Week	8 hr. Comp.
	PERMIT REQUIREMENT					10	15	MGL		1 Per Week	8 hr Comp.
Phenols	SAMPLE MEASUREMENT					0.242		MGL		1 Per Mth.	8 hr Comp
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 Per Mth.	8 hr Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN ADXFORD PLANT MGR.	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	AREA CODE 503	NUMBER 286 3681	YEAR 84	MO 2	DAY 8
TYPED OR PRINTED							

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

Beazer001785

Beazer001786

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

NAME KOPPERS CO INC.
ADDRESS 7540 N.W. ST.HELENS RD.
PORTLAND OREGON 97229
FACILITY
LOCATION MULTNOMAH

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

Form Approved
OMB No. 158 - R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

3077J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	83	12	01	TO	84	01	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	2000									
	PERMIT REQUIREMENT		10000	G.P.D.						ESTIMATE	
TEMPERATURE	SAMPLE MEASUREMENT	0 60 F									
	PERMIT REQUIREMENT		0 100F	0 F							
P.H.	SAMPLE MEASUREMENT					7.1			5	per week	grab
	PERMIT REQUIREMENT				6.0		9.0		5	per week	grab
OIL&GREASE	SAMPLE MEASUREMENT					LESS THAN 1.0		MGL	1	per week	8hr grab
	PERMIT REQUIREMENT					10	15		1	per week	8hr comp
PHENOLS	SAMPLE MEASUREMENT					LESS THAN 0.01			1	per month	8hr comp
	PERMIT REQUIREMENT					0.5	0.7	MGL	1	per month	8hr comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A.OXFORD
PLANT MANAGER
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.)*

John A. Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 NUMBER 286-3681

DATE: YEAR 84 MO 01 DAY 10

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

Beazer001787

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

NAME KOPPERS COMPANY, INC.
ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND, OREGON 97229
FACILITY
LOCATION MULTNOMAH

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

Form Approved
OMB No. 158 - R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

3077J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	83	11	01	TO	83	12	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	2000									
	PERMIT REQUIREMENT		10000	G.P.D.						ESTIMATE	
TEMPERATURE	SAMPLE MEASUREMENT	66°F									
	PERMIT REQUIREMENT		100°	O F							
P.H.	SAMPLE MEASUREMENT					6.62			5	per week	GRAB
	PERMIT REQUIREMENT				6.0		9.0		5	PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					Less Than 1.0		M.G.L.	1	PER WEEK	8 HR
	PERMIT REQUIREMENT					10	15		1	PER WEEK	8 HR COMP
PHENOLS	SAMPLE MEASUREMENT					Less Than 0.04		M.G.L.	1	per month	8 HR COMP
	PERMIT REQUIREMENT					0.5	0.7		1	PER MONTH	8 HR COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A. OXFORD 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 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.)*	John a Oxford	503	286-3681	83	12	05
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Beazer001788

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

NAME: KOPPERS COMPANY, INC.
ADDRESS: 7540 N.W. ST. HELENS RD.
PORTLAND, OREGON 97229
FACILITY:
LOCATION:

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

Form Approved - OMB No. 158 - R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

3077J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	83	10	1	TO	83	11	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500		G.P.D.					ESTIMATE		
	PERMIT REQUIREMENT		10000								
TEMPERATURE	SAMPLE MEASUREMENT	66°		°F							
	PERMIT REQUIREMENT		100°								
P.H.	SAMPLE MEASUREMENT					6.80			5 per week		GRAB
	PERMIT REQUIREMENT				6.0		9.0		5 PER WEEK		GRAB
OIL & GREASE	SAMPLE MEASUREMENT					3.6		M.G.L	1 PER WEEK		8 HR COMP
	PERMIT REQUIREMENT					10	15	M.G.L	1 PER WEEK		8 HR COMP
PHENOLS	SAMPLE MEASUREMENT					0.195			1 PER MONTH		8 HR COMP
	PERMIT REQUIREMENT					0.5	0.7		1 PER MONTH		8 HR COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
JOHN A. OXFORD PLANT MANAGER 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.)*	John A. Oxford SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 503 NUMBER 286-3681	YEAR 83 MO 11 DAY 2

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

RECEIVED

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Beazer001789

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 122.22). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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Beazer001790

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

NAME KOPPERS CO., INC.
ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND, OREGON 97229
FACILITY
LOCATION MULTNOMAH COUNTY

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

Form Approved OMB No. 158 - R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

3077J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	83	9	1	TO	83	10	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500		G.P.D.						ESTIMATE	
	PERMIT REQUIREMENT		10000								
TEMPERATURE	SAMPLE MEASUREMENT	68°		F							
	PERMIT REQUIREMENT		100								
P. H.	SAMPLE MEASUREMENT					6.51			5	PER WEEK	GRAB
	PERMIT REQUIREMENT				6.0		9.0		5	PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					1.9		MGL	1	PER WEEK	8 HR. COMP
	PERMIT REQUIREMENT					10	15	MGL	1	PER WEEK	8 HR. COMP
PHENOLS	SAMPLE MEASUREMENT					0.209		MGL	1	PER MONTH	8 HR. COMP
	PERMIT REQUIREMENT					0.5	0.7	MGL	1	PER MONTH	8 HR. COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PLANT MANAGER
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: AREA CODE 503 NUMBER 286-3681

DATE: YEAR 83 MO 10 DAY 14

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

Beazer001791

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 122.22). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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Beazer001792

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

NAME KOPPERS COMPANY, INC.
ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND, OREGON 97229
FACILITY
LOCATION MULTNOMAH COUNTY

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

Form Approved
OMB No. 158 - R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

3077 J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	83 (20-21)	8 (22-23)	1 (24-25)	TO	83 (26-27)	9 (28-29)	1 (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500		G.P.D.						ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	68°		F°							
	PERMIT REQUIREMENT		100°								
P.H.	SAMPLE MEASUREMENT					6.55				5 PER WEEK	GRAB
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					1.7		MGL		1 PER WEEK	8 hr COMP
	PERMIT REQUIREMENT					10	15	MGL		1 PER WEEK	8 hr COMP.
PHENOLS	SAMPLE MEASUREMENT					0.02		MGL		1 PER MONTH	8 hr COMP.
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 PER MONTH	8 hr COMP.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
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.*)

John A. Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503, NUMBER 286-3681

DATE: YEAR 83, MO 9, DAY 2

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

Beazer001793

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates, beginning and ending "MONITORING PERIOD," covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 122.22). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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PLACE STAMP HERE

Beazer001794

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

NAME KOPPERS COMPANY, INC.
ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND, OREGON 97229
FACILITY
LOCATION MULTNOMAH

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

Form Approved
OMB No. 158-R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	83 (20-21)	(22-23)	01 (24-25)	TO	83 (26-27)	08 (28-29)	01 (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500								ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	68°F								5/WK	GRAB
	PERMIT REQUIREMENT		100°								
P. H.	SAMPLE MEASUREMENT					6.6				5/WK	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT					1		MGL		1/WK	8HR COMP
	PERMIT REQUIREMENT					10	15	MGL			
PHENOLS	SAMPLE MEASUREMENT					0.212		MGL		1MTH	8HR COMP
	PERMIT REQUIREMENT					0.5	0.7	MGL		1/MTH	8HR COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A. OXFORD
PLANT MANAGER
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: AREA CODE 503, NUMBER 286-3681

DATE: YEAR 83, MO 08, DAY 15

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

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

Beazer001795

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 122.22). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Beazer001796

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

NAME KOPPERS COMPANY, INC.
ADDRESS 7540 N.W. ST. HELENS RD.
PORTLAND, OREGON 97229
FACILITY
LOCATION MULTNOMAH

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

Form Approved
OMB No. 158 - R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

3077-J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	83	07	01	TO	83	08	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (30-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500								ESTIMATE	
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	68°F								5/WK	GRAB
	PERMIT REQUIREMENT		100°								
P. H.	SAMPLE MEASUREMENT					6.6				5/WK	GRAB
	PERMIT REQUIREMENT				6.0		9.0				
OIL & GREASE	SAMPLE MEASUREMENT					1		MGL		1/WK	8HR COMP
	PERMIT REQUIREMENT					10	15	MGL			
PHENOLS	SAMPLE MEASUREMENT					0.212		MGL		1MTH	8HR COMP
	PERMIT REQUIREMENT					0.5	0.7	MGL		1/MTH	8HR COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
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: John A. Oxford

TELEPHONE: AREA CODE 503 NUMBER 286-3681

DATE: YEAR 83 MO 08 DAY 15

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

KOPPERS CO., INC. 7540 N.W. ST. HELENS RD. PORTLAND, OREGON 97210

Beazer001797

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 122.22). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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Beazer001798

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

NAME KOPPERS CO INC.
ADDRESS 7540 N.W. ST HELENS RD.
PORTLAND ORE
97229
FACILITY
LOCATION

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

Form Approved
OMB No. 158 - R0073

(2-16) PERMIT NUMBER: OR-1000077-9
(17-19) DISCHARGE NUMBER:

3077-J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	83	6	1	TO	83	7	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500		G.P.D							EST
	PERMIT REQUIREMENT		10,000								
TEMPERATURE	SAMPLE MEASUREMENT	70°		°F						5/WK.	GRAB
	PERMIT REQUIREMENT		100°F								
PH	SAMPLE MEASUREMENT					7.0				5/WK	GRAB
	PERMIT REQUIREMENT				6.0		9.0			5/WK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					7	8	MGL		1/WK	8 HR COMP
	PERMIT REQUIREMENT					10 PER MO.	15 DAILY	MGL		1/WK	8 HR COMP
PHENOLS	SAMPLE MEASUREMENT					0.024		MGL		1/MTH	8 HR. COMP.
	PERMIT REQUIREMENT					0.5 PER MO	0.7 DAILY	MGL		1/MTH	8 HR COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN A. OXFORD
PLANT MANAGER
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.*)

John A. Oxford
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE / NUMBER

DATE: YEAR 83 MO 7 DAY 14

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

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE OF

Beazer001799

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 122.22). Failure to report or failure to report truthfully can result in civil penalties not to exceed $10,000 per day of violation; or in criminal penalties not to exceed $25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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Beazer001800

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

NAME KAPPLERS CO INC.
ADDRESS 7540 NW ST HELENS RD
PORTLAND ORE. 97210
FACILITY
LOCATION

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

Form Approved
OMB No. 158 - R0073

(2-16) PERMIT NUMBER: OR-100077-9
(17-19) DISCHARGE NUMBER: 001

3077 J
47430

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	83	5	1	TO	83	6	1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500		GPD							EST.
	PERMIT REQUIREMENT		10,000	GPD							
TEMPERATURE	SAMPLE MEASUREMENT	49°		°F						5 PER WK	GRAB
	PERMIT REQUIREMENT		100	°F							
P.H.	SAMPLE MEASUREMENT					7.1				5 PER WEEK	GRAB
	PERMIT REQUIREMENT				6.0		9.0			5 PER WEEK	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					10		MGL		1 WEEK	8 HR. COMP
	PERMIT REQUIREMENT						15	MGL		1 WEEK	8 HR. COMP
PHENOLS	SAMPLE MEASUREMENT							MGL		1 MTH.	8 HR. COMP
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 MTH	8 HR. COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN A OXFORD PLANT MGR.	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.)*	John A. Oxford	503 286 3681		83	6	14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Beazer001801

GENERAL INSTRUCTIONS

1. *If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.*
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipals with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".
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7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
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LEGAL NOTICE

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Beazer001802

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

NAME [illegible]

ADDRESS [illegible] ST HELENS RD
PORTLAND OR [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 158-R0073

(2-16)	(17-19)
OR-1000779	001
PERMIT NUMBER	DISCHARGE NUMBER

3077J
47430

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	83	5	1	TO	83	6	1
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY 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)
FLOW	SAMPLE MEASUREMENT	500		GPD							EST.
	PERMIT REQUIREMENT		10000								
TEMPERATURE	SAMPLE MEASUREMENT	49°		°F						5 PER WK	GRAB
	PERMIT REQUIREMENT		100								
P.H.	SAMPLE MEASUREMENT					7.1				5 PER WEEK	GRAB
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OIL + GREASE	SAMPLE MEASUREMENT					10		MGL		1 WEEK	8 HR. COMP
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PHENOLS	SAMPLE MEASUREMENT							MGL		1 MTH	8 HR COMP
	PERMIT REQUIREMENT					0.5	0.7	MGL		1 MTH	8 HR COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN A OXFORD
PLANT MGR.

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.)*

John A. Oxford

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
503	286 3681	83	6	14
AREA CODE	NUMBER	YEAR	MO	DAY

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

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE OF

Beazer001803

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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Beazer001804

[redacted]

Pacific Northern Industries, Inc.

[redacted]

Date: May 22, 1980

Henry Rassi
Mr. Paul W. Guth, Superintendent
Koppers Company, Inc.
7540 N. W. Saint Helens Road
Portland, Oregon 97229
503-286-3681

Dear Mr. Guth:

This letter will confirm our agreement to use certain pipelines, pumps and steam line more fully described below at Koppers Company's Portland, Oregon, plant at a monthly rental of $400, payable monthly in advance to Koppers Portland plant office. This license shall run from month to month effective May 1, 1980, and is terminable by either party at any time on 30 days' prior written notice to the other.

The equipment to be used by Pacific Northern Oil hereunder can be divided into two components as follows:

1. An oil pipeline of 8" diameter running from the Northwest Natural Gas dock to Pacific Northern Oil's leased tank No. 5 together with all pumps and appurtenances.

2. A 3" insulated steam line running from Pacific Northern Oil's leased tanks to a rail siding utilized by Koppers Company and Pacific Northern Oil together with an oil pipeline and appurtenant structures and fixtures. Included in this license is permission to use the rail siding mentioned above.

The aforesaid lines are located at Koppers property line on the north side of the Terminal. The lines enter a concrete viaduct and are covered with concrete slab covers. These two lines next appear aboveground near tank No. 5 and then continue to the dock walkway.

Pacific Northern Oil agrees to maintain all facilities licensed hereunder.

Pacific Northern Oil assumes all responsibility and shall be strictly liable for all occurrences whatsoever on or about the licensed premises attributable to Pacific Northern's use of the same.

Pacific Northern Oil shall defend, indemnify and hold harmless Koppers from all losses, claims, liabilities, expenses and costs, including attorneys' fees, arising from damages to property or injury to persons (including death) occurring in connection with Pacific Northern Oil's use of the licensed premises, and Pacific Northern Oil shall defend, indemnify and hold harmless Koppers from all such losses, claims, liabilities, expenses and costs including

attorneys' fees, whether or not caused by Koppers sole negligence.

Pacific Northern Oil is in the process of building a new oil pipeline from the dock facilities to its tanks which will replace Item 1 of this license. This work is scheduled to be completed during the summer of 1980. When said new pipeline is completed, Pacific Northern Oil will no longer use Item 1 above and will give Koppers 30 days' prior written notice of its intention to eliminate Item 1 from this license. At such time as said new pipeline is completed, Pacific Northern Oil will, to the extent Koppers desires to make it available, continue to use the second above-described line and facilities on a monthly basis for those months in which it uses the rail siding and steam line all of which arrangements are subject to cancellation as aforesaid. Koppers and Pacific Northern Oil will renegotiate a rental rate at that time for continued use of the second above-described facility.

If this meets with Koppers approval, will you kindly so indicate by signing and returning to us the attached copy of this letter.

Lawrence L Nazel
For KOPPERS COMPANY, INC.

For PACIFIC NORTHERN OIL

To Amos

Date 8·23·99 Time 3:04 ☐ AM ☒ PM

WHILE YOU WERE OUT

M Chris Brodman

of Pittsburgh

Phone Numbers

Office 412·918·1172 (Area Code / Number / Ext.)

Voicemail 1199 FAX

FAX

Pager

Mobile

e-mail

☒ Telephoned

☒ Please call

☐ Returned your call

☐ Called to see you

☐ Wants to see you

☐ Will call again

☐ URGENT

Message

Thinks he has the matter squared away that you & he have been working on, but needs to discuss getting your signature for some things. FAX signed copy

Mail orig. later

Operator

Recycled Paper

Reorder #23-700

KOPPERS INDUSTRIES

FAX TRANSMITTAL

7540 N.W. Saint Helens Rd.
Portland, Oregon 97210-3663
Phone: (503) 286-3681
Fax: (503) 285-2831
Web Page: www.koppers.com

TO: Theresa DATE: 8/27/99

FROM: Amos TOTAL # OF PAGES: 2

The original will be mailed @ noon today

cc: Chris Bradman

IF THIS TRANSMITTAL IS IN ERROR, PLEASE CALL 503-286-3681 FAX # 503-285-2831

Author: AMOS KAMERER at PITT
Date: 11/10/98 1:50 PM
Priority: Normal
TO: canita@teleport.com at Internet
Subject: PNO Dock Modifications

Pager # 999-2767

---------- Message Contents ----------

Cam,

Here's the info on Pacific Northern Industries Fuels, Inc.
100 West Harrison
Suite # 420, North Tower
Seattle, Wa. 98119
Mr. George Markwood, V. P. Operations

206-282-4421

Please also send a copy to Sandra K. Hart, Manager
Risk Environment and land
Northwest Natural
220 N. W. 2nd. Ave.
Portland, Or. 97209

Thanks,

Amos

11/10/98 – George – Lynn

- Cam sending drawing package
- Have reviewed with Tina/Bill
- Bid requests going out
- River work needs to be done 12/1/98 through 1/31/99
- Please call
- Visit
- Knee Surgery 11/19

Author: AMOS KAMERER at PITT
Date: 11/11/98 5:37 PM
Priority: Normal
TO: Don Evans at PITT
CC: Kevin Fitzgerald at PITT
Subject: Pacific Northern Oil

---------- Message Contents ----------

Don,

I talked to George Markwood, VP Operations, with PNO today and he advises that they are getting close to signing their sale to Texaco, and Texáco is questioning the existing month to month lease between KII and PNO, for the pipe line that they use to pump their rail receipt's, from the rail line to the east of our leased property, to their tank farm. Thus, what is KII's position in this regard? He remembered that we had discussed this previously, but wanted to go over again, what I had previously offered.

I said that because we see no need, or future need, of this line, that we would be willing to sell the line to them for $1.00, in consideration for our common use of all of their equipment that exists at the dock. Then our lease's would be amended with NW Natural to reflect the PNO owns the line and that PNO and NW Natural would indemnify KII, against any problems that should occur with the use of the line, on our property. And, that an easement for this line, through the KII leased property, is given to PNO.

It is also my intention to say, at the appropriate time, that before we sell them this line, that they sign off on all of our planned dock modifications. I don't see a problem in this area, but it will be nice to be able to use this to our benefit.

Obviously, when we get to the point of the sale, I will need to get you involved, but I wanted to pass this conversation by you, to make sure that you concur with what I said, based on all of our prior conversations on this matter.

Thanks,

Amos

KEYSTONE
ENVIRONMENTAL RESOURCES, INC.

Phone: 412/227-2694 436 Seventh Avenue, Suite 1940, Pittsburgh, PA 15219 Fax: 412/227-2436

March 24, 1988

CERTIFIED MAIL
Return Receipt
Requested

Mr. John Oxford
Koppers Company, Inc.
7540 N. W. Saint Helens Road
Portland, OR 97229

Dear John:

Keystone Enviromental Resources, Inc. has completed testing of the samples of transformer oil taken at your plant. The results show that the oils in the transformers do not contain Polychlorinated Biphenols (PCB's).

Keep the analysis along with this letter for future reference.

Sincerely

Suzanne Hartley

Suzanne Hartley
Assistant Program Manager
Koppers Industrial & Foundry Products

SH/mrw
Enclosure

cc: L. F. Flaherty
B. S. Nolan
J. M. Dern

CHAIN OF CUSTODY RECORD

PLANT CODE: NW

PROJECT NAME: NORTHWEST TERMINAL - TRANSFORMER OIL

SAMPLERS (Signature): Harold A. Butler, David C. Hails

STA. NO.	DATE	TIME	COMP.	GRAB	WELL	STATION LOCATION	NUMBER OF CONTAINERS	PCB	Metals: Cr-T, Cu, Pb, (unpres) Ni-D Zn (preserved w/ HNO3 to pH<2)	CN-T (preserved w/ NaOH)	BOD-T, TSS (unpres)	CONDUCTIVITY	pH	REMARKS OR OBSERVATIONS
T-65 Loading Station	1-15-88			X		PORTLAND, OR	1	1						
Outside Boiler House				X			1	1						☆ Metals are NOT PRESERVED
Concrete Boiler Station				X			1	1						
Reboiler				X			1	1						
Outside Still Room				X			1	1						
5 Track TAR STATION				X			1	1						
INSIDE STILLROOM				X			1	1						TANK #4 was
INSIDE BOILER HOUSE	↓			X		↓	1	1						agitated prior
TANK #3	3-7-88	0900		X			3		1	1	1		6.41	to sampling
TANK #4	3-7-88	0910		X			3		1	1	1		6.57	Tank #3 was
Field Blank	3-7-88	1160		X					1					not agitated

Relinquished by: (Signature)	Date	Time	Received by: (Signature)	Reliquished by: (Signature)	Date	Time	Received by: (Signature)
Harold A. Butler	3-7-88	0930	David C. Hails				
David C. Hails	3-7-88	1600	Fed X				
Reliquished by: (Signature)	Date	Time	Received for Laboratory by: (Signature)	Date	Time	Ice Chest Temp	Ice Chest	Chain of Custody
			Anthony Lee	3-8-88	10:00	00 Ice °C IN cooler	# 198	~~Tag #~~ TAPED

*DISTRIBUTION: Original accompanies shipment; Copy to Coordinator Field Files.

Received in good condition

PAGE ____ OF ____

Beazer001813

KEYSTONE ENVIRONMENTAL RESOURCES, INC.
NARRATIVE - ORGANIC ANALYSIS

I GENERAL

A. WORK ORDER M8803039

B. SAMPLE NUMBERS 88030184-191

C. SHIPPING PROBLEMS None

II PREPARATION

A. EXTRACTION PROBLEMS None

III ANALYSIS

A. ANALYSIS PROBLEMS None

OTHER PROBLEMS None

PREPARATION LABORATORY MANAGER

Robert W. Maxwell
ORGANIC ANALYSIS MANAGER

KEYSTONE ENVIRONMENTAL RESOURCES, INC.

TABLE OF CONTENTS — PRODUCED ON 03/16/88 AT 11:10 — PAGE 1

SAMPLE #	SOURCE	DESCRIPT	DATE-COL	DATE-REC	ORD #
88030184	IN BOILER HOUSE	BAT&BPT	01/15/88	03/08/88	M8803039
88030185	OUT BOIL. HOUSE	BAT&BPT	01/15/88	03/08/88	M8803039
88030186	REBOILER	BAT&BPT	01/15/88	03/08/88	M8803039
88030187	INSIDE STILLRM	BAT&BPT	01/15/88	03/08/88	M8803039
88030188	OUT STILLROOM	BAT&BPT	01/15/88	03/08/88	M8803039
88030189	5 TRK TAR STAT.	BAT&BPT	01/15/88	03/08/88	M8803039
88030190	CONC. BLDG. STAT.	BAT&BPT	01/15/88	03/08/88	M8803039
88030191	T-65 LOAD. STAT.	BAT&BPT	01/15/88	03/08/88	M8803039

KEYSTONE ENVIRONMENTAL RESOURCES, INC.

TABLE 1: SUMMARY OF ORGANIC COMPOUNDS PRODUCED ON 03/16/88 AT 11:11 PAGE 1

SAMPLE #	RSLT. LNE		SOURCE
POLYCHLORINATED BIPHENYLS ON OIL			
88030184	Arochlor-1016, mg/Kg.	<2.50	IN BOILER HOUSE
	Arochlor-1221, mg/Kg.	<2.50	IN BOILER HOUSE
	Arochlor-1232, mg/Kg.	<2.50	IN BOILER HOUSE
	Arochlor-1242, mg/Kg.	<2.50	IN BOILER HOUSE
	Arochlor-1248, mg/Kg.	<2.50	IN BOILER HOUSE
	Arochlor-1254, mg/Kg.	<5.00	IN BOILER HOUSE
	Arochlor-1260, mg/Kg.	<5.00	IN BOILER HOUSE
88030185	Arochlor-1016, mg/Kg.	<2.50	OUT BOIL. HOUSE
	Arochlor-1242, mg/Kg.	<2.50	OUT BOIL. HOUSE
	Arochlor-1248, mg/Kg.	<2.50	OUT BOIL. HOUSE
	Arochlor-1232, mg/Kg.	<2.50	OUT BOIL. HOUSE
	Arochlor-1221, mg/Kg.	<2.50	OUT BOIL. HOUSE
	Arochlor-1260, mg/Kg.	<5.00	OUT BOIL. HOUSE
	Arochlor-1254, mg/Kg.	<5.00	OUT BOIL. HOUSE
88030186	Arochlor-1016, mg/Kg.	<2.50	REBOILER
	Arochlor-1221, mg/Kg.	<2.50	REBOILER
	Arochlor-1232, mg/Kg.	<2.50	REBOILER
	Arochlor-1242, mg/Kg.	<2.50	REBOILER
	Arochlor-1248, mg/Kg.	<2.50	REBOILER
	Arochlor-1254, mg/Kg.	<5.00	REBOILER
	Arochlor-1260, mg/Kg.	<5.00	REBOILER
88030187	Arochlor-1016, mg/Kg.	<2.50	INSIDE STILLRM
	Arochlor-1221, mg/Kg.	<2.50	INSIDE STILLRM
	Arochlor-1260, mg/Kg.	<5.00	INSIDE STILLRM
	Arochlor-1254, mg/Kg.	<5.00	INSIDE STILLRM
	Arochlor-1248, mg/Kg.	<2.50	INSIDE STILLRM
	Arochlor-1242, mg/Kg.	<2.50	INSIDE STILLRM
	Arochlor-1232, mg/Kg.	<2.50	INSIDE STILLRM
88030188	Arochlor-1016, mg/Kg.	<2.50	OUT STILLROOM
	Arochlor-1221, mg/Kg.	<2.50	OUT STILLROOM
	Arochlor-1232, mg/Kg.	<2.50	OUT STILLROOM
	Arochlor-1242, mg/Kg.	<2.50	OUT STILLROOM
	Arochlor-1248, mg/Kg.	<2.50	OUT STILLROOM
	Arochlor-1254, mg/Kg.	<5.00	OUT STILLROOM
	Arochlor-1260, mg/Kg.	<5.00	OUT STILLROOM
88030189	Arochlor-1016, mg/Kg.	<2.50	5 TRK TAR STAT.
	Arochlor-1260, mg/Kg.	<5.00	5 TRK TAR STAT.
	Arochlor-1254, mg/Kg.	<5.00	5 TRK TAR STAT.
	Arochlor-1248, mg/Kg.	<2.50	5 TRK TAR STAT.
	Arochlor-1242, mg/Kg.	<2.50	5 TRK TAR STAT.
	Arochlor-1232, mg/Kg.	<2.50	5 TRK TAR STAT.
	Arochlor-1221, mg/Kg.	<2.50	5 TRK TAR STAT.

All identifications are from retention data only.

TABLE 1: SUMMARY OF ORGANIC COMPOUNDS PRODUCED ON 03/16/88 AT 11:11

SAMPLE #	RSLT. LNE		SOURCE
88030190	Arochlor-1016, mg/Kg.	: <2.50	CONC. BLDG. STAT.
	Arochlor-1248, mg/Kg.	: <2.50	CONC. BLDG. STAT.
	Arochlor-1254, mg/Kg.	: <5.00	CONC. BLDG. STAT.
	Arochlor-1260, mg/Kg.	: <5.00	CONC. BLDG. STAT.
	Arochlor-1242, mg/Kg.	: <2.50	CONC. BLDG. STAT.
	Arochlor-1221, mg/Kg.	: <2.50	CONC. BLDG. STAT.
	Arochlor-1232, mg/Kg.	: <2.50	CONC. BLDG. STAT.
88030191	Arochlor-1016, mg/Kg.	: <2.50	T-65 LOAD. STAT.
	Arochlor-1221, mg/Kg.	: <2.50	T-65 LOAD. STAT.
	Arochlor-1260, mg/Kg.	: <5.00	T-65 LOAD. STAT.
	Arochlor-1254, mg/Kg.	: <5.00	T-65 LOAD. STAT.
	Arochlor-1248, mg/Kg.	: <2.50	T-65 LOAD. STAT.
	Arochlor-1242, mg/Kg.	: <2.50	T-65 LOAD. STAT.
	Arochlor-1232, mg/Kg.	: <2.50	T-65 LOAD. STAT.

All identifications are from retention data only.

KEYSTONE ENVIRONMENTAL RESOURCES, INC.

ANALYTICAL DIVISION-MONROEVILLE

(412) 733-9400

INVOICE NUMBER : M8803039

INVOICE DATE : 03/16/88 13:48:07

CLIENT : KOPPERS-NORTHWEST TERMINAL
KEYSTONE CONSULTING

PROJECT MANAGER : J DERN

DATE RECEIVED : 03/08/88
PURCHASE ORDER :
FILE NUMBER : KOP88
SITE : 458000-00
CONTACT : G KERR

ANALYSES	QUANT	COST EACH	% DISC	TOTAL
PCB's on Oil	8	75.00	15.00	510.00

ANALYSES CHARGES, SUBTOTAL (COST LIST: KOP88) 510.00

TOTAL ORDER CHARGES 510.00

TERMS: NET 30 DAYS

REMIT TO: KEYSTONE ENVIRONMENTAL RESOURCES INC
PO BOX 360549M
PITTSBURGH PA 15251

Koppers Company, Inc., Organic ' erials Group
7540 N.W. St. Helens Road, Portla OR 97229
Telephone 503-286-3681

RECEIVED
NW-10-4
APR 7 1988

KOPPERS

Environmental Resources

April 2, 1988

MS. CLAUDIA ANDERSON
EMERGENCY MANAGEMENT DIVISION
43 STATE CAPITAL
SALEM, OREGON 97310

Dear Ms. Anderson,

This letter is in follow up to my telephone call to the Oregon Emergency Response System on April 1, 1988, at 5:45 pm P.S.T. At that time I reported to Officer Lowenstien that in my capacity as Plant Manager of Koppers Portland Oregon facility, I was reporting two minor spills of Coal Tar Creosote. At 6:15 pm P.S.T. I received a telephone call from you, at which time I informed you that our truck was delivering Creosote to McCormick & Baxter Company, in Portland Oregon when the 3" suction hose failed and resulted in a spill of about 20 gallons of Creosote on the ground. Upon being informed of this incident, I assigned two of my employees to assist the McCormick & Baxter employees in the clean up of the spill. The spill was contained and completely cleaned up. The contaminated rain water which amounted to one 55 gallon drum will be recycled through their oil and water separator and the one drum of contaminated soil will be handled as hazardous waste and shipped under manifest to Arlington Oregon, for disposal at the hazardous waste dump. To this incident you assigned reference # 88203.

During the same phone call I informed you that at about the same time an incident occured at my plant, resulting in a spill of about 25 gallons of Creosote on the ground. Apparently due to pump vibration, a pressure gauge lossened from its mount and allowed the Creosote pumping through the line to spill onto the ground around the pump. The pumping was shut down, the spill was contained with absorbent sand and pads and then cleaned up and put into two 55 gallon drums. The gauge was repaired and the line was proofed with steam pressure to assure that the leak was stopped. As in the first incident these drums will be handled as hazardous waste and will be shipped under manifest to the hazardous dump in Arlington Oregon. To this incident you assigned reference # 88204.

I also informed you that I had reported these incidents to a Mr. Obrien at the National Emergency Response Center in Washington D.C.

I wish to thank you for your help and concern on these matters and should you need any further information on these incidents please feel free to call

Sincerely,

John A Oxford

John A. Oxford
Plant Manager

CC: J. Dern K- 901
L. Flaherty K-1750
B. Nolan K-1400
Plant File

KEYSTONE
ENVIRONMENTAL RESOURCES, INC.

Interoffice Correspondence

To	L. F. Flaherty	From	J. M. Dern
Location	K-1750	Location	K-1928
Subject	Oregon DEQ Meeting	Date	February 22, 1988

On February 11, 1988, Fred Hanson, the Director of Oregon DEQ, called a meeting of all parties who may be involved with groundwater contamination in the Doane Lake area (A copy of the "invitation", invitees and attendees is attached). The purpose of the meeting was to advise us of an impending US EPA action on the Gould site which could significantly affect us.

On February 18, 1988, US EPA will conduct a public hearing (notice attached) at which they will announce the outcome of the Remedial Investigation/Feasibility Study of the Gould Battery site. This report, called the Record of Decision (ROD) will identify the remediation technology selection for the surface contamination but will indicate that further investigation of groundwater is warranted. The groundwater portion of the RI/FS was unsuccessful in identifying the impact of the site contamination on the groundwater. Although lead was found to be present above acceptable levels, it was inconclusive if and where the groundwater was moving on-site. Furthermore, if a groundwater pumping system is installed, it is unclear whether contaminants from off-site may be drawn to the wells. The results also indicated some organic contamination, which could not be attributed to the Gould operation. US EPA's remedy is to require an investigation of the area around the Gould site.

To that end, US EPA will send out (and may have already done so) a request for information under Section 104 of CERCLA. Oregon DEQ obtained a copy of the proposed letter which we were able to review, although copies were not allowed. The letter asks for information on materials handled, methods of handling, methods of disposal, off-site disposal, spill history, results of environmental investigations, on-site wells with data, and underground storage tanks. This information is to be submitted to US EPA within 30 days. US EPA plans to review the data and meet with the parties in July to advise of further work to be done, if necessary.

The reason that DEQ called the meeting was to present the industries with the options that are available with respect to management of the investigation. Basically, there were three choices:

1. Let US EPA manage the request for information and the investigation.

2. Let US EPA manage the data collection and Oregon DEQ manage the investigation.

3. Let Oregon DEQ manage both the data collection and investigation.

Based upon the experience of Gould Inc. in dealing with Region X and of others, the US EPA management was determined to be not desirable, especially of the investigation phase. Preference would be to have Oregon DEQ as the lead agency. However, it was felt that it was impractical at this time for DEQ to take over the entire program. US EPA would require a commitment in the form of a consent order before they would relinquish the total program. Given the short lead time for US EPA to send out the Section 104 letters, there is not sufficient time to put together such an order. Furthermore, Oregon DEQ was reasonably confident that even if US EPA did collect the data, Oregon DEQ would still be able to manage the investigation phase as long as an adequate consent order could be developed.

The consensus of the meeting was that Oregon DEQ should not intervene in the Section 104 letters but should act as the lead agency in the investigative phase. The parties would put together the mechanism for accomplishing the study phase, ie.preparation of the work plan and the financial arrangements to accomplish it. There was no discussion of cost allocation.

Among the interested parties we agreed to the following:

1. The reports to be submitted to US EPA will be shared by all the parties.

2. We will meet on March 29, 1988 to discuss the Section 104 submittals and the groundwater work which has been done in the area. A copy of the March 29, 1988 meeting notice is attached.

KEYSTONE
ENVIRONMENTAL RESOURCES, INC.

The discussion of cost sharing and the development of a specific work plan will be deferred until such time as the need for a complete soil investigation has been identified.

Jordan M. Dern

JMD/mrw

cc: J. Blundon
B. Nolan
M. R. Urbassik
J. R. Batchelder
A. I. Domanico
J. Oxford

KEYSTONE
ENVIRONMENTAL RESOURCES, INC.

NEIL GOLDSCHMIDT
GOVERNOR

Department of Environmental Quality

811 SW SIXTH AVENUE, PORTLAND, OREGON 97204-1334 PHONE (503) 229-5696

February 4, 1988

John Oxford
Kopper's
7540 NW St. Helens Road
Portland, OR 97229

Dear Mr. Oxford:

As our staff have discussed with you, we have set a meeting for the morning of Thursday, February 11, 1988 to discuss some new developments relating to the study of the Gould Battery site, which is on the federal Superfund list. The meeting will start at 9:00 am in the fourth floor conference room of our offices at 811 SW Sixth Ave., in Portland, and should take an hour to an hour and a half.

Additional work done at the Could site has indicated the groundwater from around the battery pile (generally south of the SP&S bridge) may be more connected to the northern properties than earlier thought. EPA is anxious to move forward on resolving the necessary cleanup at the Gould site, but if contaminants have moved across the bridge, combining efforts into a larger study will likely be most cost effective.

I would like a chance to discuss these issues with you before EPA takes any final action. I am hopeful that once we have a chance to discuss the problems in the area that we can reach agreement about the best way to approach these new issues in a cooperative manner.

I apologize for the quick scheduling of the meeting, and do appreciate your efforts to rearrange your schedules to attend.

Sincerely,

Fred Hansen
Director

FH:p
RP1307
cc: Northwest Region, DEQ
Remedial Action Section, DEQ

KOPPERS CO.
PORTLAND, OR
RECEIVED
FEB 5 19

DEQ-1

Beazer001823

DOANE LAKE PRPS

John Pittman
Wacker Siltronic
P.O. Box 03180
Portland, Oregon 97203

Roger Sherwood
ESCO
P.O. Box 10123
Portland, OR 97210

John Oxford
Kopper's
7540 NW St. Helens Road
Portland, OR 97229

Bob Ferguson
Rhone-Poulenc
P.O. Box 10224
Portland, Or 97210

Dick Bach ; Ed Bella
NW Natural Gas
c/o Stoel, Rives, Boley, Jones & Grey
900 SW Fifth Avenue
Portland, OR 97204

Bob Saling
Pacific Northern Oil Company
7900 NW St. Helens Road
Portland, OR 97210

Jim Tracewski
Regulatory Affairs Specialist
NL Industries, Inc.
Hightstown, NJ 08520

Roger Neu
Schnitzer Investment Corp.
3200 NW Yeon Avenue
Portland, OR 97210

Larry Patterson
Pennwalt Chemical Corp.
6400 NW Front Avenue
Portland, OR 97210

Name	Company	phone #
J. Dracewicz (Jim)	NL Industries	609-443-2329
Larry Patterson	Pennwalt	228-7655
Bob Ferguson	Rhone-Poulenc	222-3571
~~Tom Bingham~~	DEP	229-5287
Richard D. Bach	Stod Rivers (NW Nat. Gasco)	294-9213
Edmund L. Bilin	NW Nat Gas.	226-4211
John Pittman	Walker Siltronic	241-7514

Beazer001825

DOANE'S LAKE MEETING

11 FEB 88

NAME	REPRESENTING	~~ADDRESS~~ PHONE
ROGER NEU	SCHNITZER INV. CORP.	3200 NW YEON PO X 97210
TIM MCGRATH	"	"
AL GOODMAN	DEQ-REMEDIAL ACTION	811 SW SIXTH AVE.
BILL RENFROE	" "	(503) 229-6900
KEN MCCAW	ESCO CORPORATION	778-6605
ROGER SHERWOOD	ESCO CORP	778-6335
JORDAN DERN	KEI KOSSERS	412-227-2247
GEORGE MANKUSSEN	PACIFIC N.O.I	206-282-4421

The Oregonian 2-9-88

NOTICE OF PUBLIC MEETING RESULTS OF INVESTIGATION GOULD SUPERFUND SITE

A public meeting will be held on Thursday, February 18, 1988, at 7:00 pm at the Northwest Service Center, 1819 NW Everett, Portland, Oregon, to discuss the results of a Remedial Investigation and Feasibility Study (RI/FS) of the Gould Superfund site and the U.S. Environmental Protection Agency's (EPA) cleanup recommendations for the site.

The purpose of the RI/FS was to determine the nature and extent of chemical contamination at the site and to evaluate all the alternatives for cleanup.

The site is located in the heavily industrialized area northwest of downtown Portland known as the Doane Lake area; it is situated approximately 1,000 feet southwest of the Willamette River.

EPA has recently received the RI/FS reports from the responsible parties. The RI/FS investigation reports and EPA's comments on the work are now available for the public to review and comment. Copies have been placed at the Multnomah County Library, St. John's Branch, 7510 N Charleston Avenue; Linnton Community Center, 10614 NW St. Helens Road; the Oregon Department of Environmental Quality (Remedial Action Section), 811 SW 6th Ave., Portland; and in the EPA Library in Seattle, 10th floor, 1200 Sixth Avenue.

The RI/FS revealed lead, arsenic, zinc, cadmium, and chromium contamination were found at the site. Of these, lead is of the most concern in terms of health and environmental impacts from this site.

The study further revealed that groundwater immediately beneath the site is contaminated above drinking water standards. But the water in the basalt aquifer located further down is below those standards. The basalt aquifer is part of the main regional aquifer that supplies drinking water to the area. Groundwater flow is generally in the north-northwest direction toward the Willamete River. The investigation indicated that migration of lead in the groundwater away from the site is happening at a very slow rate.

Having performed an evaluation of this site and of the alternatives available to clean it up, EPA has decided on the type of action that is preferred for cleaning up the contaminated soils and battery casings at the site. However, EPA does not feel that it has enough information on groundwater and surface water quality in the Doane Lake area to make a decision as to how to treat the contaminated groundwater underneath the site. In order to get that information, EPA is planning an additional study that will address a larger geographical area and which will focus on organic contamination as well as contamination that resulted from the battery casings at the NL/Gould site. Additional information is needed to access the impact of organic contamination on treating lead contaminants in groundwater.

EPA is proposing a course of action for cleaning up the contaminated soil and battery casings underneath the site. All surface and sub-surface battery casings will be removed and treated to separate the component materials such as lead, plastic and ebonite so that they can be recycled or disposed of off-site. A treatment facility will be constructed at the site to treat the battery casings. Materials that cannot be recycled and which do not pass EPA's criteria for non-hazardous waste will be sent to a hazardous waste landfill. Materials that cannot be recycled but which pass EPA's criteria for non-hazardous waste may be left on site and included in the soil cap described below.

Surface soils, sub-surface soils, matte, and East Doane Lake sediments with levels of lead that fail the EPA standards will be removed and treated with an additive to bind the lead. A treatment facility will be constructed at the site to treat contaminated sub-surface materials.

After the soils have been treated, the stabilized material will be backfilled, graded, and recompacted. A soil cap and grass cover will be placed over the backfill to prevent weathering of stabilized soil.

The public comment period will run from February 8, 1988, until March 14, 1988. After comments are received and considered, EPA will make a final selection of a remedy for the site and announce it to the public.

If you have any questions or would like to receive more detailed description of the alternatives and EPA's recommendation, please call the EPA site manager listed below. Written comments should be sent to the same person.

David Tetta
U.S. EPA
1200 Sixth Avenue (HW-113)
Seattle, WA 98101
(206) 442-2138

Beazer001827

U.S. VIRONMENTAL PROTECTION AG CY
REGION 10
1200 SIXTH AVENUE
SEATTLE, WASHINGTON 98101

FEB 18 1988

REPLY TO
ATTN OF: HW-113

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

John Oxford
Koppers Company, Inc.
7540 N.W. St. Helens Road
Portland, Oregon 97229

Re: NL/Gould Superfund Site, Portland, Oregon

Dear Mr. Oxford:

The United States Environmental Protection Agency (EPA) has documented the release or threatened release of hazardous substances at the above referenced site. As a result, the site is now listed on the National Priorities List pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. Section 9601 et seq., as amended by the Superfund Amendments and Reauthorization Act of 1986 (to be herein referenced as CERCLA).

A Remedial Investigation (RI) and Feasibility Study (FS) is currently being undertaken at this site by Gould Inc. and NL Industries, Inc., as required by Administrative Order on Consent No. 1085-05-08106, dated August 29, 1985. RI and FS reports are available in the Administrative Record on this site at the Multnomah County Library. The study covers property currently owned by Gould (previously owned by NL Industries) and adjacent properties owned by others. The results of that investigation indicate groundwater contamination in the study area. In order to better evaluate the nature and extent of groundwater contamination underneath the site (the "groundwater unit"), EPA is considering spending public funds to further investigate the contamination at the site and take corrective action for the control of hazardous substances at the site, unless it is determined that such action will be conducted properly by a responsible party.

Responsible parties under CERCLA include the current and past owners and operators of the site, persons who currently lease property at the site or have leased property in the past, and persons who generated the substances or were involved in the transport, treatment, or disposal of them at the site. The EPA has information indicating that you or your company may be a responsible party for the groundwater unit at the NL/Gould site.

Olympic Pipeline Co

KOPPERS CO.
PORTLAND, OR
RECEIVED

FEB 22 1988

cc: J. Dern
L. Flaherty
S. Burtt

Suzanne Burtt will be working with you to respond to this Suzanne - Pls. ratify ins.

Based on EPA's preliminary findings, persons and companies to receive this letter have been identified as potentially responsible parties (PRPs). Inclusion on this list indicates that you or your company may be a responsible party. This list does not constitute a final determination concerning the liability of any party for the hazard or contamination at the site in question.

Under CERCLA, responsible parties may be liable for all monies including interest thereon expended by the governm[illegible] corrective action at the site including investigat[illegible] site. Note that use of the word 'site' [illegible] 'facility' as broadly defined in CERCLA

1. Creosote
100M - 300M #/yr
2. NaHSO3 5000 #/yr

EPA and the Oregon Department of E[illegible] PRPs to perform or participate in the [illegible] site. The PRPs may participate indivi[illegible] PRPs elect not to participate, each PR[illegible] site clean-up, and for damages to natu[illegible] joint, strict, and several for all PRP[illegible]

[illegible]chat
[illegible]on,
[illegible]e

At this time, EPA is seeking to [illegible] Under the provisions of federal law, [illegible] U.S.C. 9604, and Section 3007 of the [illegible] (RCRA), 42 U.S.C. 6927, as amended by [illegible] of 1980, the Administrator of the Env[illegible] authority to require any person who [illegible] disposes of, or otherwise handles or [illegible] substances to furnish information re[illegible]

[illegible]42
[illegible]ct
[illegible]ents

EPA is also seeking information [illegible] RCRA, 42 U.S.C. 6991(d). This secti[illegible] owners or operators of underground [illegible] Section 9001(1) of RCRA. Under reg[illegible] an underground storage tank means a [illegible] underground pipes connected thereto [illegible] of regulated substances, and the vc[illegible] underground pipes connected thereto [illegible] of the ground. "Regulated substan[illegible] substances defined as hazardous un[illegible]

[illegible]f
[illegible] from
[illegible] in
[illegible], 1987,
[illegible]ding
[illegible]ation
[illegible] of
[illegible] surface
[illegible] or

Pursuant to these statutory provisions, you are hereby requested to respond to the following items:

1. What are the generic names and chemical character of the hazardous substances, as defined under Section 101(14) of CERCLA, that you generate, store, treat, transport, dispose or otherwise handle or have handled at the site? Briefly describe the activities and operations that were carried out by you or your company which involved these hazardous substances.

2. If you do not believe hazardous substances were handled at the site, please briefly describe the activities and operations that were carried out by you or your company.

3. For each hazardous substance identified above, please describe how the substance was handled, when, and the total quantity in weight or volume (estimate if quantity not available).

4. Where was this material stored, and where was it disposed of?

5. What arrangements (if any) were made to transport the hazardous substances away from the site? Who was the transporter of the hazardous substances, and what is his current/previous address?

6. Provide all information you have regarding spills of hazardous substances on or around the site. This should include the generic name and chemical constituents of the material(s) spilled, the quantity of material spilled, clean-up measures taken, the cause for the spill and any other related information.

7. Describe all environmental investigations that have taken place on or around your property/facility. This includes investigations of the physical and chemical characteristics of soil, surface water, sediments, air, and groundwater. This also includes historical evaluations of potential/known contamination. Provide all relevant information including, but not limited to, study design, work plans, quality assurance procedures, sampling procedures, well logs, study results, and data analyses. Raw data need not be provided at this time; data summaries will suffice.

8. Provide all information on all wells on site including the number, locations, associated well logs, date of installation, purpose of installation, and whether the well(s) are being used currently and for what purpose.

9. Provide information regarding all underground storage tanks (see definition above) at the properties owned or leased by you or your company. Specifically, provide a list describing the location, age, construction, contents, and leak detection system or other monitoring system for each tank. Provide a map showing the location of each tank and associated pipelines. Indicate if there are any underground storage tanks no longer in use on the properties.

10. Provide copies of all insurance policies that may provide liability coverage for damages resulting from releases of hazardous substances and/or hazardous wastes. This includes policies that are in effect as well as those effective when hazardous substances were released in the past.

11. For responses under items #4, #6, #7, #8, and #9 above, please provide a map which indicates relevant locations and depths.

Your written answers to these questions must be sent to EPA within thirty (30) calendar days of your receipt of this letter. Your response should include all information you have for the site during the time you or your company owned, operated, or leased the property. Please answer all questions to the best of your knowledge.

Under Section 3008 of RCRA, 42 U.S.C. 6928, failure to comply with this request may result in an order requiring compliance or a civil action for appropriate relief. Section 3008 of RCRA also provides for civil penalties. Pursuant to Section 103 of CERCLA, it is unlawful for any person knowingly to destroy, mutilate, erase, dispose of, conceal, or otherwise render unavailable or unreadable, or falsify any of the above records.

EPA recognizes that this information request is broad in scope. If the information you possess is voluminous, you must respond within the 30 day period as to the availability of all related records, and provide a written description of the type of information available. Specifically, describe the types of records that were maintained by you or your company with regard to the above including the date of the records, the author of the records, the current location of the records, and their current custodian. EPA also requests that arrangements be made to allow designated EPA employees, DEQ employees, and their contractors to review all such documents. Be prepared to present a summary of the information you are submitting at a meeting of all Potentially Responsible Parties to be held in July in Portland. EPA will notify you approximately two weeks prior to the date of this meeting as to the exact location and time.

EPA regulations governing confidentiality of business information are set forth in Part 2, Subpart B of Title 40 of the Code of Federal Regulations Federal Register 36902-36924 (September 1, 1976), as amended by 43 FR 3997 (September 8, 1978), 44 FR 17673 (March 23, 1979), 43 FR 11270 (March 17, 1983), and 50 FR 51663 (December 18, 1985). For any portion of the information submitted which is entitled to confidential treatment, please assert a confidentiality claim in accordance with 40 CFR §2.203(b). If EPA determines that the information so designated meets the criteria set forth in 40 CFR §2.200, the information will be disclosed only to the extent, and by means of, the procedures specified in 40 CFR Part 2, Subpart B. EPA will construe the failure to furnish a confidentiality claim with your response to this letter as a waiver of that claim, and information may be made available to the public by EPA without further notice.

Please respond to EPA within the time frame indicated above. Your written response should be sent to David Tetta, U.S. Environmental Protection Agency, Superfund Branch, 1200 Sixth Avenue, HW-113, Seattle, Washington 98101. Please direct EPA policy and technical questions to David Tetta at (206) 442-2138, and legal questions to Bob Goodstein at (206) 442-8311.

I hope you will give this matter your immediate attention.

Sincerely,

Randall F. Smith

For Charles E. Findley, Director
Hazardous Waste Division

NCJ-3

NEIL GOLDSCHMIDT
GOVERNOR

Department of Environmental Quality

811 SW SIXTH AVENUE, PORTLAND, OREGON 97204-1334 PHONE (503) 229-5696

February 12, 1988

Jordan M Dern
Keystone Environmental Resources, Inc
Koppers Industrial & Foundary Products
436 Seventh Avenue, Suite 1940
Pittsburgh, Pennsylvania 15219

RECEIVED
FEB 16 1988
Environmental Resources

SUBJECT: Gould RI Executive Summary
Doane Lake Area-wide Study

Dear Mr. Dern:

Thank you for attending the February 11,1988, meeting in our offices regarding a Doane Lake area-wide groundwater study. Your support in this study is critical if it is to be accomplished in a timely manner.

As discussed in the meeting, we are sending you a copy of the Executive Summary from the Gould final Remedial Investigation report. We have also enclosed a copy of the Table of Contents from that report so that you can be aware of what other information is included in the report. If you would like a full copy of the report, please let us know.

If you have any questions or need additional information, please call me at (503) 229-6900.

Sincerely,

William T. Renfroe, Jr.
DEQ Site Manager

Enclosures

DEQ-1

Telefax Message From:

M/V OSPREY ARROW
Telex# 11 03 663
Fax# 11 03 664
Phone# 11 03 663
Email: ospmail@kgjs.no

Managed by:

Kristian Gerhard Jebsen Skipsrederi A/S
Folke Bernadottesvei 38
5147 Fyllingsdalen
Bergen, Norway
Phone# (47) 55 17 51 00
Fax# (47) 55 17 51 21
Telex# 42532 KRIS N
Enterprise number: 914530393

Date: 2. desember 2002

Subject:osp140 - 24 HRS NOTICE OF ARRIVAL POHANG

TO: DCC SEOUL/ JEFF PARK
TO: SHINYANG SHIPPING AGENCY - POHANG
TO: BARWIL SEOUL
CC: GB SEOUL / JAR
CC: KOPPERS INDUSTRIES - PORTLAND ATT : MR AMOS KAMERER
CC: KOPPERS INDUSTRIES - PITTSBURG ATT: MR WAYNE PLOVIC
CC: GB TOKYO/ IA
CC: GB VCR / LHW MJW
CC: VEL/ MRG
FM: OSPREY ARROW
SUB: 24 HRS NOR POHANG

OSPREY ARROW VOY - 140
ETA POHANG PLT ST. ON 04TH DEC. AT 1200 HRS W.P.

PLS INFORM CHARTERERS AND ALL PARTIES CONCERNED

BRGDS/MASTER MAK

Telefax Message From:

M/V OSPREY ARROW
Telex# 11 03 663
Fax# 11 03 664
Phone# 11 03 663
Email: ospmail@kgjs.no

Managed by:

Kristian Gerhard Jebsen Skipsrederi A/S
Folke Bernadottesvei 38
5147 Fyllingsdalen
Bergen, Norway
Phone# (47) 55 17 51 00
Fax# (47) 55 17 51 21
Telex# 42532 KRIS N
Enterprise number: 914530393

Date: 2. desember 2002

Subject:osp139 - 2 days NOTICE OF ARRIVAL POHANG

TO: DCC SEOUL/ JEFF PARK
TO: SHINYANG SHIPPING AGENCY - POHANG
TO: BARWIL SEOUL
CC: GB SEOUL / JAR
CC: KOPPERS INDUSTRIES - PORTLAND ATT : MR AMOS KAMERER
CC: KOPPERS INDUSTRIES - PITTSBURG ATT: MR WAYNE PLOVIC
CC: GB TOKYO/ IA
CC: GB VCR / LHW MJW
CC: VEL/ MRG
FM: OSPREY ARROW
SUB: 2 DAYS NOR POHANG

OSPREY ARROW VOY - 140
ETA POHANG PLT ST. ON 04TH DECEMBER P.M. W.P.

PLS INFORM CHARTERERS AND ALL PARTIES CONCERNED

BRGDS/MASTER MAK

Telefax Message From:
M/V OSPREY ARROW
Telex# 11 03 663
Fax# 11 03 664
Phone# 11 03 663
Email: ospmail@kgjs.no

Managed by:
Kristian Gerhard Jebsen Skipsrederi A/S
Folke Bernadottesvei 38
5147 Fyllingsdalen
Bergen, Norway
Phone# (47) 55 17 51 00
Fax# (47) 55 17 51 21
Telex# 42532 KRIS N
Enterprise number: 914530393

Date: 1. desember 2002

Subject:osp139 - 3 days NOTICE OF ARRIVAL POHANG

TO: DCC SEOUL/ JEFF PARK
TO: SHINYANG SHIPPING AGENCY - POHANG
TO: BARWIL SEOUL
CC: GB SEOUL / JAR
CC: KOPPERS INDUSTRIES - PORTLAND ATT : MR AMOS KAMERER
CC: KOPPERS INDUSTRIES - PITTSBURG ATT: MR WAYNE PLOVIC
CC: GB TOKYO/ IA
CC: GB VCR / LHW MJW
CC: VEL/ MRG
FM: OSPREY ARROW
SUB: 3 DAYS NOR POHANG

OSPREY ARROW VOY - 140
ETA POHANG PLT ST. ON 04TH DECEMBER 2002 W.P.

PLS INFORM CHARTERERS AND ALL PARTIES CONCERNED

BRGDS/MASTER MAK

KOSCO

KOREA STEEL CHEMICAL CO.,LTD.
12, 13TH FLOOR, SAMDO BLDG., 1-170,
SUNHWA-DONG, CHUNG-GU, SEOUL, KOREA
TEL : (02) 3705-7000 FAX : (02) 771-0741-8

FAX NO.	1 503 285 2831	DATE	Aug. 4, 2000
TO	Mr. Amos S. Kamerer Regional Sales Manager Koppers Industries, Inc.	FROM FAX NO.	K. J. Kang Manager 82-2-771-0745
SUBJECT	Liquid Pitch shipment 04/2000 - MV "Osprey Arrow"		
TOTAL NUMBER OF PAGE(S) (2) INCLUDING COVER SHEET			

Dear Mr. Kamerer,

Please be informed that we shipped 2,868.461 MT of Liquid Pitch for Koppers and 4,000 MT for Alcoa per MV "Osprey Arrow" today.

We will send shipping documents including "Quantification Certificate" and 4KG of loading sample soon. Attached please find the volume and mass of a cargo of liquid pitch issued by KOMSA.

Best regards,

for K. J. Kang

Attached : 1 page

C.C : Mr. K. J. Fitzgerald
Mr. James T. Dietz
Dr. A. Topper

Beazer001836

KOREA MARINE SURVEYORS & SWORN MEASURERS' CORPORATION

(RECOGNIZED & LICENSED BY KOREAN GOVERNMENT)

TELEGRAMS:
"KOMSA" SEOUL
TLX. NO. KOMSA K24945
FAX. 754 - 8109

TELEPHONE
SEOUL 754-8106-8 YOSU 62-4589
ULSAN 72-7827 DONGHAE 33-1887
INCHON 763-9501-2 2474
MOKPO 43-1205 KWANGYANG 761-3950

COPY

SURVEY REPORT

(Liquid Gauging of Tankers)

Report No. G-000804-02-B Date Aug. 4, 2000

Applicant: DAEWOO CORPORATION SEOUL, KOREA

Name of Vessel: " OSPREY ARROW " Gross tonnage:

Port from and to: Kwangyang, Korea to Portland, Oregon, U.S.A

Place & Date of Survey: Aug. 4, 2000 at the steel scrap wharf of POSCO, Kwangyang, Korea

Description of cargo	Quantity on Invoice/B/L	Density	Remarks
Liquid Pitch in bulk	2,868.461 M/Tons	1.22653	196.1 ℃
		1.22662	196.9 ℃

We hereby certify that the following figures are correct to our best knowledge, based on the Tank Scales provided on board.

Tank No.	Gauging (Ull.)	Corrected (Ull.)	Water	App. Volume (K/L)	Temp (℃)	Density	Net Volume (M/T)
No.1	5,350	5,350	-	2,921,980	196.1	1.22653	3,583,896
No.2	4,870	4,870	-	2,677,736	196.9	1.22662	3,284,565
TOTAL :	2 TANKS						6,868.461 M/T

Remarks :- Ship's on board quantity were distributed based on the portion of each B/L figures which are as follows:-

B/L Figures ..... 2,868.461 M/Tons
Remainder Other B/L ..... 4,000.000 M/Tons

THAT IS	TWO THOUSAND EIGHT HUNDRED AND SIXTY EIGHT DECIMAL FOUR SIX ONE(2,868.461)M/TONS ONLY.

Ship's Draft: Fore 7.100 m

After 8.400 m

Trim 1.300 m by the stern

KOREA MARINE SURVEYORS & SWORN MEASURERS' CORPORATION KWANG YANG BRANCH

MARINE SURVEYORS & MEASURERS' CORPORATION

Staff Surveyor: S. C. Ju

Beazer001837

Telefax Message From:

M/V OSPREY ARROW
Telex# 11 03 663
Fax# 11 03 664
Phone# 11 03 663
Email: ospmail@kgjs.no

Managed by:

Kristian Gerhard Jebsen Skipsrederi A/S
Folke Bernadottesvei 38
5147 Fyllingsdalen
Bergen, Norway
Phone# (47) 55 17 51 00
Fax# (47) 55 17 51 21
Telex# 42532 KRIS N
Enterprise number: 914530393

Date: June 13, 2000

Subject: OSP 125 - 3 DAY'S N.O.A . PORTLAND

Call Tina, everything ready —

To: Transmarine Navigation ,Portland
To: Koppers Portland, Attn Mr. Amos Kamerer
To: Koppers Industries,Pittsburg, Attn Mr.Wayne Plovic
Cc: SCG,LHW
Cc: JP
Cc: MRG,VEL
Cc: DPA
Ref 996/00

Re 3 day's Notice of Arrival Portland

Osprey Arrow/C6KB6/voy.125 - ETA Columbia River Bar P/Stn 16/06/0300.
Pls pass on this N.O.A to Charterer's/Parties Concerned.

Brgds/Master

Also, please note that Koppers will not be responsible for any charges, penalties, fines or loss of revenue incurred in regards to the "Tern Arrow" being delayed in unloading at our Portland Terminal in the event that you are not able to provide such assurances or in the event such assurances turn out to be inaccurate. In addition, any additional costs incurred by Koppers in an effort to accommodate the handling of this vessel (e.g., additional equipment, hoses, etc.) will be the responsibility of Alcoa and/or Gearbulk.

In summary, we request Alcoa and/or Gearbulk to promptly provide us with reasonable assurances that the "Tern Arrow" is fully compatible in regards to the equipment and procedures used in the past for unloading of the "Osprey Arrow" at our Portland Terminal. Further, we will cooperate with you in order to provide any information needed by Gearbulk or Alcoa in order to assist in your review and evaluation of this matter. Finally, in the event that the requested assurances cannot be provided or the vessel for whatever reason cannot be properly and timely docked and unloaded at the facility or if new equipment or modifications or special conditions or restrictions at the terminal facility are required in order to accommodate this vessel, we will expect compensation and indemnification for any additional costs incurred.

If you have any questions in regards to the above, please feel free to contact me and we can discuss.

I look forward to hearing from you as soon as possible.

Sincerely

Wayne F. Plovic

Portland

HIGHLY CONFIDENTIAL

This is a brief summary of two incidents that occurred many years ago, according to reports that were given many years ago to T. J. Turner, the current General Foreman, by other employees, that are all now retired.

In the late 1970's, approximately 1978, there was a motor accident involving a truckload of KCO creosote. All of the cleaned up materials; creosote, dirt, absorbents, etc., were brought back to the terminal and were placed into tanks T – 53 and T – 74.

In the late 1980's, sometime during the summer of 1986 or 1987, the plant oil water separator was cleaned. The material that was removed, including some NSR distillate oil that was used to dilute the other existing materials that were in the separator, were all then placed into tank T – 1.

3/8/00

Post-it® Fax Note 7671	Date 3/9/00	# of pages ▶ 2
To Traci Self	From Amos	
Co./Dept.	Co.	
Phone #	Phone #	
Fax #	Fax #	

Table H-2 - Summary of Historical Analytical Results for Groundwater Samples - Monitoring Wells, December 1995 to Present
PAHs by EPA Method 8270

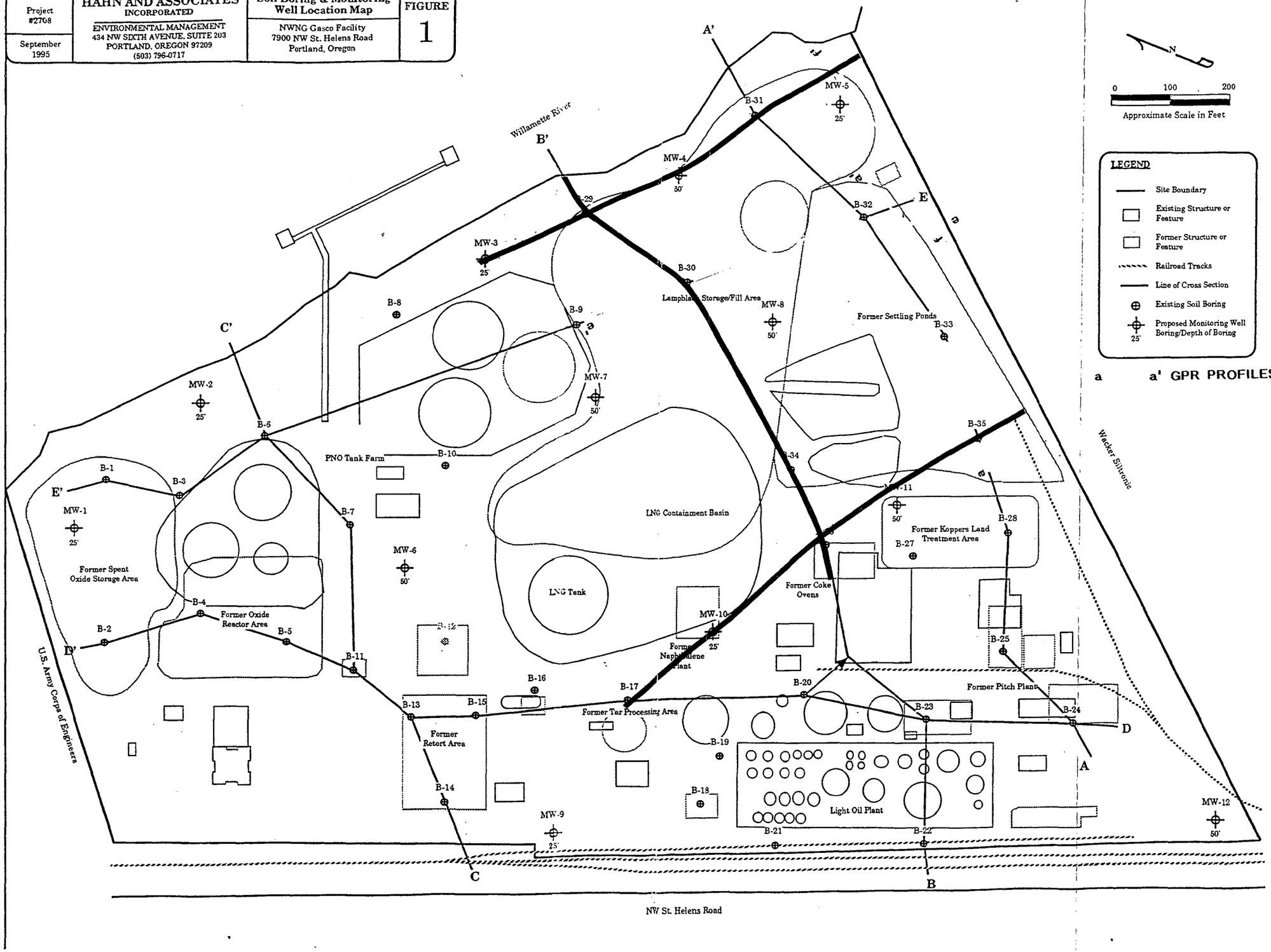
Remedial Investigation
Northwest Natural - Gasco Facility
Portland, Oregon

Project No. 2708

PAHs by EPA Method 8270 (SIM)				Analytical Results ug/l (ppb)																	
				Carcinogenic PAHs							Non-carcinogenic PAHs										
Well Number	Sample Number	Chain of Custody Number	Sample Date	Benzo (a) anthracene	Benzo (b) fluoranthene	Benzo (k) fluoranthene	Benzo (a) pyrene	Chrysene	Dibenzo (ah) anthracene	Indeno (1,2,3-cd) pyrene	Acenaphthene	Acenaphthylene	Anthracene	Benzo (ghi) perylene	Fluoranthene	Fluorene	Naphthalene	Phenanthrene	Pyrene	Total Carcinogenic PAHs	Total PAHs
MW04-35	951206-MW4-35-01	2708-W010	6-Dec-95	0.34	ND •	ND •	ND •	0.35	ND •	ND •	13.	3.	2.5	ND •	9.7	6.1	2.	8.1	9.4	0.7	54.5
	960318-MW4-35-01	2708-W013	18-Mar-96	0.74	0.5	0.18	0.54	0.94	ND •	0.28	35.	2.7	2.7	0.42	8.4	11.	3.2	7.9	9.9	3.2	84.4
	960318-MW4-35-02	2708-W013	18-Mar-96	0.62	0.36	0.14	0.4	0.7	ND •	0.19	34.	2.8	2.8	0.29	8.1	9.2	2.5	7.9	9.1	2.4	79.1
	960618-MW4-35-01	2708-W018	18-Jun-96	0.66	0.37	0.12	0.43	0.71	ND •	0.22	25.	3.5	2.	0.3	7.8	8.5	0.59	1.9	9.3	2.5	61.4
	961001-MW4-35-01	2708-W021	1-Oct-96	0.41	0.3	0.1	0.3	0.46	ND •	0.13	19.	2.	1.2	0.18	6.1	4.9	0.41	0.34	6.5	1.7	42.3
	970225-MW4-35-01	2708-W024	25-Feb-97	0.22	ND •	ND •	ND •	0.19	ND •	ND •	24.	2.6	0.78	ND •	5.	6.	1.2	0.36	5.3	0.4	45.7
	980827-MW4-57-01 [5]	2708-W027	27-Aug-97	0.21	0.1	ND •	ND •	0.22	ND •	ND •	16.	2.3	0.93	ND •	5.3	5.3	0.49	0.31	5.1	0.5	36.3
	980217-MW4-35-01	2708-W030	17-Feb-98	0.15	ND •	ND •	ND •	0.1	ND •	ND •	16.	2.1	0.47	ND •	4.1	3.9	1.1	0.13	3.8	0.3	31.9
	980601-MW4-35-06	2708-W032	1-Jun-98	0.25	ND •	ND •	ND •	0.23	ND •	ND •	20.	2.9	0.74	ND •	6.6	6.2	0.12	0.19	6.4	0.5	43.6
MW04-57	951205-MW4-57-01	2708-W009	5-Dec-95	0.56	0.22	ND •	0.21	0.65	ND •	0.09	49.	2.2	5.8	0.14	7.8	11.	1,200.	42.	8.6	1.7	1,328.
	960321-MW4-57-01	2708-W016	21-Mar-96	0.59	0.34	0.12	0.35	0.71	ND •	0.18	35.	1.9	4.9	0.27	6.9	9.2	1,000.	31.	6.3	2.3	1,098.
	960620-MW4-57-01	2708-W019	20-Jun-96	0.45	0.19	ND •	0.21	0.46	ND •	0.11	39.	2.8	4.1	0.15	6.5	10.	540.	34.	8.5	1.4	646.
	961002-MW4-57-01	2708-W022	2-Oct-96	0.35	ND •	ND>0.1	ND •	0.29	ND •	ND •	48.	5.6	4.7	ND •	7.2	7.6	1,600.	27.	6.1	0.6	1,707.
	970226-MW4-57-01	2708-W025	26-Feb-97	0.3	ND •	ND •	ND •	0.22	ND •	ND •	39.	3.3	3.4	ND •	6.2	6.	1,600.	24.	6.	0.5	1,688.
	970828-MW4-35-01 [5]	2708-W028	28-Aug-97	0.24	ND •	ND •	ND •	0.2	ND •	ND •	49.	2.9	2.6	ND •	4.3	4.3	1,600.	24.	4.2	0.4	1,692.
	980218-MW4-57-01	2708-W031	18-Feb-98	0.17	ND •	ND •	ND •	0.11	ND •	ND •	45.	2.	1.6	ND •	3.6	3.4	2,280.	19.	3.	0.3	2,358.
	980603-MW4-57-18	2708-W034	3-Jun-98	0.35	0.1	ND •	ND •	0.32	ND •	ND •	51.	2.4	3.1	ND •	6.1	5.9	2,200.	23.	6.7	0.8	2,299.
MW05-32	951205-MW5-32-01	2708-W009	5-Dec-95	1.8	1.	0.41	1.1	2.6	0.12	0.56	12.	9.2	18.	0.9	15.	28.	11.	88.	18.	7.6	208.
	960319-MW5-32-01	2708-W014	19-Mar-96	5.7	4.7	1.7	5.5	8.5	0.61	3.1	4.2	2.1	20.	4.8	44.	10.	1.	100.	53.	29.8	269.
	960319-MW5-32-01 (dissolved)	2708-W014	19-Mar-96	ND •	ND •	ND •	ND •	ND •	ND •	ND •	2.5	1.1	4.4	ND •	0.96	5.3	0.61	29.	1.1	0.	45.
	960620-MW5-32-01	2708-W019	20-Jun-96	2.6	2.2	0.93	2.7	3.4	0.34	1.5	2.	1.1	9.2	2.3	12.	2.1	0.42	20.	20.	13.7	82.8
	961001-MW5-32-01	2708-W021	1-Oct-96	50.	55.	18.	63.	51.	ND [d]	40.	ND [d]	ND [d]	47.	56.	160.	ND [d]	ND [d]	83.	150.	277.	773.
	970225-MW5-32-01	2708-W024	25-Feb-97	0.32	0.19	ND •	0.16	0.33	ND •	ND •	0.16	ND •	0.95	0.12	3.	0.23	0.16	0.29	3.8	1.	9.7
	970827-MW5-32-01	2708-W027	27-Aug-97	2.	1.9	ND [b]	2.4	2.7	ND [b]	1.4	ND [b]	ND [b]	ND [b]	1.8	5.8	ND [b]	ND [b]	ND [b]	6.3	10.4	24.3
	980217-MW-5-32-01	2708-W030	17-Feb-98	0.57	0.55	0.19	0.67	0.65	0.11	0.49	ND •	0.1	0.19	0.62	1.5	ND •	ND •	0.23	1.7	3.2	7.6
	980602-MW5-32-10	2708-W033	2-Jun-98	7.	7.	1.9	7.6	7.	0.91	4.3	1.2	0.47	1.6	6.3	20.	0.57	0.67	4.2	24.	35.7	94.7
MW06-32	951207-MW6-32-01	2708-W011	7-Dec-95	2,400.	750.	280.	690.	3,100.	50.	200.	23,000.	220.	14,000.	280.	22,000.	4,600.	42,000.	61,000.	25,000.	7,470.	199,570.
	960319-MW6-32-01	2708-W014	19-Mar-96	1.9	0.85	0.3	0.79	2.5	ND •	0.22	280.	2.6	24.	0.3	16.	61.	1,800.	140.	16.	6.6	2,346.
	960319-MW6-32-01 (dissolved)	2708-W014	19-Mar-96	ND •	ND •	ND •	ND •	ND •	ND •	ND •	220.	2.	5.1	ND •	1.3	42.	1,600.	68.	1.7	0.	1,940.
	960617-MW6-32-01	2708-W017	17-Jun-96	4.5	2.4	0.87	2.5	5.	0.23	0.74	310.	2.4	29.	0.9	27.	82.	1,200.	170.	40.	16.2	1,878.
	960930-MW6-32-01	2708-W020	30-Sep-96	66.	32.	12.	29.	63.	1.5	ND •	620.	7.8	190.	6.4	320.	210.	1,900.	970.	330.	203.5	4,758.
	970224-MW6-32-01	2708-W023	25-Feb-97	ND [c]	ND [c]	ND [c]	ND [c]	ND [c]	ND [c]	ND [c]	260.	2.7	13.	ND [c]	ND [c]	64.	830.	130.	8.5	0.	1,308.
	970826-MW6-32-01	2708-W026	26-Aug-97	4.4	2.2	0.82	2.2	4.8	ND>0.5	0.58	350.	ND>5	29.	0.65	33.	97.	1,300.	220.	25.	15.	2,070.
	980216-MW6-32-01	2708-W029	16-Feb-98	48.	27.	7.	24.	47.	1.7	7.2	560.	7.1	96.	9.2	220.	170.	1,200.	840.	290.	161.9	3,554.
	980601-MW6-32-04	2708-W032	1-Jun-98	6.2	3.	0.85	2.6	6.4	0.19	0.74	410.	ND [d]	50.	0.98	38.	100.	1,300.	280.	46.	20.	2,245.
EPA Maximum Contaminant Levels (MCLs) for Drinking Water				#	#	#	2	#	#	#	#	#	#	#	#	#	#	#	#	#	#
EPA Region 9 Preliminary Remedial Goals (PRGs) for Tap Water				0.09	0.09	0.92	0.01	9.2	0.01	0.09	365	#	1,825	#	1,460	243	243	#	182	#	#
DEQ Ambient Water Quality Criteria (AWQC) for Surface Water [7]				#	#	#	#	#	#	#	520 [b]	#	#	#	54 [e]	#	620 [b]	#	#	0.031 [e]	#

Beazer001841

Project #2768	HAHN AND ASSOCIATES INCORPORATED	Soil Boring & Monitoring Well Location Map	FIGURE 1
September 1995	ENVIRONMENTAL MANAGEMENT 434 NW SIXTH AVENUE, SUITE 203 PORTLAND, OREGON 97209 (503) 796-0717	NWNG Gasco Facility 7900 NW St. Helens Road Portland, Oregon	

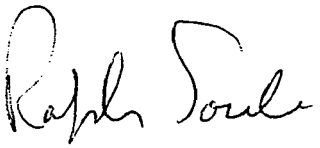


Beazer001842

RECOMMENDATIONS

The results of this GPR PIOLT PROJECT demonstrate that GPR can be used to map soil-tar strata in areas where contiguous layering occurs. To generate a depth map of these horizons it is recommended that the additional GPR/MAG/EM PROFILES be acquired as shown by the red lines on the Well location map. This would provide a network of data over the area of interest. Next generating contour maps of the tar-strata layer(s), and EM and MAG fields and interpreting this data would provide addtional information on the shallow stratigraphy of this area.

The cost for the data aquisition and integrated interpretation would be $2,500.00 or approximately $1.00 per line foot of new data.



Ralph Soule
GeoPotential

December 5, 1995

LAW OFFICES OF
DICKIE, MCCAMEY & CHILCOTE
A PROFESSIONAL CORPORATION

SUITE 400
TWO PPG PLACE
PITTSBURGH, PA
15222-5402

TEL. 412/281-7272

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EUGENE F. SCANLON JR
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PAUL W. ROMAN, JR
JOSEPH S. D. CHRISTOF II
STEWART M. FLAM
STUART W. BENSON, III
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INGRID MEOZIUS LUNDBERG
FREDERICK W. BODE, III
JEFFREY T. WILEY
JEAN MCCREE SIMMONDS
RICHARD C. POLLEY
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DIONYSIOS G. RASSIAS

TELECOPY MESSAGE

DATE: 12-26-88

Please hand deliver as soon as possible the following telecopy to:

NAME: William R. Hutchinson, Esq.

COMPANY/FIRM: Tooze Marshall

FROM: S. Larchuk

Total number of pages (including cover sheet):

20

Please call us immediately if the telecopy you receive is incomplete or illegible; call (412) 281-7272.

Our number to receive a telecopy message is (412) 392-5367.

Bill:

Here are the lease materials.

Steve L.

Number	Date	Document	Parties	Recording Information
[redacted]	8/17/65	Lease	Northwest Natural Gas Company to Koppers Company, Inc.	9/7/65 Book 373 Page 271

Lease three parcels totaling 7.9 acres at 7900 N.W. St. Helens Road, Portland, together with buildings, etc.
Term: 10 years from January 1, 1966 (or 1st of month following month Koppers first distills tar); option to renew additional five years if Gasco owns premises seven years from date of lease. Right of first refusal in event of sale.
Rental: $3,625/month

Modification dated 10/19/66 covering change in boundaries of Parcel 1 attached.

Second Modification dated December 29, 1972 under which the time for Koppers notice of election to renew lease is extended to December 1, 1973.

Modification dated January 16, 1976 extending lease term for further period of five years from January 1, 1976 through December 31, 1980 at annual rental of $51,840 with either party having the right to cancel on six months' notice after July 1, 1977.

Amendment dated March 4, 1982 extending lease term for further period of five years from January 1, 1982 at an annual rental of $67,320 with either party having right to cancel lease on one year's notice on and after January 1, 1983.

Amendment dated 11/23/87 extending lease term for further period of 5 years from 1/1/88 at an annual rental of $86,712 with either party having right to cancel lease on 1 year's notice on and after Jan. 1, 1989. Rental increase under this extension is retroactive to 7/1/87.

59-B-1	9/21/65	Lease	Koppers Company, Inc. to Hercules Powder Company	

Lease two storage tanks (T-66 and T-101) on property leased from Northwest Gas.
Term: 90 days from 9/21/65; cancel on 90 days' notice thereafter.
Rental: $250/month

L E A S E

THIS LEASE, Entered into as of this 17th day of August, 1965, by and between KOPPERS COMPANY, INC., a Delaware corporation with general offices in the Koppers Building in Pittsburgh, Pennsylvania, (hereinafter called "Koppers"), and NORTHWEST NATURAL GAS COMPANY, an Oregon corporation with general offices in Portland, Oregon, (hereinafter called "Gasco"),

W I T N E S S E T H:

WHEREAS, Koppers desires to lease certain of Gasco's property on the Willamette River, in Portland, Oregon, to construct and operate a plant for the processing and distilling of tar and other products, and to obtain the right to use certain facilities and equipment for receiving, storing, loading and shipping of products such as Coal Tar, Creosote and other products (hereinafter called "Product"); and

WHEREAS, Gasco is willing to lease such property, and provide for the use of such facilities and equipment upon the terms and conditions hereinafter set forth.

NOW, THEREFORE, it is mutually agreed as follows:

1. Gasco hereby leases to Koppers for Koppers' exclusive use, three parcels of land (the premises), being portions of Gasco's oil gas generating plant site at 7900 N. W. St. Helens Road in Portland, Oregon, and designated as Parcel 1 (consisting of approximately 6.4 acres) and Parcel 2 (consisting of approximately 1.25 acres), both bounded in red, and Parcel 3 (consisting of approximately .25 acre), shown in brown on the attached sketch marked Exhibit "A" and hereby made a part hereof, together with all buildings, structures, facilities and equipment thereon. Gasco hereby grants Koppers the right to relocate, modify, dismantle, or replace such buildings, structures, facilities and equipment, save and except the firewalls surrounding the light oil tank farm, and to utilize them in whatever manner Koppers shall desire in connection with Koppers' tar and chemical processing operations on said premises. Koppers shall have the further right to

6.4
1.25
.25
7.9 OAC

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construct and install on the premises such buildings, structures and equipment as are required for a tar and chemical processing plant, including materials handling facilities appurtenant thereto. All structures, facilities and equipment constructed and installed by Koppers on the premises shall be deemed personalty, shall remain the property of Koppers at all times during the life of this Lease, and shall be subject to removal by Koppers at any time during the life of this Lease and for ninety (90) days thereafter. In the event that structures, facilities and equipment belonging to Gasco are adapted for use with or connected to structures, facilities or equipment constructed or installed by Koppers to form an operating plant, Koppers shall have the right to dismantle such operating plant to the extent necessary to remove its own property. At the termination of this Lease, Koppers shall be obligated to return to Gasco in good condition, reasonable wear and tear excepted, those buildings, structures, facilities and equipment of Gasco which Koppers has been utilizing without any obligation to restore them to their original condition. Koppers shall not be obliged to maintain structures, facilities and equipment of Gasco which are not required in Koppers operations. Any such items which Koppers desires removed from the premises shall, at Gasco's option, be removed by either Gasco or Koppers and, if removed by Koppers, either be delivered to Gasco or at Gasco's option sold for Gasco's account.

2. Koppers shall be fully responsible and hereby accepts the obligation to maintain the premises and to keep the same in a neat and orderly condition, including, but not limited to, cutting the grass and taking all steps which are necessary or desirable for fire protection as well as appearance. In the event Koppers fails to so maintain the premises, Gasco shall have the right, but not the obligation, to take such acts as are necessary to put the premises in a neat and orderly condition and to provide such fire protection, all at the cost and expense of Koppers.

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3. Gasco further grants to Koppers the right to use in common with Gasco and others to whom Gasco may grant similar rights, that certain area designated in green on Exhibit "A" hereto, for purposes of ingress and egress. Gasco shall maintain this area in accordance with standards acceptable to Koppers and Koppers shall reimburse Gasco at reasonable intervals for one half of the expense of such mainenance as evidenced by paid invoices. Gasco also grants to Koppers the right to use in common with Gasco and others to whom Gasco may grant similar rights existing side track facilities to the extent that they may be utilized in connection with the premises.

4. In conjunction with this Lease, Koppers shall have the right to use Gasco's dock facilities on the Willamette River designated in blue on Exhibit "A", 24 hours a day, 7 days a week, in common with Gasco and others to whom Gasco may grant similar rights. Gasco shall control the use of such dock facilities and shall use its best efforts to minimize conflicts in the use thereof. No log rafts shall be moored or tied at said dock facilities. Gasco shall not be responsible for any demurrage accruing to any barge or ship loading or unloading for Koppers' account for failure to provide a berth because of prior occupancy or right to occupy. Koppers shall have the right to install, maintain, replace and remove on such dock facilities, pipes, pumps and such other equipment as may be necessary to load or unload Koppers' materials. Koppers shall also have the exclusive right to use that certain solid loading and unloading equipment designated in purple on Exhibit "A" and shall be responsible for all costs incurred in the operation and maintenance thereof. Gasco agrees to maintain its dock facilities, to maintain water depth of at least 32 feet adjacent thereto, and to keep such facilities insured for their "actual cash value", as this term is commonly used in the insurance industry, against fire and other risks covered by a standard fire insurance policy. It is understood that the use by Koppers of the aforesaid dock facilities is a vital part of this Lease, and that in the event such facilities are destroyed or damaged, Gasco shall, within the physical limits of its ability to do so and at its expense, promptly repair, rebuild or otherwise make available to Koppers dock facilities adequate to enable Koppers to carry out its plant operations.

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5. This Lease and Koppers' right to possession hereunder shall commence on the date first above written and continue for ten (10) Years from January 1, 1966, or from the 1st of the month following the month in which Koppers first distills tar on the leased premises, whichever is sooner. Rental in the amount of $3,625 per month shall be paid by Koppers to Gasco monthly in advance beginning on the first of the month following the month in which Koppers first distills tar on the leased premises, or January 1, 1966, whichever is sooner, except that the first month's rental payment of $3,625, receipt of which is hereby acknowledged, is delivered upon the execution of this Lease. In the event that Gasco still owns the premises seven (7) years from the date hereof, Koppers shall have the option to extend the term of the Lease for five (5) years on the same terms and conditions contained in this Lease except for the rental which shall be determined by mutual agreement of the parties. In the event the parties fail to so mutually agree within thirty (30) days after the end of said seven (7) year period, the rental shall be determined by an arbitration board of three (3) persons living in the Portland area, one selected by Koppers, one by Gasco and the third by the other two. In such event each party shall notify the other in writing within ninety (90) days of the end of such seven (7) year period of its selection of arbitrator with a copy of such letter to its arbitrator. The Board of Arbitrators shall meet, and decide upon the proper rental and render a written opinion to each party within ninety (90) days from the time the second arbitrator was notified of his appointment as above. If the parties mutually agree on the rental for the extended period or if Koppers is satisfied with the decision of the Arbitrators Koppers may exercise its option by giving written notice to Gasco within thirty (30) days of such mutual agreement or of the receipt of the arbitrators opinion.

6. If at any time during the term of this Lease the premises or the premises together with all or part of the property of which they are a part are to be sold, Gasco shall advise Koppers in writing of the name of the prospective purchaser and the price and terms of the proposed sale. Within thirty (30) days after receipt of such written advice Koppers may

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elect to purchase the property proposed to be sold on terms equally or more favorable to Gasco by so advising Gasco in writing. The price must equal the net return to Gasco under the sale after adjustment for the difference, if any, in real estate commission and cost of closing payable in the event of the proposed sale as opposed to sale to Koppers. If Koppers elects to purchase, the sale shall be closed within thirty (30) days after notice of such election, or, at Gasco's election, on the date specified as a condition of the original sale and stated in the written advice of the proposed sale.

7. Gasco hereby grants Koppers the right to install and maintain in, along, upon, or across Gasco's property including the property designated in green on Exhibit "A" and the south substation adjacent to Parcel 1, such facilities as may be required by Koppers to bring utilities, including, but not limited to, gas, electricity and water, to Parcels 1, 2 and 3 from the nearest practical source or sources, and the right to install, maintain, replace and remove one or more pipelines between the dock area designated in blue and Parcel 1. Subject to the provisions of paragraph 16 hereof, Koppers shall have the further right to drain surface water across the premises of Gasco either through Gasco's settling pond or otherwise. All such installations shall be so located as to minimize damage or inconvenience to Gasco, and others having the right to use Gasco's properties in common, and at the same time avoid unreasonable expense to Koppers. Koppers agrees to reimburse Gasco for any damage to its property arising out of Koppers installation, maintenance and use of the facilities set forth in this paragraph 7.

8. Gasco reserves the right to utilize for vehicular traffic, for utility lines and for a portion of its fire loop that portion of Parce 1 which is cross hatched on Exhibit "A". Koppers shall have the right to modify, operate and maintain so much of the existing high pressure river water system on Gasco's property as necessary to serve the premises.

Each party shall have such rights of ingress and egress for personnel, vehicles and other equipment over and to the other's property as are reasonably

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required in any emergency and in the performance of this Lease. In addition, each party shall have the right to drain surface water over and across the premises occupied by the other provided that such drainage does not unreasonably interfere with the operations of said other party.

9. Gasco agrees to give Koppers a fifteen (15) day right of first refusal prior to entering into a lease with a third party for a term of more than one year for any one or more of Tanks T-5, T-6, T-7 and T-54 shown on Exhibit "A". In the event Gasco should desire to remove, dismantle, or demolish such tanks for any reason other than to utilize the space occupied by them for its own purposes, it shall first so notify Koppers and give Koppers an opportunity to lease such tank or tanks upon terms mutually agreeable. Koppers shall also have the right for a period of one (1) year from the date hereof to purchase at Gasco's book value such portions as Koppers shall desire of the facilities, machinery and equipment now located on those premises of Gasco in Portland, Oregon, which were formerly operated as a tar refining plant.

10. (a) Gasco shall defend, indemnify and hold Koppers harmless against all liabilities, losses or claims for death, personal injury or damages resulting from, arising out of or related to any activity of Gasco, its employees, agents and guests, on premises adjacent to the leased premises, premises used in common, and that portion of Parcel 1 cross hatched on Exhibit "A".

(b) Koppers shall defend, indemnify and hold Gasco harmless against all liabilities, losses or claims for death, personal injury or damages resulting from, arising out of or related to any activity of Koppers, its employees and guests, on the premises, premises used in common, and in the exercise of any other rights granted to Koppers herein.

11. Koppers shall comply during the life of this Agreement with the Workmen's Compensation laws of the State of Oregon. Koppers shall also procure and maintain public liability and property damage insurance (including auto) in the amounts of not less than Three Hundred Thousand Dollars ($300,000) for injury or death of any person and Five Hundred Thousand Dollars ($500,000) for injury or death of any two or more persons, and One Million Dollars ($1,000,000) for damage to property, including property in its care, custody or control, sustained or occurring on or in connection with the use of premises described herein, and shall

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furnish Gasco with a certificate of insurance certifying that coverage as outlined above is in force and that said insurance carrier will give ten (10) days' written notice of cancellation or material change in the policy. Gasco agrees not to use or permit the use of any areas adjacent to the premises in any manner which will result in any increase of Koppers' insurance costs without first consulting Koppers and reaching a mutually satisfactory arrangement.

12. Neither party shall be liable for delays and/or defaults in its performance under this Agreement, other than rental payments, due to causes beyond its control and without its fault or negligence, including, but without limiting the generality of the foregoing, acts of God or of the public enemy, acts or requests of the Federal, State or other Governmental authority, or any Governmental office or agent purporting to act under color of authority, floods, fires, epidemics, quarantine restrictions, riots, rebellion, strikes, lockouts, disputes with workmen or other labor disturbances, appropriation, expropriation or condemnation for public purposes of property.

13. Koppers, as additional rental for the period of this Lease prior to July 1, 1966, shall pay to Gasco in lieu of taxes $1,000 per month for each month in which rental is payable. Beginning July 1, 1966, Koppers shall pay all real and personal property taxes levied and assessed on the premises and on the buildings, structures and other facilities and equipment owned by Gasco thereon (the leased property), and on all property, facilities and equipment wherever constructed, installed or placed on Gasco's property by or on behalf of Koppers. If the leased property is assessed separately from Gasco's entire plant site property at 7900 N. W. St. Helens Road, by the Multnomah County assessor, Koppers shall have the right to negotiate (in Gasco's name if necessary) with the assessor concerning the assessment of the leased property and to take such legal steps (in Gasco's name if necessary) as Koppers shall deem appropriate to contest, appeal or otherwise resist any assessment Koppers considers unfair or improper all at the expense of Koppers. If the taxes on the leased property are not levied separately from Gasco's entire plant site property, taxes to be paid by Koppers on the leased property shall be determined by an allocation of the levy on the entire plant site

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property on the basis of the ratio that Gasco's original cost depreciated of the leased property bears to the original cost depreciated of the entire plant site property.

Koppers shall pay any and all license fees and sales, use, excise and other taxes on the products and operations of Koppers directly to the Governmental body involved.

14. In the event that condemnation by any governmental or non-governmental body having the authority so to do takes (a) all of the premises or a portion sufficient to render the remaining portion reasonably unsuitable for use by Koppers, or (b) all of Gasco's premises used in common or with respect to which Koppers may exercise any other rights granted herein or a portion thereof sufficient to adversely affect Koppers' operations, Koppers shall have the option to terminate this Lease as of the date of taking and shall share in the proceeds of such condemnation to the extent to which it may be entitled by virtue of the effect of such condemnation on its leasehold interest. Sale of all or part of Gasco's property affected by this Lease to a purchaser with the power of eminent domain in the face of a threat or probability of the exercise of such power shall be treated as a taking by condemnation. In such event Koppers shall have ninety (90) days from such date of taking to remove its property from the uncondemned portion of the premises.

15. All notices under this Agreement shall be in writing by registered mail addressed to the proper party at the address shown below unless said address shall have been changed by written notice:

Northwest Natural Gas Company
123 N. W. Flanders Street
Portland, Oregon 97209

Koppers Company, Inc.
Tar & Chemical Division, Koppers Building
Pittsburgh, Pennsylvania 15219

16. In connection with its use of the premises, buildings, structures, facilities and equipment hereunder, Koppers shall conform to all applicable laws and regulations of any public authority affecting the premises and other property of Gasco, and the use thereof, and correct at its own expense any failure of compliance created through Koppers' fault or by reason of Koppers' use.

17. This Agreement shall not be modified or changed except by written instrument executed by the duly authorized officers of the parties hereto.

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18. This Agreement shall be binding upon and shall inure to the benefit of the successors and assigns of the parties hereto; provided, however, that said Agreement and the obligations hereunder shall not be assigned without prior written consent of Gasco, which consent will not be unreasonably withheld.

19. Koppers shall have the right to erect and maintain on Gasco's premises such signs of reasonable size as shall be reasonably necessary to direct persons to Koppers' operations.

20. Failure of Koppers to pay any rent or other charge within thirty (30) days after it is due, or to comply with any term or conditions or fulfill any obligation of this Lease within thirty (30) days after written notice by Gasco specifying the nature of such failure; an assignment by Koppers for the benefit of creditors; the filing by Koppers of a voluntary petition in bankruptcy; an adjudication that Koppers is bankrupt or the appointment of a receiver of the properties of Koppers; the filing of an involuntary petition of bankruptcy and failure of Koppers to secure dismissal of the petition within thirty (30) days after filing; attachment of or the levying of execution on the leasehold interest and failure of Koppers to secure discharge of the attachment or release of the levy of execution within thirty (30) days; shall constitute events of default hereunder.

In the event of a default this Lease may be terminated at the option of Gasco by notice in writing to Koppers and Gasco's right to damages for such default shall survive such termination. If the Lease is so terminated, Koppers shall vacate the premises and remove all structures, facilities and equipment installed by Koppers on the property of Gasco which are subject to such removal within ninety (90) days thereafter, leaving the premises and other property of Gasco in the condition required at the end of the term. If suit or action is instituted in connection with any controversy arising out of this Lease, the prevailing party shall be entitled to recover in addition to costs such sum as the court may adjudge reasonable as attorney fees.

21. Gasco warrants that it is the owner of the leased premises and the buildings, structures, facilities and equipment located thereon at the date hereof, that subject to paragraph 22 hereof, it has the right to lease them, and

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that the same are free of encumbrances, except the lien of its Mortgage and Deed of Trust dated July 1, 1946, as it is or may be in the future supplemented and amended, and except current taxes, zoning or other state or municipal ordinances or regulations; that the same are not subject to any easements, reservations and encumbrances or licenses which would materially adversely affect Koppers' use of the premises for a tar and chemical processing plant; and that none of the items leased, when used in the manner intended, are in violation of any Federal, State or local law or regulation.

22. To the extent that the Public Utility Commissioner of Oregon has jurisdiction thereof, this lease and all obligations of the parties thereto shall be subject to the approval of the Commissioner.

23. The place of performance of this Agreement is the State of Oregon, and the laws of said State shall govern the rights of the parties hereto.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed and delivered by their duly authorized officers and their corporate seals to be hereunto affixed the day and year first above written.

KOPPERS COMPANY, INC.

ATTEST:

By _____
Vice President

_____
Assistant Secretary

NORTHWEST NATURAL GAS COMPANY

ATTEST:

By _____
President

_____
Secretary

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COMMONWEALTH OF PENNSYLVANIA)
COUNTY OF ALLEGHENY) SS: August 17 A.D., 1965

Personally appeared John M Crimmins, who, being duly sworn, did say that he is the Vice President of KOPPERS COMPANY, INC., and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors; and he acknowledged said instrument to be its voluntary act and deed. Before me:

Anne M Harris
Notary Public

STATE OF OREGON)
COUNTY OF MULTNOMAH) SS: July 30 A.D., 1965

Personally appeared Francis F. Hill, who, being duly sworn, did say that he is the President of NORTHWEST NATURAL GAS COMPANY and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors; and he acknowledged said instrument to be its voluntary act and deed. Before me:

Herb Lacie
Notary Public for Oregon
My Commission Expires: 1-25-66

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MODIFICATION OF LEASE

October 19, 1966

The parties to this Modification of Lease are NORTHWEST NATURAL GAS COMPANY, an Oregon corporation with general offices in Portland, Oregon (Gasco) and KOPPERS COMPANY, INC., a Delaware corporation with general offices in Pittsburgh, Pennsylvania (Koppers); WITNESSETH:

WHEREAS, on the 17th day of August, 1965 the parties hereto entered into a Lease (the Original Lease), wherein Gasco leased to Koppers three parcels of land, being portions of Gasco's oil gas generating plant site at 7900 N. W. St. Helens Road in Portland, Oregon, together with certain buildings, structures and equipment thereon, and granted to Koppers certain additional rights and privileges related to Koppers' use thereof, all as more fully described and set forth in the Original Lease which is by this reference incorporated herein and made a part hereof; and

WHEREAS, the parties have mutually agreed to further modify the Original Lease as hereinafter provided;

NOW, THEREFORE, in consideration of the premises it is mutually agreed by and between the parties hereto that the Original Lease shall be and is hereby further modified, altered and changed in the following respects only:

1. That portion of the leased premises designated as Parcel 1 in and bounded in red on Exhibit "A" to the Original Lease shall be changed by:

(a) Deleting therefrom the area shown by slant lines on Exhibit A-1, being a strip of land approximately 30 feet in width and extending through the south-easternmost portion of said Parcel 1; and

(b) Adding thereto the area shown by crossed lines on Exhibit A-1, being a portion of Gasco's oil gas generating plant site adjacent to the northwest corner of said Parcel 1.

2. Exhibit A-1 is attached hereto and by this reference made a part hereof, and that portion of Exhibit A to the Original Lease showing the boundaries of Parcel 1 is revised in accordance with Exhibit A-1 hereto.

Except as hereinabove provided, the Original Lease shall remain in effect in all respects.

IN WITNESS WHEREOF, the parties hereto have caused this Modification of Lease to be executed by their duly authorized officers the day and year first above written.

NORTHWEST NATURAL GAS COMPANY

By _____
Senior Vice President

KOPPERS COMPANY, INC.

By _____
Vice President

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SECOND MODIFICATION OF LEASE

December 29, 1972

The parties to this Second Modification of Lease are NORTHWEST NATURAL GAS COMPANY, an Oregon corporation with general offices in Portland, Oregon (Gasco) and KOPPERS COMPANY, INC., a Delaware corporation with general offices in Pittsburgh, Pennsylvania (Koppers), WITNESSETH:

WHEREAS, on the 17th day of August, 1965 the parties hereto entered into a Lease (the Original Lease), wherein Gasco leased to Koppers three parcels of land, being portions of Gasco's oil gas generating plant site at 7900 N. W. St. Helens Road in Portland, Oregon, together with certain buildings, structures and equipment thereon, and granted to Koppers certain additional rights and privileges related to Koppers' use thereof, all as more fully described and set forth in the Original Lease which is by this reference incorporated herein and made a part hereof; and

WHEREAS, on the 19th day of October, 1966, the parties hereto entered into a Modification of Lease wherein there was deleted from the leased premises a strip of land approximately 30 feet in width which extended through the southeasternmost portion of Parcel 1 and there was added to the leased premises a small parcel of land adjacent to the northwest corner of said Parcel 1;

WHEREAS, the parties have mutually agreed to further modify the Original Lease as hereinafter provided;

NOW, THEREFORE, in consideration of the premises it is mutually agreed by and between the parties hereto that the

Original Lease as modified under date of October 19, 1966, shall be further modified, altered and changed in the following respect only:

1. On page 4, in paragraph 5 of the Original Lease dated 17th day of August, 1965, the third, fourth and fifth sentences shall be amended to read as follows:

> In the event that Gasco still owns the premises on December 1, 1973, Koppers shall have the option to extend the term of the Lease for five (5) years on the same terms and conditions contained in this Lease except for the rental which shall be determined by mutual agreement of the parties. In the event the parties fail to so mutually agree within thirty (30) days after the said December 1, 1973, the rental shall be determined by an arbitration board of three (3) persons living in the Portland area, one selected by Koppers, one by Gasco, and the third by the other two. In such event, each party shall notify the other in writing within ninety (90) days of said December 1, 1973, of its selection of arbitrator with a copy of such letter to its arbitrator.

Except as hereinabove provided, the Original Lease as amended under date of October 19, 1966, shall remain in effect in all respects.

IN WITNESS WHEREOF, the parties hereto have caused this Second Modification of Lease to be executed by their duly authorized officers the day and year first above written.

NORTHWEST NATURAL GAS COMPANY

By _____

Vice President

KOPPERS COMPANY, INC.

By _____

Vice President

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PORTLAND UPDATE - 1/7/08

101ST

PUMPED OFF WATER

REMAINING MATERIAL TOO HIGH IN BENZENE, TOLUENE TO LANDFILL

JASON - CORP. CONF.

- E-MAIL - CASH -

COLUMN

REVIEWING OPTIONS FOR SOLIDS DISPOSAL

CALL FROM TINA (AIR PERMIT)

SUGGESTED AIR CONTROL TESTING

REVIEWED CALLS FROM CULLEY, AMOS

TINA WILL BACK OFF - HAPPY WITH CALLS

REQUESTED FUMES SYSTEM TO RUN 24/7

AGREED TO USE ONLY DURING PRODUCT MOVEMENT

CAMERON MCKINNAN > PE NEW SHIP - SUNBIRD - TO REPLACE OSPREY ARROW

WON'T WORK AT PORTLAND - ONLY ONE CRANE ON SHIP - NEED TWO

- HAVE NO CHOICE

BRENDAN HOLLY - GUAMBLER - REQUESTED MTG - FOR THIS WK -

POTW

SPOKEN WITH ANNE O'ROURKE - PASSED INITIAL REVIEW - EXPECTS TO PASS

NEW SCOPE

NEED CER

KOPPERS

7540 N.W. St. Helens Rd.
Portland, Oregon 97210
(503) 286-3681

2-18-88

Dear Jordan, Per Jill Blundons instructions, no waste min. Report need be filed for Portland as we generated no waste in 1987.

Regards.
John,

JOHN A. OXFORD

FIGURE 1
KOPPERS COMPANY, INC.
WASTE MINIMIZATION AND REDUCTION REPORT FORM

Report for Calendar Year _____ to _____
Month/Day/Year Month/Day/Year

(Note: This report is to be completed and filed prior to March 1 each calendar year.)

SECTION I. GENERAL INFORMATION

Facility Name	Facility Manager	Telephone No.
Address	Person(s) responsible for the information gathered for this report	
EPA I.D. No.		

SECTION II. WASTE MINIMIZATION/REDUCTION DOCUMENTATION

Complete this section by detailing specific information on each waste type. If additional space is needed, use the reverse side of this form and/or attach additional pages.

EXAMPLE:
WASTE TYPE: Creosote U051 GENERAL ANALYSIS: 80% Creosote
SOURCE: Spills from tankage CURRENT TECHNOLOGY: Using Centrifuge to recover material
APPROX. AMOUNT: 10,000 lbs. WASTE MIN/RED EFFORTS: Recovery rate 89%. Installed better valves to prevent future product loss.

A) WASTE TYPE	B) WASTE SOURCE	C) APPROX. AMOUNT (lbs.)	D) GENERAL ANALYSIS OF MATERIAL (%)	E) CURRENT TECHNOLOGY BEING USED	F) DETAIL WASTE MINIMIZATION AND REDUCTION EFFORTS

SECTION III. WASTE MINIMIZATION CERTIFICATION (TO BE COMPLETED BY AUTHORIZED MANAGER)

I certify that the above program is in place for the purpose of reduction of the volume and toxicity of hazardous waste that is generated by this facility to the degree determined by Koppers Company, Inc. to be economically practicable; and the proposed method of treatment, storage or disposal is that practicable method currently available to Koppers Company, Inc. which minimizes the present and future threat to human health and the environment.

Signature	Print Name	Date

Koppers Company, Inc.

MEMO ROUTING SLIP

To	Location	Date Received	Initial
Northwest Terminal			

☐ Note & Forward ☐ Prepare Reply for my Signature

☐ Note & Return ☐ Comment & Return

☐ Note & File ☐ Take Appropriate Action

Remarks:

From Phone Date

K-17

Beazer001864

E.P.A
file

KOPPERS

Interoffice Correspondence

To Plant Managers — From Environmental Resources

Location Various — Location K-1940

Subject 1984 RCRA Closure Cost Update — Date June 17, 1985

You are required to insert the following information in your hazardous waste documents:

Insert the "1984 Closure Cost Estimate" into your plant's Closure Plan.

The "1984 Closure Cost Estimate" is found in the March 30, 1984 letter from Mr. Thomas St. Clair, Koppers' Chief Financial Officer to your state's environmental agency. Look at Mr. St. Clair's letter for the current Closure Cost Estimate for your plant. It will be found in the text of the letter. If your location's Closure Cost Estimate was revised at any time by corporate staff during the 1984 calender year, or in the first few months of 1985, the estimates do not have to be updated and are considered current.

If your location's Closure Cost Estimate was not revised during the 1984 calendar year, or in the first few months of 1985, then the inflation factor (1.037) needs to be calculated into your location's Cost Estimate.

Example of How to Escalate the Estimate:

Old 1983 Closure Cost Estimate		$10,000.00
+ 1984 Inflation Factor of 1.037 X 10,000		$ 370.00
New 1984 Closure Cost Estimate Update	=	$10,370.00

The end result will be a total cost estimate that is the same as the figure that was submitted in the financial assuarnce package for your location.

Please send a photo copy of any updated Closure Cost Estimates to John Daskivich, Koppers Environmental Resources Department, K-1940 for our recordkeeping purposes.

Should any questions arise regarding any of the above information, please feel free to contact this office. Thank you for your cooperation.

Chuck Vita
Ext. 2767

RECEIVED
JUN 24 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

CV/mas

cc: All Environmental Coordinators
Environmental Field Coordinators
M. R. Urbassik
C. P. Brush
J. Daskivich

K-5 REV. 2

KOPPERS

Interoffice Correspondence

To All Plant Managers

From Environmental Resources

Location Various

Location K-1940

Subject PCB Annual Report

Date June 18, 1985

This memo will serve as a reminder for your location to complete the PCB Annual Report required by regulations which must be in your plant's file before July 1 of each calender year.

The format of the report can be found in Environmental Guidance Memo No. 4.

Be advised this report is required this year unless your plant has documentation from last year's Annual PCB Report showing no PCB on site, and your plant has not acquired any electrical equipment (or other items which may contain PCB's) in the past 12 months.

You should also take this occasion to review the quarterly reports (inspections) which your facility is required to make if you have suspect or unknown electrical equipment, or known PCB equipment on site.

Should any questions arise in completing the Annual Report, please contact Mr. Charles J. Vita or myself for assistance.

Charles P. Brush

CPB/mas

cc:
T. A. Marr
M. R. Urbassik
J. M. Dern
D. Kerschner
A. C. Middleton
C. J. Vita
B. L. Allison
J. R. Duncan
W. Lee
D. L. Woosley
G. A. Welch
R. S. Ohlis
P. Sawchuck
J. R. Batchelder
T. Clay
J. D. Hite
W. J. Baldwin
R. D. Collins
T. Smith
C. Markle
R. K. Wagner
M. Dvorsky
G. L. Reynolds
S. Fife
J. Mitsak
L. F. Flaherty
D. King
R. T. Hulling
E. Kerschner
G. McGinley
R. Ireland
M. Tymiak

Beazer001866

12-17-86

W.W. T-2

PH&S

12-17-86
W-W-T-1
Ph 6-1

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 29, 1986
Log #A861217-I1-2

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Samples Received: December 17, 1986

Analyses Requested: Oil and Grease, and Phenols

Sample ID	Oil and Grease	Phenols
W-W-T-1	< 1.00	0.14
W-W-T-2	< 1.00	0.13

Results reported in mg/L

< denotes "less than" the detection limit for the method

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

This report is for the sole and exclusive use of the above client. Samples are held for a maximum of 15 days from the date of this report.

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG# A86-1217-I1
LOGIN TIME 1540
LOGIN INIT. SD

COMPANY NAME Koppers Co. Inc TELEPHONE# 286-3681

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 12-17-86 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY G Hoffman DELIVERED BY G. Hoffman

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MDI
	W-W-T-1						Oil & Grease	
	W-W-T-1						Phenols	
	W-W-T-2							
	W-W-T-2							

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by
G. Hoffman	12/17	1540	

c:\wp\clom\form\log\request.log; Rev: 9/18/86 9:15; Reviewed:

11-20-86

w-w- T-4

Ph 7-1

11-20-86

W-W-T-3

Ph 7-2

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 2, 1986
Log #A861120-J

Koppers Company
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

KOPPERS CO. PORTLAND, OR. RECEIVED DEC 3 1986

Attention: G. Hoffman

Sample Date: 11-30-86, 10:00 a.m.

ANALYSIS	W-W-T-3	W-W-T-4
Phenols	0.206	< 0.05
Oil and Grease	2.1	3.6

Results in mg/L

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG# Able-1120-J1
LOGIN TIME 1635
LOGIN INIT. RD

COMPANY NAME Koppers Co. Inc TELEPHONE# 286-3681

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 11-20-86 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY G Hoffman DELIVERED BY G Hoffman

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested	MD
	W-W-T-3	11-30-86	10:00 AM				Oil & Grease	
	W-W-T-3	11-30-86	10:00 AM				Phenols	
	W-W-T-4	11-30-86	10:00 AM				Oil & Grease	
	W-W-T-4	11-30-86	10:00 AM				Phenols	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by
George Hoffman	11-20-86	10:00 AM	

c:\wp\clom\form\log\request.log; Rev: 9/18/86 9:15; Reviewed:

11-3-86

P.H. 6-8

W.W- T-2

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

November 10, 1986
Log #A861103-L

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: G. Hoffman

Sample ID: W-W-T-2

Sample Date: 11-3-86

KOPPERS CO.
PORTLAND, OR.
RECEIVED
NOV 13 1986

ANALYSIS	RESULTS
Oil and Grease	< 1.0
Total Phenols	0.023

Results in mg/L

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

PREPAID_____
PART DEPOSIT_____
PAY FOR RELEASE_____
BILL_____

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

LOG#_____

LOGIN TIME_____

LOGIN INIT._____

COMPANY NAME Koppers Co. Inc. TELEPHONE# 286-3681

ADDRESS_____ PURCHASE ORDER #_____

ADDRESS_____ LAB PRICE QUOTE #_____

CITY/STATE/ZIP_____ BILLING ADDRESS:

ATTENTION_____

SAMPLE COLLECTION DATE 11-3-86 DUE DATE_____ RUSH_____

SAMPLE COLLECTED BY G. Hoffman DELIVERED BY G. Hoffman

CLIENT COMMENTS-(SPECIAL INSTRUCTIONS, SPECIFIC METHOD ETC):

ID	Field ID	Date	Time	Media	Pres	btl	Analysis Requested		MDL
	W-W-T-2	11-3-86	12:50				Oil & Grease	<1	
	W-W-T-2	11-3-86	12-50				Phenols	0.023	
							QA-	6.8	

SAMPLE INTEGRITY COMMENTS

Relinquished by:	Date	Time	Received for Coffey Labs by:
Greg Hoffman	11-3-86	1635	Doreen Buckles

c:\wp\clom\form\log\request.log; Rev: 9/18/86 9:15; Reviewed:

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

July 17, 1986
Log #A860711-H

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Analyses Requested: Oil and Grease and Phenol

SAMPLE ID	P.H	OIL AND GREASE	PHENOL
W-W-T-1	7.2	1.21	0.27
W-W-T-2	7.9	< 1	0.16

Results in mg/L

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/gs

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

CHAIN OF CUSTODY RECORD

PROJ. NO.	SITE/LOCATION
	Koppers Co. Inc.

SAMPLERS: (Signature)
Gregg Hoffman

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT/ PRESERVATIVE	oil & grease	phenol				SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
	7-11-86	1:10PM			W-W-T-1	1									
	"	"			W-W-T-1	1									
	"	"			W-W-T-2	1									
	"	"			W-W-T-2	1									

Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)
Koppers Co. Inc [redacted]	7-11-86				
Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)
Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)	Date/Time	Remarks (attachments if necessary)	
		Doreen Buckles	7/11/86 1645		

Beazer001879

7-11-86

Ph 7_9

w-w-T-2

7-11-86

PH 7-2

w-w- T=1

CHAIN OF CUSTODY RECORD

PROJ. NO.	SITE/LOCATION
	Koppers Co. Inc.

SAMPLERS: *(Signature)*

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT/ PRESERVATIVE						SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
	5-30-86	1:30 PM			W-W-T-3	1									
	"	"			W-W-T-3	1									
	"	"			W-W-T-4	1									
	"	"			W-W-T-4	1									

Relinquished by: *(Signature/Firm)*	Date/Time	Received by: *(Signature/Firm)*	Relinquished by: *(Signature/Firm)*	Date/Time	Received by: *(Signature/Firm)*
George Hoffman Koppers Co. Inc					
Relinquished by: *(Signature/Firm)*	Date/Time	Received by: *(Signature/Firm)*	Relinquished by: *(Signature/Firm)*	Date/Time	Received by: *(Signature/Firm)*
Relinquished by: *(Signature/Firm)*	Date/Time	Received by: *(Signature/Firm)*	Date/Time	Remarks (attachments if necessary)	
		A. Schultz	5/30/86 4:40 pm	A860530-G	

Beazer001882

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

June 17, 1986
Log #A860530-G

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Sample ID: #1 - W-W-T-3, 5/30/86
#2 - W-W-T-4, 5/30/86

ANALYSIS	SAMPLE #1	SAMPLE #2
Oil and Grease	1.8	3.2
Phenol	0.039	0.039

Results in mg/L

P.A. 6.6

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/gs

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

Beazer001883

CHAIN OF CUSTODY RECORD

PROJ. NO.

SITE / LOCATION: Koppers Co, INC.

SAMPLERS: (Signature) George Hoffman

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT / PRESERVATIVE	SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
	5-5-86	3:20 PM			W-W-T-1	1				
	"				W-W-T-1	1				
	"				W-W T-2	1				
	"				W-W-T-2	1				

Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)
George Hoffman	5/5/86 1635	Drew Buckles			
Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)
Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Date / Time	Remarks (attachments if necessary)	

Beazer001884

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

May 14, 1986
Log #A860505-0

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attention: George Hoffman

Analysis Requested: Oil and Grease and Phenol

ANALYSIS	WW-T-1	WW-T-2
Oil and Grease	< 1.0	< 1.0
Phenol	0.0085	0.012

Results in mg/l

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

RECEIVED
MAY 22 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

April 21, 1986
Log #A860401-C

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Analyses Requested: Oil & Grease and Phenol

ANALYSIS	W-W-T-3	W-W-T-4
Oil & Grease	< 1.0	2.0
Phenol	0.044	0.024

Results in mg/l

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

RECEIVED
APR 23 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

CHAIN OF CUSTODY RECORD

PROJ. NO.

SITE/LOCATION: Koppers Co. Inc

SAMPLERS: (Signature) George Hoffman

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT/ PRESERVATIVE	Oil & Grease	Phenol	PH				SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
	4-1-86	1:00 PM			W-W-3	1	HCl		6.8							
	"	"			W-W-3	1		.049	6.7							
	"	"			W-W-4	1	2.0		6.9							
	"	"			W-W-4	1		.024	7.1							

< denotes Less Than

Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)
George Hoffman Koppers Co. Inc	April 1 1986 1640	Coffey Labs Susan M Coffey			

Remarks (attachments if necessary)

Beazer001887

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

March 21, 1986
Log #A860313-K

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Analysis Requested: Oil & Grease and Phenols

Sample Description: Water

SAMPLE ID	OIL & GREASE	Temp.	P.H.	PHENOLS
WWT-1 3/13/86	< 1.0	57	6.7	0.35
WWT-2 3/13/86	< 1.0	55	6.8	0.60

Results in mg/l

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

CHAIN OF CUSTODY RECORD

PROJ. NO.	SITE / LOCATION
	Koppers Co. Inc.

SAMPLERS: (Signature)

Geo. Hoffman

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT / PRESERVATIVE						SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
					W-W-1										
					W-W-1										
					W-W-2										
					W-W-2										

Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)
Geo. Hoffman Koppers Co. INC.	3-13-86 3:30 PM	Doreen Buckles			
Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)
Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Date / Time	Remarks (attachments if necessary)	

Beazer001889

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 28, 1986
Log #A860218-F

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Sample Description: Waste Water

SAMPLE ID	OIL & GREASE	PHENOL
WWT-1	< 1	0.25
WWT-2	< 1	< 0.03
WWT-3	< 1	< 0.03
WWT-4	< 1	< 0.03

Results in mg/l

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

RECEIVED
MAR 03 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

CHAIN OF CUSTODY RECORD

PROJ. NO.

SITE/LOCATION: Koppers Co-Inc

SAMPLERS: (Signature) George Hoffman

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT/ PRESERVATIVE						SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
	2-18-86	11:00 AM			W-W-T-4	2									
	"	11:00 AM			W-W-T-4	2									
	"	11:40 AM			W-W-T-1	2									
	"	11:40 AM			W-W-T-1	2									
	"	1:05 PM			W-W-T-2	2									
	"	1:05 PM			W-W-T-2	2									
	"	2:25 PM			W-W-T-3	2									
	"	2:25 PM			W-W-T-3	2									

Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)
G Hoffman Koppers	2-18-86 1635	Doreen Buckles			

Relinquished by: (Signature/Firm)	Date / Time	Received by: (Signature/Firm)	Date / Time	Remarks (attachments if necessary)

Beazer001891

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 19, 1986
Log #A860206-K

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Sample ID: W-W-T-3

ANALYSIS	RESULTS
Oil and Grease	1.1 mg/l
Phenol	0.24 mg/l

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/gs

RECEIVED
FEB 21 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

This report is for the sole and exclusive use of the above client.
Samples are retained a maximum of 15 days from the date of this letter.

CHAIN OF CUSTODY RECORD

PROJ. NO.	SITE / LOCATION
	Koppers Co. Inc.

SAMPLERS: *(Signature)*

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT / PRESERVATIVE	SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
	2-6-86	2:30			W-W-T-3					Oil & Grease Phenol

oil & gr - 1.1
Phenol 0.24
PH ?

Relinquished by: *(Signature/Firm)*	Date / Time	Received by: *(Signature/Firm)*	Relinquished by: *(Signature/Firm)*	Date / Time	Received by: *(Signature/Firm)*
D Hoffman Koppers	2-6-86 1640	Coffey Labs Susan M. Coffey		2-6-86 1640	
Relinquished by: *(Signature/Firm)*	Date / Time	Received by: *(Signature/Firm)*	Relinquished by: *(Signature/Firm)*	Date / Time	Received by: *(Signature/Firm)*
Relinquished by: *(Signature/Firm)*	Date / Time	Received by: *(Signature/Firm)*	Date / Time	Remarks (attachments if necessary)	

Beazer001893

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 18, 1986
Log #A860123-J

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Sample ID: 1-23-86, C. Hoffman

ANALYSIS	RESULTS
Phenol	< 0.01 mg/l
Oil and Grease	< 1.0 mg/l
pH (S.U.)	Analysis requires a non-preserved sample. One of the samples had HCl and the other H3P04 as a preservative.

< denotes "less than"

Sincerely,
Susan M. Coffey
Susan M. Coffey,
President

SMC/gs

RECEIVED
FEB 1 0 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

RECEIVED
FEB 1 0 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

CHAIN OF CUSTODY RECORD

PROJ. NO.	SITE/LOCATION

SAMPLERS: (Signature)

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT/PRESERVATIVE						SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
	1-23-86	10:20			W-W-T-2	2									oil + Grease, + Phenol
					2-12-86										
					phoned in for										
					results:										
					Dina										
					Got results:										
					2-13-86										
					By phone from				oil + grease						<1.0 mil
					2-13-86 =	3:15			Phenol						<0.1
					by Phone from no Results				Ph (SU)						
					until A.M.										
					Gaie										

Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)
D Hoffman Koppers Co.	1/23/86 1635	D. Buckles			
Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)	Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)
Relinquished by: (Signature/Firm)	Date/Time	Received by: (Signature/Firm)	Date/Time	Remarks (attachments if necessary)	

Beazer001895

CHAIN OF CUSTODY RECORD

PROJ. NO.	SITE/LOCATION

SAMPLERS: *(Signature)*

STA. NO.	DATE	TIME	SAMPLE TYPE	MEDIA	SAMPLE IDENTIFICATION	NO. OF CONTAINERS	AMOUNT/PRESERVATIVE						SEAL NO.	SEAL INTACT? (Y or N)	REMARKS (with initials)
	1/10/86		Wtr		W-W-T-1	2									Oil & Gr & phenols

Relinquished by: *(Signature/Firm)*	Date/Time	Received by: *(Signature/Firm)*	Relinquished by: *(Signature/Firm)*	Date/Time	Received by: *(Signature/Firm)*
George H. Koppero	1/10/86 1645	G. Schulz Coffey Labs			
Relinquished by: *(Signature/Firm)*	Date/Time	Received by: *(Signature/Firm)*	Relinquished by: *(Signature/Firm)*	Date/Time	Received by: *(Signature/Firm)*
Relinquished by: *(Signature/Firm)*	Date/Time	Received by: *(Signature/Firm)*	Date/Time	Remarks (attachments if necessary)	

Beazer001896

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

January 23, 1986
Log #A860110-F

Koppers Company
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Analysis Requested: Oil and Grease, Phenol, and pH

Sample ID: W-W-T-1
1-1-86

ANALYSIS	RESULTS
Oil and Grease	< 1.0
Phenol	0.031
pH (S.U.)	6.70

Results in mg/l unless otherwise noted.

< denotes "less than"

Sincerely,
Susan M. Coffey
Susan M. Coffey
President

SMC/gs

RECEIVED
JAN 23 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 3, 1985
Log #A851122-E

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Analyses Requested: Oil and Grease, pH, and Phenol

Sample Description: Water

Samples Received: November 22, 1985

ANALYSIS	T-1	T-2
Oil & Grease	4.84	< 1
pH (S.U.)	6.8	7.0
Phenol	< 0.01	< 0.01

< denotes "less than"

Results expressed in mg/liter unless otherwise specified.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

RECEIVED
DEC 11 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 3, 1985
Log #A851119-D

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Analyses Requested: Oil and Grease, pH, and Phenol

Sample Description: Water

Samples Taken: November 15, 1985

Samples Received: November 19, 1985

ANALYSIS	W-W-T-3	W-W-T-4
Oil & Grease	< 1	< 1
pH (S.U.)	6.7	6.7
Phenol	< 0.01	< 0.01

< denotes "less than"

Results expressed in mg/liter unless otherwise specified.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

RECEIVED
DEC 11 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 2, 1985
Log #A851025-M

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Analyses Requested: Oil and Grease, pH, and Phenols

Sample ID: WWT-4
10-24-85

ANALYSIS	RESULTS
Oil and Grease	2.40
pH (S.U.)	6.8
Phenols	0.02

Results in mg/liter

RECEIVED
DEC 04 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/gs

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

October 2, 1985
Log #A850912-I

Koppers Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Analyses Requested: pH, Oil and Grease, and Phenol

Sample ID: W-W-T-2
9-9-85

ANALYSIS	RESULTS
pH	6.1 (S.U.)
Oil and Grease	2.86 mg/l
Phenol	< 0.05 mg/l

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

Rec 10/4/85 J.a.O

This report is for the sole and exclusive use of the above client. Samples are retained a maximum of 15 days from the date of this letter.

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

June 14, 1985

Log #A850606-E

Kopper Co.
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Analysis Requested: pH, Phenol, Oil and Grease

CLIENT ID	pH	PHENOL	OIL AND GREASE
WWT-2	6.80	0.18 mg/l	< 1 mg/l

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

RECEIVED
JUN 17 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

June 5, 1985

Log #A850531-F

Koppers Company
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Analysis Requested: pH, Oil and Grease, Phenol

Sample Received: May 31, 1985

Sample ID: WWT-1, 5/29/85

RECEIVED
JUN -7 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

ANALYSIS	RESULTS
pH	7.07
Oil and Grease	1.33 mg/l
Phenol	0.24 mg/l

Results reported in mg/liter unless otherwise specified.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/gs

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

May 20, 1985

Log #A850514-G

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Analysis Requested: pH, Oil and Grease, Phenol

Sample Received: May 14, 1985

Sample ID: WWT-4, 5/13/85

RECEIVED
MAY 23 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

ANALYSIS	RESULTS
pH (S.U.)	7.1
Oil and Grease	< 1.0
Phenol	0.09

Results reported in mg/liter unless otherwise specified.

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

May 9, 1985
Log #A-850430-J

Koppers Co.
7540 N. W. St. Helens Rd.
Portland, Oregon 97229

Sample ID: Clear Water

Sample Received: April 30, 1985

Analyses Requested: Phenol, Oil & Grease, pH

ANALYSIS	RESULTS
Phenol	0.33 mg/l
Oil & Grease	< 1.0 mg/l
pH	6.99

< denotes less than

Sincerely,

Susan M. Coffey
President

SMC/jc

RECEIVED
MAY 13 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

April 25, 1985
Log #A850419-E

Koppers Company
7540 N.W. St.Helens Road
Portland, OR 97229

Samples Received: April 19, 1985

Analyses Requested: Phenol, Oil and Grease, pH

ANALYSIS	SAMPLE WW T-1 4-19-85	SAMPLE WW T-2 4-19-85
pH (S.U.)	6.5	6.5
Oil and Grease (mg/l)	< 5	< 5
Phenol (mg/l)	0.369	0.292

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

RECEIVED
APR 29 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

April 4, 1985

Log #A850322-H

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Analyses Requested: Oil and Grease, pH, Phenol

Samples Received: March 22, 1985

ANALYSIS	W-W-T-3 Tank 3	W-W-T-4 Tank 4
Oil and Grease	4.1	< 1
Phenol	0.35	0.17
pH (S.U.)	6.9	6.7

Results Reported in mg/liter except as specified.

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

RECEIVED
APR - 8 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

RECEIVED
MAR 11 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

March 8, 1985
Log #A-850305-F

Koppers Company
7540 N. W. St. Helens Road
Portland, Oregon 97229

Attention: John Oxford

Sample Received: March 5, 1985

Analysis Requested: Oil and Grease, Phenol, and Ph

ANALYSIS	RESULTS
Oil and Grease	0.20
Phenol	2.4
pH (S.U.)	4.70

Results in mg/liter unless otherwise noted.

– Phenol mistake Reported by Sue Coffey
– Oil & Grease

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/jc

RECEIVED
MAR 11 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

Beazer001908

RECEIVED
MAR 11 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

RECEIVED
MAR 11 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

March 8, 1985
Log #A-850221-I

Koppers Company
7540 N. W. St. Helens Road
Portland, Oregon 97229

Attention: John Oxford

Sample Received: February 21, 1985

Analysis Requested: Oil and Grease, Phenol, and pH

RESULTS:

SAMPLE ID	OIL AND GREASE	PHENOL	pH (S.U.)
TKWW#3	6.7	.26	6.7
TKWW#4	4.4	.37	6.7

Results in mg/liter unless otherwise noted.

Sincerely,

Susan M. Coffey
President

SMC/jc

RECEIVED
MAR 11 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

March 5, 1985
Log #A-850228-C

Koppers Company
7540 N. W. St. Helens Road
Portland, Oregon 97229

Attention: John Oxford

Sample Received: February 28, 1985

Sample ID: W-W-T-1 (2 bottles of 1 sample)

Analysis Requested: Oil and Grease, Phenol, and pH

ANALYSIS	RESULTS
Oil and Grease	11.8
Phenol	0.30
pH (S.U.)	7.1

Results in mg/liter unless otherwise noted.

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/jc

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 14, 1985

Log #A850211-E

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Attention: John Oxford

Sample Received: February 11, 1985

Sample ID: #1 - WWT-1
#2 - WWT-2

Analyses Requested: Oil and Grease, pH, and Phenol

ANALYSIS	WWT-1	WWT-2
Oil and Grease	11.6	6.67
Phenol	0.20	0.19
pH (S.U.)	6.665	6.66

Results in mg/liter unless otherwise noted

RECEIVED
FEB 20 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

Beazer001911

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 14, 1985

Log #A850206-E

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Attention: John Oxford

Sample Received: February 6, 1985

Sample ID: WWT-3 2-6-85

Analyses Requested: Oil and Grease, pH, and Phenol

ANALYSIS	RESULTS
Oil and Grease	10.1
Phenol	0.28
pH (S.U.)	6.80

Results in mg/liter unless otherwise noted

RECEIVED
FEB 20 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

Beazer001912

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 5, 1985
Log #A850128-E

Koppers Company
7540 N. W. St. Helens Road
Portland, Oregon 97229

Analyses Requested: pH, Phenol, Oil and Grease

Sample ID: January 28, 1985

ANALYSIS	RESULTS
pH	6.25 S.U.
Phenol	0.19 mg/l
Oil and Grease	1.84 mg/l

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/jc

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

January 21, 1985

Log #A-850116-K

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Analyses Requested: Phenol, pH, Oil and Grease

Sample ID: 1-16-85 W W 1

ANALYSIS	RESULTS
Phenol	0.29 mg/l
Oil and Grease	4.1 mg/l
pH	6.5 S.U.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

RECEIVED
JAN 25 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

Beazer001914

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

January 7, 1985

Koppers Company
7540 N.W. St. Helens Road
Portland, Oregon 97229

Attention: John Oxford

Analyses Requested: pH, Oil and Grease, Phenols

Sample ID: 1-2-85

ANALYSIS	RESULTS
pH (S.U.)	6.35
Oil and Grease (mg/liter)	< 2
Phenols (mg/liter)	0.28

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

January 2, 1985

Log #A-841226-C

Koppers Company
7540 N.W. St.Helens Road

Portland, Oregon 97229

Attention: John Oxford

Analyses Requested: Oil and Grease, Phenol, pH

Sample ID: 12/26/84

ANALYSIS	RESULTS
Oil and Grease	< 1.0 mg/l
Phenol	0.41 mg/l
pH	6.45 S.U.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

RECEIVED
JAN - 3 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

January 2, 1985

Log #A-841217-B

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Attention: John Oxford

Analyses Requested: pH, Oil and Grease, Phenol

Sample ID: Waste Water 12/14/84

ANALYSIS	RESULTS
pH	6.6 S.U.
Oil and Grease	< 1 mg/liter
Phenol	0.43 mg/liter

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/db

Beazer001917

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 12, 1984

Koppers Company
7540 N. W. St.Helens Road
Portland, Oregon 97229

Attention: John Oxford

Laboratory Log Number: A841105-7

Analysis Requested: Oil and Grease, Phenol, and pH

ANALYSIS	10/31 SAMPLE	11/2 SAMPLE
Oil and Grease	3.29	7.8
pH (S.U.)	7.25	6.75
Phenol	0.25	< 0.4

Results in mg/liter unless otherwise specified.

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

RECEIVED
DEC 17 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 5, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Attention: John Oxford

Sample received: November 30, 1984

Analysis requested: Oil and Grease, pH, and Phenol

Sample ID: 11-30-84

ANALYSIS	RESULTS
Oil and Grease (mg/l)	< 2
pH (S.U.)	6.50
Phenol (mg/l)	< 0.10

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

RECEIVED
DEC 7 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 5, 1984

RECEIVED
DEC 6 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Attention: John Oxford

Sample received: November 30, 1984

Analysis requested: Oil and Grease, pH, and Phenol

Sample ID: 11-30-84

ANALYSIS	RESULTS
Oil and Grease (mg/l)	< 2
pH (S.U.)	6.50
Phenol (mg/l)	< 0.10

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

Beazer001920

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 5, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Laboratory Log Number: A841114-10

Analysis requested: Phenol, pH, Oil and Grease

ANALYSIS	API Water 11-6-84	API Water 11-13-84
pH (S.U.)	6.60	6.40
Phenol (mg/l)	0.068	0.22
Oil and Grease (mg/l)	< 1	< 2

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/db

RECEIVED
DEC 6 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 5, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Laboratory Log Number: A841114-10

Analysis requested: Phenol, pH, Oil and Grease

ANALYSIS	API Water 11-6-84	API Water 11-13-84
pH (S.U.)	6.60	6.40
Phenol (mg/l)	0.068	0.22
Oil and Grease (mg/l)	< 1	< 2

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/db

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

November 23, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229
Attention: John Oxford

Sample received: November 19, 1984

Analyses requested: Oil and Grease, pH and Phenols

ANALYSIS	RESULTS	
Oil and Grease	< 1	mg/l
pH	6.50	S.U.
Phenols	0.20	mg/l

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

RECEIVED
DEC 3 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
(503)254-1794

October 29, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Samples received: October 25, 1984

Analyses requested: Oil and Grease, pH, and Phenol

ANALYSIS	SAMPLE 10/23/84	SAMPLE 10/24/84
Oil and Grease	32.8	28.7
pH (S.U.)	6.65	6.60
Phenol	0.40	0.31

Results in mg/liter unless otherwise stated.

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/db

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

October 17, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Attention: John Oxford

Analysis requested: Oil and Grease, pH, and Phenol

ANALYSIS	RESULTS (mg/l)
Oil and Grease (mg/liter)	11.1
pH (S.U.)	6.21
Phenol (mg/liter)	<0.05

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

October 8, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Sample received: October 1, 1984

Analysis requested: pH, Oil and Grease, Phenol

ANALYSIS	RESULTS
pH (S.U.)	6.10
Oil and Grease	5.55
Phenol	0.320

Results in mg/liter except as noted.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

August 20, 1984

Koppers Company
7540 N.W. St.Helens Rd.
Portland, Oregon 97229

Attention: John Oxford

Sample received: August 10, 1984

Analyses requested: pH, Phenol, Oil and Grease

ANALYSIS	RESULTS
Oil and Grease (mg/l)	< 1.0
Phenol (mg/l)	< 0.10
pH (S.U.)	5.7

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

Beazer001927

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

August 7, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Attention: John Oxford

Sample received: August 1, 1984

Analyses requested: pH, phenols, oil and grease

ANALYSIS	RESULTS
Oil and Grease (mg/l)	< 2
Phenols (mg/l)	0.13
pH (S.U.)	5.70

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

Beazer001928

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

July 10, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, oregon 97229

Sample received: June 26, 1984
Analyses requested: Oil and Grease, Phenols, and pH

ANALYSIS	Sample From 6-22-84	Sample From 6-26-84
Oil and Grease (mg/l)	3.98	7.25
Phenols (mg/l)	< 0.05	0.67
pH (S.U.)	6.40	6.25

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/db

RECEIVED
JUL 13 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

June 21, 1984

Koppers Company
7540 N.W. St.Helens Rd.
Portland, Oregon 97229

Attention: John Oxford

Sample received: June 11, 1984
Analyses requested: Oil and Grease, pH, and Phenol

ANALYSIS	RESULTS
Oil and Grease	2.61 mg/l
Phenol	0.19 mg/l
pH	7.1 S.U.

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/db

RECEIVED
JUN 25 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230

June 7, 1984

Koppers Company
7540 N.W. St.Helens Rd.
Portland, Oregon 97229

Sample received: June 4, 1984

Analyses requested: Oil and Grease, Phenol, and pH

ANALYSIS	RESULTS
Oil and Grease (mg/l)	< 1
Phenol (mg/l)	0.22
pH (S.U.)	6.91

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230

June 7, 1984

Koppers Company
7540 N.W. St. Helens Road
Portland, Oregon 97229

Attention: John Oxford

Sample received: May 18, 1984

Analyses requested: Oil and Grease, Phenols, and pH

ANALYSIS	RESULTS
Phenols	0.43 mg/l
Oil and Grease*	83.3 mg/l
pH	6.65 S.U.

RECEIVED
JUN 11 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

* This analysis was done according to Standard Methods Method 502-A, Partition-Gravimetric Method. The weight in the tared flask at the end of the analysis appeared to be a cresol-like substance, and not grease and oil.

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

May 14, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Sample received: May 8, 1984

Analyses requested: Phenols, Oil and Grease, pH

ANALYSIS	RESULTS
Phenols	0.51 mg/l
Oil and Grease	3.8 mg/l
pH S.U.	6.40

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

RECEIVED
MAY 16 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230

May 9, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Sample received: April 26, 1984
Analyses requested: pH, Phenols, Oil and Grease

ANALYSIS	RESULT
pH S.U.	6.60
Phenols (mg/l)	0.15
Oil and Grease (mg/l)	2.3

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

Rec'd 5-11-84

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

April 18, 1984

Koppers Company
7540 N. W. St. Helens Road
Portland, OR 97229

Sample received: April 9, 1984
Analysis requested: Oil and Grease, Phenol, pH

ANALYSIS	RESULT
Oil and Grease	2.38 mg/l
Phenol	0.246 mg/l
pH	6.7 S.U.

Sincerely,
Susan M. Coffey
Susan M Coffey

SMC:hs

RECEIVED
APR 23 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

March 22, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Sample received: March 20, 1984
Analyses requested: Oil and Grease, Phenol, pH

ANALYSIS	RESULT
Oil and Grease	1.99 mg/l
pH	6.9 S.U.
Phenol	0.25 mg/l

Sincerely,

Susan M. Coffey

Susan M. Coffey
President

SMC/db

RECEIVED
MAR 26 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

March 5, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Samples received: February 23, 1984

Analyses requested: Oil and Grease, pH, and Phenol

	RESULTS (mg/liter)
Oil and Grease	2.67
pH (S.U.)	7.05
Phenol	0.31

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

Beazer001937

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 20, 1984

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Sample received: February 8, 1984

Analysis requested: pH, Oil and Grease, Phenols

ANALYSIS	RESULTS
pH	7.10 S.U.
Oil and Grease	<1 mg/liter
Phenol	0.76 mg/liter

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

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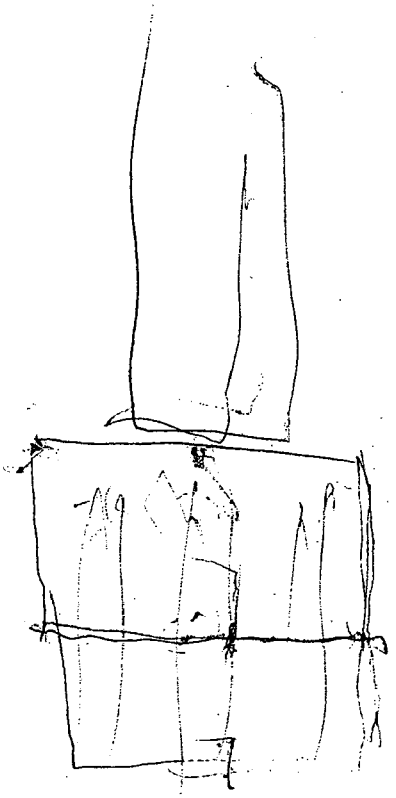
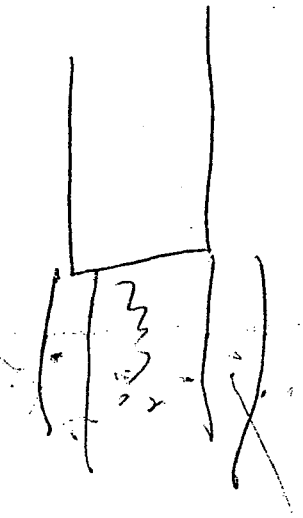
219.75

RECEIVED
FEB 22 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

1/2 #128.00
4x8





513
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11,011

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

February 9, 1984

Koppers Company
7540 N.W. St.Helens Rd.
Portland, Oregon 97229

Sample received: February 3, 1984
Analyses requested: Oil and Grease, Phenol and pH

ANALYSIS	RESULTS
Oil and Grease	< 1.0 mg/l
Phenol	0.50 mg/l
pH	7.8 S.U.

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey, II
President

SMC/db

RECEIVED
FEB 14 1984
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

January 16, 1984

Koppers Company
7540 N.W. St.Helens Rd.
Portland, Oregon 97229

Sample received: January 6, 1984
Analysis requested: Oil and Grease, pH, Phenols

ANALYSIS	RESULTS
pH	6.80
Oil and Grease	< 1 mg/liter
Phenol	0.024 mg/liter

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey,
President

SMC/db

Beazer001942

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

December 19, 1983

Koppers Company
7540 NW St.Helens Road
Portland, Oregon 97229

Sample received: December 9, 1983
Analysis requested: Oil, Grease and Phenol, and pH

ANALYSIS	RESULTS
Oil and Grease (since the blank was high, this result may be questionable)	< 1 mg/liter
pH	7.2 S.U.
Phenol	0.243 mg/liter

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey

SMC/db

RECEIVED
DEC 27 1983
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

November 23, 1983

Koppers Company
7540 NW St. Helens Rd.
Portland,OR 97229

Sample received: November 17, 1983

Analysis requested: pH, Grease & Oil & Phenol

Analysis	Results
pH	6.62
Grease & Oil	<1.0 mg/l
Phenol	<0.04 mg/l

< denotes "less than"

Sincerely,
Susan M. Coffey
Susan M Coffey

SMC:hs

RECEIVED
NOV 29 1983
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

November 9, 1983

Koppers Company
7540 N.W. St. Helens Road
Portland, Oregon

Sample received: November 4, 1983
Analysis requested: Oil and Grease, Phenol, pH

ANALYSIS	RESULTS (mg/liter)
Oil and Grease	3.2
Phenol	0.086
pH	6.2

EPA QUALITY CONTROL SAMPLE FOR GREASE AND OIL

Lab Value	True Value	Acceptable Range For 95% Confidence Level
22.6 mg/l	20.0 mg/l	15 - 23

Sincerely,

Susan M. Coffey

Susan M. Coffey

SMC/db

RECEIVED
NOV 14 1983
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

October 31, 1983

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Samples received: October 19, 1983
Analysis requested: Oil and Grease, Phenol, and pH

	RESULTS (mg/liter)
Phenol	0.16
Oil and Grease	2.0
pH	6.2

Sincerely,

Susan M. Coffey

Susan M. Coffey

SMC/db

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

October 25, 1983

Koppers Company
7540 N.W. St. Helens Road
Portland, Oregon 97229

Attention: John Oxford

Sample received: October 13, 1983
Analysis requested: Oil and Grease, and Phenol

RESULTS

Analysis	mg/liter
Oil and Grease	5.25
Phenol	0.23

Sincerely,

Susan M. Coffey

Susan M. Coffey

SMC/db

RECEIVED
NOV - 3 1983
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

September 2, 1983

Koppers Company
7540 N.W. St.Helens Road
Portland, Oregon 97229

Attention: John Oxford

Sample received: August 31, 1983
Analysis requested: Oil, grease, phenol, and pH

	RESULTS
Oil and Grease	1.7 mg/l
Phenol	<0.02 mg/l
pH	6.55

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey

SMC/db

RECEIVED
SEP -6 1983
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

August 17, 1983

Koppers Company
7540 N.W. St. Helens Rd.
Portland, Oregon 97229

Attn: John Oxford

Sample received: August 11, 1983
Analysis requested: Oil, Grease, pH, and Phenol

	Results
Oil and Grease	< 1 mg/liter
pH	6.65
Phenol	0.212 mg/liter

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M. Coffey

SMC/db

RECEIVED
AUG 18 1983
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

July 22, 1983

Koppers Company Inc.
7540 NW St. Helens Rd.
Portland, OR 97229

Sample received: July 14, 1983
Analysis requested: Phenol, oil & grease, & pH

	Results
Phenol	0.218 mg/l
Oil & grease	<1 mg/l
pH	6.2

< denotes "less than"

Sincerely,
Susan M. Coffey
Susan M Coffey

SMC:hs

RECEIVED
JUL 26 1983
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

July 22, 1983

Koppers Company Inc.
7540 NW St. Helens Rd.
Portland, OR 97229

Sample received: July 18, 1983
Analysis requested: Phenols, oil & grease, pH

	Results
Phenol	0.377 mg/l
Oil & grease	<1 µg/ml
pH	6.3

< denotes "less than"

Sincerely,

Susan M. Coffey

Susan M Coffey

SMC:hs

RECEIVED
JUL 26 1983
KOPPERS CO., INC
INDUSTRIAL PRODUCTS DIV.)
PORTLAND, OREGON

Beazer001952

COFFEY LAB RESULTS 1988

Beazer001953

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

July 21, 1988
Log # A880630-S2
PO # Verbal John

Koppers Co., Inc.
7540 NW St. Helens Rd.
Portland, OR 97229
Attention: John Oxford

Samples Received: 06/30/88
Samples Collected: 06/29/88 1515 hrs.
Samples Collected/Delivered by: Client

ANALYSIS	METHOD	W-W-T-3	W-W-T-4	UNITS
Oil & Grease	EPA 418.1	8.4	11.0	mg/L
Total Phenols	EPA 420.1	0.763	0.849	mg/L

REPORT CONTINUES

COFFEY LABORATORIES, INC.
4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

Lab Log# A880714-W
Custabbr _____ New__
Duedate _____ R P C
Verbal Results _____

CLIENT REPORT INFORMATION

Company KOPPERS COMPANY INC.
Address1 7540 N.W. ST HELENS RD
Address2 _____
City PORTLAND, [illegible] State OREGON Zip 97210-3663
Attention JOHN OXFORD Phone 286-3681

CLIENT BILLING INFORMATION

Company SAME PO VERBAL JOHN
Address1 _____ Quote# $35.00
Address2 _____ 1) Prepay _____
Cash _____
City _____ Check# _____
2) Pay for Rel _____
State _____ Zipcode _____ Part Pay _____
3) Net 30 _____
Attention _____ Phone _____ 4) Prof Courtesy _____

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

COMMENTS: _____

WHO COLLECTED YOUR SAMPLE:
Client Name _____
Coffey Lab _____
3rd Part _____

DO YOU HAVE SPECIAL ANALYSIS INSTRUCTIONS
Minimum Detection Limits ACTUAL RESULTS FOR PHENOL STANDARD METHOD 22C CHLOROFORM EXTRACTIO
Specific Methods FOR OIL & GREASE STANDARD METHOD 137
Other Instructions _____

IF YOUR SAMPLE IS MULTI PHASED SHALL WE:
____Test Each Phase Separately
____Test One Phase Only? Which Phase?
X Mix All Phases By Shaking
____Dry Sample and Test Residue

IF YOUR SAMPLE IS WET SHALL WE:
X Test As Received
____Dry Sample First
____Ash Sample Fist

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE SHALL WE:
X Test Filtrate Only
____Mix Sample by Shaking
____Test Particulate Only

Who do we call if we have questons JOHN OXFORD Phone 503-286-3681

Continued on the Back Side of This Paper

Beazer001955

Lab Loc	Lab ID	Field ID	Collection Date	Collection Time	Media	Presv	#	Size	Analysis	MDL	Lab Asn	D C	Due Date	Lab Tsk	Unit Cost
		W-W-T-3	2-14-88	1:00PM					Phenols						
		W-W-T-4	2-14-88	1:00PM					Phenols						

SAMPLE INTEGRITY COMMENTS: This is a Resample

J Hoffman 2-14-88 14:00 CM Lee

Sample Custody Relinquished by Date Time Received for Coffey Laboratories By

Beazer001956

COFFEY LABORATORIES, INC.

4914 N.E. 122nd Ave.
Portland, OR 97230
Phone: (503) 254-1794

Lab Log# A880630-S5

Custabbr _____ New_

Duedate _____ R P

Verbal Results _____

CLIENT REPORT INFORMATION

Company KOPPERS COMPANY INC.

Address1 7540 N.W. ST HELENS RD

Address2 _____

City PORTLAND, OR. 97210-3663 State OREGON Zip 97210-3663

Attention JOHN OXFORD Phone 286-3681

CLIENT BILLING INFORMATION

Company SAME PO VERBAL JOHN

Address1 _____ Quote# $35.00

Address2 _____ 1) Prepay _____
Cash _____
Check# _____

City _____ 2) Pay for Rel _____
Part Pay _____

State _____ Zipcode _____ 3) Net 30 _____

Attention _____ Phone _____ 4) Prof Courtesy _____

IMPORTANT INFORMATION ABOUT YOUR SAMPLE

COMMENTS: _____

WHO COLLECTED YOUR SAMPLE:

Client Name _____

Coffey Lab _____

3rd Part _____

DO YOU HAVE SPECIAL ANALYSIS INSTRUCTIONS

Minimum Detection Limits ACTUAL RESULTS

Specific Methods FOR PHENOL STANDARD METHOD 22C CHLOROFORM EXTRACT
FOR OIL & GREASE STANDARD METHOD 137

Other Instructions _____

IF YOUR SAMPLE IS MULTI PHASED SHALL WE:

____Test Each Phase Separately
____Test One Phase Only? Which Phase?
X Mix All Phases By Shaking
____Dry Sample and Test Residue

IF YOUR SAMPLE IS WET SHALL WE:

X Test As Received
____Dry Sample First
____Ash Sample Fist

IF SAMPLE IS LIQUID AND CONTAINS SEDIMENT OR PARTICULATE SHALL WE:

X Test Filtrate Only
____Mix Sample by Shaking
____Test Particulate Only

Who do we call if we have questons JOHN OXFORD Phone 503-286-3681

Continued on the Back Side of This Paper

Beazer001957

A880630-S2

Lab Loc	Lab ID	Field ID	Collection Date	Collection Time	Media	Presv	B	Size	Analysis	MDL	Lab Asn	D C	Due Date	Lab Tsk	Unit Cost
		W-W-T-3	6-29	3:45 PM					Oil & Grease						
		W-W-T-3	6-29	3:45 PM					Phenols						
		W-W-T-4	6-29	3:45 PM					Oil & Grease						
		W-W-T-4	6-29	3:45 PM					Phenols						
		W-W-T-4							Pah						
		W W T 3							Pah						

SAMPLE INTEGRITY COMMENTS: _____

Gregg Hoffman 6-29-88 12:05 EM Lee

Sample Custody Relinquished by — Date — Time — Received for Coffey Laboratories By

Beazer001958

CHAIN OF CUSTODY RECORD

PLANT CODE: NW

PROJECT NAME: NORTHWEST TERMINAL - TRANSFORMER OIL

SAMPLERS (Signature): Harold A. Beckler, Dave Hails

STA. NO.	DATE	TIME	COMP.	GRAB	WELL	STATION LOCATION	NUMBER OF CONTAINERS	PCB	Metals: Cr, Ni, Zn, Cu, Pb (unpres.)	CN-T (preserved w/ NaOH)	BOD-T, TSS (unpres.)					CONDUCTIVITY	pH	REMARKS OR OBSERVATIONS
T-65 Loading Station	1-15-88			X		PORTLAND, OR	1	1										
Outside Boiler House				X			1	1										★ Metals are NOT PRESERVED
Concrete Batch Station				X			1	1										
Reboiler				X			1	1										
Outside Still Room				X			1	1										
5 Track TAR STATION				X			1	1										
INSIDE STILLROOM				X			1	1										
INSIDE BOILER HOUSE				X			1	1										TANK #4 was agitated prior to sampling. Tank #3 was not agitated
TANK #3	3-7-88	0900		X			3		1	1	1					6.41		
TANK #4	3-7-88	0910		X			3		1	1	1					6.57		
Field Blank	3-7-88	1160		X					1									

Relinquished by: (Signature)	Date	Time	Received by: (Signature)	Reliquished by: (Signature)	Date	Time	Received by: (Signature)
Harold A. Beckler	3-7-88	0930	David C. Hails				
David C. Hails	3-7-88	1600	Fed X	Reliquished by: (Signature)	Date	Time	Received by: (Signature)
Reliquished by: (Signature)	Date	Time	Received for Laboratory by: (Signature)	Date	Time	Ice Chest Temp °C	Ice Chest # 198	Chain of Custody Tag # TAPED

*DISTRIBUTION: Original accompanies shipment; Copy to Coordinator Field Files.

PAGE ____ OF ____

Beazer001959

CHAIN OF CUSTODY RECORD

PLANT CODE: NW | PROJECT NAME: Northwest Terminal Tank Sampling

SAMPLERS (Signature): Dave C Hauls

STA. NO.	DATE	TIME	COMP.	GRAB	WELL	STATION LOCATION	NUMBER OF CONTAINERS	625	624	603	CONDUCTIVITY	pH	REMARKS OR OBSERVATIONS
TANK #3	3-7-88	0900		X		PORTLAND	6	2	2	2		6.41	
TANK #4	3-7-88	0910		X		OR	6	2	2	2		6.57	
TRIP BLANK	3-7-88			X			2		1	1			

Relinquished by: (Signature)	Date	Time	Received by: (Signature)	Reliquished by: (Signature)	Date	Time	Received by: (Signature)
Dave C. Hauls	3-7-88	1600	Fed X				
Relinquished by: (Signature)	Date	Time	Received by: (Signature)	Reliquished by: (Signature)	Date	Time	Received by: (Signature)
Reliquished by: (Signature)	Date	Time	Received for Laboratory by: (Signature)	Date	Time	Ice Chest Temp °C	Ice Chest # 697	Chain of Custody Tag # TAPE

*DISTRIBUTION: Original accompanies shipment; Copy to Coordinator Field Files.

PAGE ____ OF ____

Beazer001960

VICTOR ATIYEH
Governor

Department of Environmental Quality

522 S.W. FIFTH AVENUE, BOX 1760, PORTLAND, OREGON 97207 PHONE: (503) 229-5696

RECEIVED
JAN 17 1986

January 9, 1986

KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

For your information, the Department of Environmental Quality (DEQ) is providing you with a copy of our new Hazardous Waste Enforcement Guidelines. These guidelines are an internal management document used by the Department to aid us in evaluating and making enforcement decisions related to violations of Oregon's Hazardous Waste laws and regulations.

These guidelines identify for you those areas we consider to have very serious environmental consequences. The Department will be striving for a consistent uniform enforcement posture, particularly in those areas relating to facility closure and post closure, financial assurance, groundwater protection, and unauthorized disposal of hazardous waste.

In addition to strengthening the DEQ's administration of the hazardous waste management requirements, these guidelines will help provide the regulated community with a uniform enforcement effort from the state and federal government. It is the desire of DEQ to provide a single state-run hazardous waste management program in Oregon. This will reduce the confusion and inconsistency that has resulted from both DEQ and the federal Environmental Protection Agency implementing the hazardous waste program in Oregon over the past few years. These guidelines are an important element in ensuring DEQ has the authorization to implement Oregon's hazardous waste management program in lieu of the federal program.

We recognize that the regulated community is responsible for understanding what is required when handling hazardous waste and complying with all applicable laws and regulations. We also feel, however, that it is in the best interest of the environment as well as you to understand what is of high priority to us. Managing hazardous waste in a proper manner is very important, and if mismanaged can have serious environmental and public health consequences. These guidelines have been provided to help you understand what will be expected and consequently to prevent violations and achieve compliance before formal enforcement action is taken.

Sincerely,

Fred Hansen

Fred Hansen
Director

JW:f
ZF672

DEQ-1

ENFORCEMENT GUIDELINES AND PROCEDURES

HAZARDOUS WASTE PROGRAM

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY

NOVEMBER 1985

Beazer001962

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SECTION 1

INTRODUCTION

Purpose and Scope

The Enforcement Guidelines and Procedures (hereafter "enforcement guidelines") presents a framework for enforcement of the Oregon Department of Environmental Quality's (DEQ) Hazardous Waste Program. This document sets forth DEQ's approach to responding to documented instances of noncompliance. Requirements pertaining to hazardous waste handlers are contained in: (1) Oregon Revised Statutes (ORS) 459.410 to 459.450 and 459.460 to 459.690; (2) Oregon Administrative Rules (OAR), Chapter 340, Divisions 100-106; (3) permits (licenses) issued pursuant to applicable OAR and ORS; and, (4) orders of the Department and Commission.

The goal of enforcement is to obtain correction of environmental or public health impacts resulting from noncompliance and expeditious resolution of hazardous waste program violations.

The purpose of this document is to provide guidelines to Department staff to ensure effective state enforcement of hazardous waste requirements. The enforcement guidelines identify the state's enforcement authorities and contain procedures for determining categories of violations and associated timely and appropriate enforcement responses.

Priorities are established to ensure that those violations which cause or have the potential to cause serious environmental harm or public health hazards are addressed by the Department with higher priority than violations of an administrative nature. Timelines are also established for initial and subsequent escalated enforcement responses to provide for resolution of noncompliance in the shortest practicable time period.

When administrative civil penalties are assessed by the DEQ Director, the guidelines in this document may be consulted in conjunction with OAR 340-12-045 to ensure that: (1) penalties are assessed fairly and consistently; (2) penalties are appropriate to the gravity of the violation; and (3) economic incentives for noncompliance are reduced as much as possible.

Use

The enforcement guidelines are intended for use only by Department personnel involved with administering DEQ's Hazardous Waste Program. The guidelines are based upon existing authorities granted by and procedures and considerations contained in Oregon Revised Statutes and Oregon Administrative Rules. This document is not intended to limit in any way the state's enforcement authorities or practices. The Department may initiate any action or seek any relief, as provided for in Oregon statutes and rules, that is deemed appropriate or necessary.

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These guidelines are not intended and should not be relied upon to create rights, substantive or procedural, which are enforceable by any party contesting or appealing a Department action.

The enforcement guidelines will be used by the Department beginning January 1, 1986. In general, enforcement actions initiated by DEQ after January 1, 1986, in response to hazardous waste violations detected after this date, are intended to be guided by this document. Except as noted below, violations which are detected prior to January 1, 1986, and for which an enforcement action is taken after January 1, 1986, may, but are not necessarily required to, be addressed by these guidelines.

The provisions of this document pertaining to escalation of enforcement responses (Part B of Section 3) apply to all enforcement actions taken after January 1, 1986, regardless of when the violation was detected.

SECTION 2

GENERAL PRINCIPLES

Enforcement of the Department's hazardous waste program will be guided by the following general principles:

1. The objective of enforcement is to attain and maintain compliance with hazardous waste statutes and rules administered by DEQ.

2. Responsibility for compliance rests with those persons conducting activities covered by these statutes and rules and with permits and orders issued pursuant thereto.

3. DEQ enforcement actions will be appropriate to the gravity of the violation, pursued to resolution in a timely manner, and applied consistently statewide.

4. Enforcement actions will be escalated to an appropriate level when violators fail to comply with established compliance schedules.

5. DEQ will endeavor, by conference, conciliation and persuasion, to solicit compliance prior to and following issuance of enforcement action.

6. All enforcement actions will clearly identify each and every documented violation, establish compliance schedules if appropriate and require the violator's certification that compliance is achieved.

7. Compliance schedules established will be for the shortest practicable time and may include interim mitigating measures to minimize adverse effects of noncompliance.

8. Resolution of violations shall be documented through an appropriate means.

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SECTION 3

VIOLATION CATEGORIES

Each documented violation of a statutory requirement, rule, or condition of an order or permit will be categorized according to the seriousness of the violation and other relevant factors identified in this section. Each instance of noncompliance is considered a separate violation and should be classified separately. Using the guidelines in Section 4, a single enforcement response, which addresses all of the violations, should be selected.

Violations will be classified into one of three categories as described more fully below:

Class I Violation - A violation which:

- creates a likelihood for harm or for significant environmental damage, or has caused actual harm or environmental damage;
- involves the unauthorized disposal of hazardous waste;
- results in the failure to assure that groundwater will be protected or that proper closure and post-closure activities will be undertaken; or
- involves the failure to establish and maintain financial assurance mechanisms

Class II Violation - A violation which:

- results in a release or creates a threat of release of hazardous waste to the environment but does not create a likelihood for harm or environmental damage; or,
- involves the failure to ensure hazardous wastes are destined for and delivered to a permitted, interim status or designated facility.

Class III Violation - Any other violation of hazardous waste rules, permits or orders.

Examples of Class I, II, and III violations, using this classification scheme, are included in Appendix II.

While there are some hazardous waste requirements whose violation would, in almost all situations regardless of the circumstances, clearly meet the Class I criteria, cases may arise in which a particular violation's "likelihood for harm" is superficially unclear. Therefore, potential Class I violations should be evaluated in consideration with other relevant factors in order to determine the likelihood for harm. These additional factors may include, but are not limited to, the following:

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- the type and duration of the violation;

- the degree of deviation from the requirement;

- precautions, actions or measures taken by the violator which would mitigate potential adverse impacts of the handler's operation;

- the hazard characteristics and quantity of the hazardous waste; and

- specific characteristics of the site where the violation occurred.

SECTION 4

TIMELY AND APPROPRIATE ENFORCEMENT RESPONSE

This section identifies the options for appropriate enforcement actions in response to violations. A more detailed discussion of these actions is contained in Section 5.

Timeframes for DEQ enforcement actions are also included. The timeframes described herein are considered the maximum allowable -- enforcement actions should proceed more quickly if possible. Where timeframes begin with the date of violation discovery, this shall be interpreted as the date that the Department inspector determines through review of the inspection report and/or data (e.g., laboratory reports) that a violation has occurred.

In general, initial DEQ enforcement actions for Class II and III violations will be at the lowest appropriate level and subsequently escalated if violators fail to achieve compliance or meet established compliance schedules. There are exceptions, however, as noted below.

A. INITIAL ENFORCEMENT RESPONSES

CLASS I VIOLATIONS

Appropriate Enforcement Response: The Department generally intends to assess civil penalties for Class I violations through issuance of a Civil Penalty Assessment.

DEQ will also establish compliance schedules to return violators to full compliance, through issuance of either a Notice of Intent to Assess Civil Penalty (hereinafter "Notice of Intent") or an Order. If correction of the Class I violations will require an extended period of time and substantial effort (e.g., development of Part B application, installation of surface impoundment liner, etc.), DEQ may issue an Order in lieu of the Notice of Intent.

If Department staff have reason to believe that either of these DEQ administrative actions will be ineffective in obtaining the violator's full compliance, direct court action may be recommended.

Timeliness of Enforcement Response: The times indicated below pertain to the state's enforcement response options. They include the writing, processing and issuance of the enforcement action.

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Enforcement Action	Time
a. Civil Penalty Assessment	45 days after violation discovery.
b. Notice of Intent	45 days after violation discovery.
c. DEQ order	45 days after violation discovery.
d. Referral to Department of Justice for court action	45 days after violation discovery.

CLASS II VIOLATIONS

Appropriate Enforcement Response: In general, the initial DEQ enforcement response to Class II violations will be a Notice of Violation (NOV) issued by the Regional Manager.

Alternately, a Notice of Intent should be issued if: (1) correction of the violations will take longer than 90 days; (2) the violator has a large number of Class II violations; or (3) the Department has reason to believe the NOV will be ineffective.

In cases where correction of Class II violations will require an extended period of time and substantial effort, issuance of an Order may be recommended.

Timeliness of Enforcement Response: The times indicated below include the writing, processing and issuance of the respective enforcement responses.

Enforcement Action	Time
a. Notice of Violation	30 days after violation discovery.
b. Notice of Intent	60 days after violation discovery.
c. DEQ order	90 days after violation discovery

CLASS III VIOLATIONS

Appropriate Enforcement Response: A violator with only Class III violations will normally be issued a Notice of Violation as the initial enforcement response.

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If there are a large number of Class III violations or if the violations will require more than 90 days to correct, a Notice of Intent should be issued initially.

Issuance of an Order or Civil Penalty Assessment as an initial enforcement response generally will not occur unless there are significant aggravating circumstances.

Timeliness of Enforcement Response:

Enforcement Action	Time
a. Notice of Violation	30 days after violation
b. Notice of Intent	60 days after violation discovery.

B. ESCALATION OF ENFORCEMENT RESPONSES

While the Department expects the majority of violations to be resolved with an initial enforcement response, DEQ will closely monitor compliance schedule dates and expeditiously take subsequent actions if such dates are not met or if full compliance is not achieved.

Appropriate Enforcement Response: Subsequent enforcement actions taken in response to a violator's failure to comply with an initial enforcement action normally will be escalated as indicated below:

Initial Enforcement Response	Subsequent Enforcement Response
a. Notice of Violation	Notice of Intent.
b. Notice of Intent	Assessment of Civil Penalty.
c. Assessment of Civil Penalty	Additional Assessment of Civil Penalty or Department order.
d. DEQ order	Assessment of Civil Penalty or referral to Department of Justice for court action.

However, these guidelines should not be interpreted to preclude DEQ from taking a subsequent enforcement action which may be more than one level higher than the intitial action. For example, if a Notice of Violation is issued as the initial response to Class II violations, and compliance is not achieved with 90 days, DEQ may assess a civil penalty without first issuing a Notice of Intent.

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SECTION 5

TYPES AND DESCRIPTIONS OF ENFORCEMENT RESPONSES

Notice of Violation is a written notice that identifies the violations and specifies a date when the violator must return to full compliance. Interim compliance dates may be included if appropriate.

Notices of Violation are used when there are Class II or III violations which can be corrected within 60 days of the notice. A Notice of Violation should not be considered a prerequisite to issuance of a Notice of Intent or a civil penalty if it is thought that either of those actions will eventually be needed to obtain compliance by the violator.

Notices of Violation are issued by the Regional Managers or their staff. The notice shall require a written response from the violator noting how and when the violations were corrected. The Department may conduct a followup inspection to verify compliance.

Notice of Intent to Assess Civil Penalty is a written document which warns a violator that civil penalties may be assessed for violations cited therein without further notice from the Department. The Notice of Intent cites the particular violations and describes the factual findings upon which the violations are based.

The letter accompanying the Notice of Intent shall either specify a schedule, if appropriate, for the violator to return to compliance or require the violator to submit a compliance schedule by a specified date for Department approval. A compliance schedule should contain interim requirements and dates for their achievement if final compliance will exceed 120 days. A compliance schedule should require that progress reports be submitted to the Department within 14 days following each scheduled date.

Notices of Intent are issued for all Class I violations and for Class II or Class III violations which require more than 60 days after the notice to correct. Notices of Intent are issued by the Administrator of the Regional Operations Division, based upon a referral to the Enforcement Section. The Hazardous Waste Section Manager and the appropriate Regional Manager shall be consulted for concurrence prior to issuance of Notices of Intent.

Failure to comply with the compliance schedule in a Notice of Intent should result in an escalated action such as civil penalty, Department order or referral to Department of Justice for court action.

Civil Penalty Assessment means the administrative levying of a monetary penalty by the Director of the Department. A hazardous waste management schedule of civil penalties is contained in OAR 340-12-068 and varies from not less than $100 to not more than $10,000 for each violation. Each day the violation continues may constitute a separate offense.

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Timeliness of Enforcement Response: Subsequent enforcement actions taken in response to a violator's failure to comply with the initial enforcement action will proceed according to the following timeframes.

Enforcement Action	Time[1]
a. Notice of Intent	30 days
b. Assessment of Civil Penalty	45 days
c. DEQ order	60 days
d. Referral to Department of Justice for Court Action	90 days

C. CHRONIC OR REPEATED VIOLATIONS

If the Department finds that a person is a chronic violator of hazardous waste program requirements, or repeatedly violates the same requirements, this is an indication that the past enforcement actions were not successful in deterring the violator. In such cases, it may be appropriate for DEQ to escalate the initial enforcement actions for the newly documented violations above the level normally indicated for an initial response.

For example, if a violator has repeated Class III violations, DEQ may issue a Notice of Intent or a Civil Penalty Assessment for the new violations, rather than begin with a Notice of Violation.

D. COMBINATIONS OF CLASS I, II AND III VIOLATIONS

When a violator has violations of more than one classification, it is desireable to issue one consolidated enforcement response which covers all of the violations.

For example, if a person has several Class I and Class II violations, a single Notice of Intent should be issued, citing all of the Class I and Class II violations. (The accompanying Civil Penalty Assessment, which is the appropriate enforcement response for Class I violations, would only cite and cover the Class I violations.)

Although dual enforcement actions should be minimized, they may be appropriate in some cases. For example, a person with both Class II and Class III violations could receive a penalty assessment for the Class II violations and a separate NOV or Notice of Intent for the Class III violations. This might occur when the circumstances surrounding the Class II violations justified a penalty, but the Class III violations did not.

[1]Begins on the first day after a compliance schedule date is not met.

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In determining the amount of a civil penalty, the Director may consider the criteria in OAR 340-12-045. (Section 7 of these guidelines restates OAR 340-12-045 and provides guidance for determining the amount of a penalty.)

Pursuant to ORS 468.125, the Department is not required to provide advance notice prior to assessing a civil penalty for a violation of hazardous waste program requirements (ORS 459.410 to 459.450 and 459.460 to 459.690).

As indicated in Section 4 of these guidelines, civil penalties normally will be assessed against persons with Class I violations and may be assessed against persons who fail to comply with a Notice of Intent or Department order.

Assessments of civil penalty grant the violator the right to request a contested case hearing before the Environmental Quality Commission or its hearings officer. Under certain circumstances, the civil penalty may be mitigated in whole or in part by the Commission. Contested case decisions may be appealed to the Commission and are subject to judicial review.

Failure to comply following an assessment of civil penalty should result in the assessment of an additional penalty, Department order, site operation shutdown order or referral to Department of Justice for court action.

Department Order means an order issued by the Department pursuant to ORS 459.660. Whenever the Department believes a violation has occurred, it may investigate and issue an order requiring changes or compliance without notice or hearing. The Order takes effect 20 days after the date of its issuance, unless a hearing is requested before the 20-day period has expired.

If the Order is appealed, a contested case hearing is held by the Environmental Quality Commission or its hearing officer and is subject to judicial review. Failure to comply with the Order is enforceable through the assessment of civil penalties or criminal action.

Department orders may be used to respond to persons with Class I violations which require an extended period of time and substantial effort to correct or persons who do not adequately respond to initial enforcement actions. Compliance schedules may be included in Orders if appropriate. (See discussion of Notice of Intent in this section for guidance on compliance schedules.) In general, the Department's desire in issuing an Order is to obtain the respondent's consent to the terms of the Order. Therefore, if it appears likely that an order would be contested, use of a Notice of Intent to establish compliance requirements may be preferred.

Department orders shall be prepared by the Enforcement Section of Regional Operations based upon an enforcement referral from the Regional Manager. Department orders will require the concurrence of the Manager of the Hazardous Waste Section and the Administrator of the Hazardous and Solid Waste Division before being issued by the Director.

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Commission Order means an order issued by the Environmental Quality Commission pursuant to ORS 459.650. Upon receipt of a complaint made to it by any person, the Department shall make an investigation to determine if the operation of any generator, transporter or hazardous waste management facility is unsafe or is in violation of a statute or regulation. Following the investigation, if the Department is satisfied that sufficient grounds exist to justify a hearing, it shall give 10 days' written notice of the time and place of the hearing. Within 30 days of the hearing, the Commission shall make a specific order as it considers necessary. Any Order is subject to judicial review. Failure to follow the order, once final, may subject the violator to a Notice of Intent, assessment of a civil penalty, site operation shutdown order, injunctive relief or criminal action.

Commission orders are issued by the EQC or its hearing officer following a hearing. The results of the inspector's investigation will be reviewed by the Administrator of the Hazardous and Solid Waste Division, the Director and the Attorney General's Office before a hearing is scheduled for Commission action. The Department will not ordinarily use this authority unless initiated by a complaint, since ultimate enforcement of the Order would revert to an assessment of a civil penalty, site operation shutdown order, injunctive relief or criminal action.

Site Operation Shutdown Order means an order issued by the Department pursuant to ORS 459.680 without prior notice or hearings. The Department must establish reasonable cause that a clear and immediate danger to public health, welfare, safety or the environment exists from the continued operation of the activity or site. The Order shall be served on the site superintendent. Within 24 hours, the Department must appear in circuit court to petition for the equitable relief required to protect public health, welfare, safety or the environment.

Injunctive Relief means actions or proceedings pursuant to ORS 459.690 for equitable remedies to enforce compliance or restrain further violations whenever it appears to the Department that any person is engaged or about to engage in any acts or practices that cause or threaten to cause a substantial violation or threat to public health, safety, welfare or the environment. No prior administrative hearing is required.

Criminal Action means proceedings under ORS 459.992(4). Criminal actions are handled by the local District Attorney for the county in which the violations occur. Referrals to the local District Attorney by inspectors shall not occur without the approval of the Director of the Department. The Administrators of the Hazardous and Solid Waste Division and Regional Operations Division shall confer with the Director on the merits of proceeding with criminal action in lieu of the other administrative remedies described in this policy. The Attorney General's Office may also be consulted. The Department may also consider referral of potential criminal actions to EPA for investigation.

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The following types of cases or situations may warrant criminal action: (1) a hazardous waste handler violates the terms of a Notice of Intent, Commission order or Department order and does not respond to the assessment of a civil penalty; (2) a hazardous waste handler is a frequent and recalcitrant violator; (3) long-term specific conduct by a violator is to be compelled; (4) deterrence of others situated similarly to the violator is a main goal; and (5) intentional disposal of hazardous waste at an unauthorized disposal site.

Occasionally, local agencies (i.e., city police or fire, county sheriff) may be involved in investigating hazardous waste violations along with the state. Local government has the right and opportunity to seek a criminal action with or without DEQ concurrence and/or knowledge.

SECTION 6

PRIORITIES

All violations documented will be addressed with an appropriate enforcement response. In general, the Department's priority targets will be, first, Class I Violations, then Class II Violations, and then Class III Violations.

Within each category of violations, enforcement priorities may need to be set. In doing so, Department staff should consider the following factors:

- o The magnitude and imminence of the actual or potential public health or environmental threat.
- o The duration of the handlers noncompliance -- if two similar noncompliance scenarios exist, the one which has existed longer should generally be addressed first.
- o Length of time needed to achieve compliance -- violators requiring long-term remedies should be addressed first, except for imminent threat situations.
- o Strength of case -- when all other considerations are equal, the stronger case should receive higher priority.
- o Expression of uncooperativeness or willingness by violator to correct violations.
- o Potential for the enforcement action to set an important precedent.

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SECTION 7

ASSESSMENT OF ADMINISTRATIVE CIVIL PENALTIES

As indicated in previous sections of these enforcement guidelines, assessment of civil penalties by the DEQ Director is one enforcement tool available to DEQ. A civil penalty may be an appropriate enforcement response depending upon the nature of a violation and its surrounding circumstances.

This section focuses on considerations which may be relevant when determining the proper amount of a civil penalty once a decision has been made that a civil penalty is the appropriate enforcement remedy to pursue.

Relationship to Statutory and Regulatory Provisions

These guidelines do not substitute for consideration of existing provisions in Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) pertaining to assessment of civil penalties. This document does not establish any new authorities or require any action be taken which conflicts with provisions of existing state law. The guidelines are intended solely to help staff understand the applicable ORS and OAR provisions.

ORS 459.995 establishes the liability of hazardous waste violators for civil penalties. In particular, ORS 459.995(2) states that:

> "(2) In addition to any other penalty provided by law, any person who violates ORS 459.410 to 459.450 and 459.460 to 459.690, a license condition or any commission rule or order pertaining to the generation, treatment, storage, disposal or transportation by air or water of hazardous waste, as defined by ORS 459.410, shall incur a civil penalty not to exceed $10,000 for each day of the violation."

Additionally, ORS 459.995(3) states that:

> "(3) The civil penalty authorized by subsections (1) and (2) of this section shall be established, imposed, collected and appealed in the same manner as civil penalties are established, imposed and collected under ORS 448.305, 454.010 to 454.040, 454.205 to 454.255, 454.405 454.425, 454.505 to 454.535, 454.605 to 454.745 and ORS chapter 468."

Due to the references in ORS 459.995(3), Chapter 459 does not stand alone. The principal reference for consideration is ORS Chapter 468 which, in part, authorizes establishment of civil penalty schedules, and specifies considerations for imposing penalties (see ORS 468.130, 468.135, and 468.140). These statutory provisions have been codified by the Commission and comprise Division 12 of OAR Chapter 340. OAR 340-12-068 includes a hazardous waste management schedule of civil penalties. OAR 340-12-045 identifies factors which the Director may consider in establishing the amount of a civil penalty.

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Summary of Penalty Determination

When a penalty is to be assessed by the Director, penalty determination can be thought of as proceeding along a component approach. First, a "gravity-based" penalty component is determined. Next, the economic benefit of noncompliance may be calculated if it is expected to be significant. Finally, other relevant factors of OAR 340-12-045 may be considered, where such information is available, to adjust the penalty.

The gravity-based component of a penalty considers "The gravity and magnitude of the violation" factor of OAR 340-12-045. This factor can be displayed as a matrix (discussed later).

Where a violator has derived significant savings by its failure to comply with hazardous waste requirements, the Director may calculate the amount of economic benefit from noncompliance gained by the violator and add this amount to the gravity-based penalty. Consideration of the economic benefit of noncompliance is provided for in OAR 340-12-045(1)(j), i.e., "any other relevant factor."

The Director may adjust the gravity-based penalty upwards or downwards to reflect consideration of other factors as provided for in OAR 340-12-045, if sufficient information is available. These factors include:

(a) Whether the respondent has committed any prior violation, regardless of whether or not any administrative, civil, or criminal proceeding was commenced therefore;

(b) The history of the respondent in taking all feasible steps or procedures necessary or appropriate to correct any violation;

(c) The economic and financial conditions of the respondent;

(d) Whether the violation was repeated or continuous;

(e) Whether a cause of the violation was an unavoidable accident, or negligence, or an intentional act of the respondent;

(f) The opportunity and degree of difficulty to correct the violation;

(g) The respondent's cooperativeness and efforts to correct the violation for which the penalty is to be assessed;

(h) The cost to the Department of investigation and correction of the cited violation prior to the time the Department receives respondent's answer to the written notice of assessment of civil penalty; or

(i) Any other relevant factor.

A penalty may be calculated for each separate and independent violation documented by the Department. In no case can the total penalty for any single violation exceed the statutory maximum of $10,000 per day.

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Determination of the Gravity-Based Penalty

In determining the gravity-based component of a civil penalty, the following aspects of a violation are considered:

- Potential for harm; and
- Extent of deviation from a statutory or regulatory requirement.

Potential for Harm

The Department's requirements for hazardous waste handlers were promulgated in order to prevent harm to human health and the environment. Thus, noncompliance could create actual harm or a potential for harm.

The potential for harm in a particular situation can be classified as major, moderate, or minor. The degree of potential harm represented by each category is defined as:

- MAJOR - Violation poses a major adverse effect on public health or the environment.
- MODERATE - The violation poses a moderate adverse effect on public health or the environment.
- MINOR - The violation poses a minor adverse effect on public health or the environment.

Extent of Deviation from Requirement

The "extent of deviation" from the Department's statutes or regulatory requirements (i.e., magnitude of violation) is an important factor in determining the amount of a civil penalty. Violators may be substantially in compliance with the provisions of the requirement or they may have totally disregarded the requirement (or a point in between). As with potential for harm, extent of deviation may be either major, moderate, or minor. In determining the extent of deviation, the following definitions should be used:

- MAJOR - the violator deviates significantly from the requirements of the regulation or statute to such an extent that almost none of the requirements are met.
- MODERATE - the violator deviates from the requirements of the regulation or statute, but some of the requirements are implemented as intended.
- MINOR - the violator deviates somewhat from the regulatory or statutory requirements but most of the requirements are met.

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Gravity-Based Penalty Matrix

Consideration of a violation's "gravity and magnitude" may be facilitated by referring to a matrix whose two axes are; 1) the potential for harm, and 2) the extent of deviation from a requirement. The matrix has nine cells, each containing a penalty range. The specific cell is chosen after determining which category (major, moderate or minor) is appropriate for the potential for harm factor, and which category is appropriate for the extent of deviation factor. The complete matrix is illustrated below:

Extent of Deviation from Requirement

Potential for Harm	MAJOR	MODERATE	MINOR
MAJOR	$10,000 to 8,000	$ 7,999 to 6,000	$ 5,999 to 4,400
MODERATE	$ 4,399 to 3,200	$ 3,199 to 2,000	$1,999 to 1,200
MINOR	1,199 to 600	599 to 200	199 to 100

The highest cell (major potential for harm/major extent of deviation) is limited by the maximum statutory penalty allowance of $10,000 per day of violation.

Assessing Multiple Penalties

In certain situations, a particular violator may have violated several DEQ hazardous waste rules. A separate penalty may be calculated for each violation that results from an independent act (or failure to act) by the violator and is substantially distinguishable from any other violation for which a penalty is to be assessed. A given violation is independent of, and substantially distinguishable from, any other violation when it requires an element of proof not needed by the others. In many cases, violations of different rules constitute independent and substantially distinguishable violations.

For example, failure to implement a groundwater monitoring program and failure to have a written closure plan are violations which result from different sets of circumstances and which pose separate risks. In the case of a firm which has violated both of these rules, a separate count would be charged for each violation. For penalty purposes, each of the violations would be evaluated separately and the amounts totalled.

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It is also possible that different violations of the same rule could constitute independent and substantially distinguishable violations. For example, there are two separate violations in the case of a firm which has open containers of hazardous waste in its storage area and which also ruptured different hazardous waste containers while moving them on site.

The violations result from two sets of circumstances (improper storage and improper handling) and pose separate and distinct risks. In this situation, two violations with two separate penalties would be appropriate. For penalty purposes, each of the violations would be assessed separately and the amounts totalled.

Multiple penalties also may be assessed where a person has violated the same requirement in substantially different locations. An example of this type of violation is failure to clean up hazardous waste discharged during transportation. A transporter who did not clean up waste discharged in two separate locations during the same trip should be charged with two violations. In these situations, the separate locations present separate and distinct risks to public health and the environment. Thus, separate penalty assessments are justified.

In general, multiple penalties would not be appropriate where the violations are not independent or substantially distinguishable. Where a violation derives from or merely restates another violation, a separate penalty is not warranted. For example, if an owner/operator of a storage facility failed to specify in the waste analysis plan the parameters for which each hazardous waste will be analyzed and failed to specify the frequency with which the initial analysis of the waste will be repeated, the owner/operator has violated the requirement that they develop an adequate waste analysis plan. The violations result from the same factual event (failure to develop an adequate plan), and pose one risk (storing waste improperly due to inadequate analysis). In this situation, both requirements violated would be cited in the complaint, but one penalty, rather than two, would be assessed. The fact that two requirements were violated may be taken into account in choosing higher "potential for harm" and "extent of deviation" categories on the penalty matrix.

Assessing Multi-Day Violations

The Director has authority to assess civil penalties of up to $10,000 per violation per day, with the potential of assessing each day of noncompliance as a separate violation. Multi-day penalties would generally be calculated in the case of continuing flagrant violations. However, per day assessment may be appropriate in other cases.

In the case of continuing violations, the Director has the authority to calculate penalties based on the number of days of documented violation since the effective date of the requirement and up to the date of coming into compliance. The gravity-based penalty derived from the penalty matrix may be multiplied by the number of days of documented violation, when a decision has been made to assess for multi-day violations.

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Economic Benefit from Noncompliance

The Director may consider the economic benefit of noncompliance to a violator when assessing penalties. An "economic benefit component" may be calculated and added to the gravity-based component of a penalty when a violator acquires a significant economic benefit from violating state hazardous waste program requirements. (The total penalty cannot exceed $10,000 per violation per day.)

The following regulatory areas are candidates for an economic benefit analysis:

- Groundwater monitoring
- Financial requirements
- Closure/post-closure
- Waste determination
- Waste analysis
- Clean-up of discharge
- Part B application submittal
- Disposal at unauthorized location

Two types of economic benefits from noncompliance may occur:

- Benefit from delayed costs; and
- Benefit from avoided costs.

Delayed costs are expenditures which have been deferred by the violator's failure to comply with the requirements. The violator eventually will have to spend the money in order to achieve compliance. Delayed costs are the equivalent of capital costs. Examples of violations which result in savings from delayed costs are:

- Failure to install a groundwater monitoring program;

- Failure to submit a Part B permit application; and

- Failure to develop a waste analysis plan.

Avoided costs are expenditures which are nullified by the violator's failure to comply. These costs will never be incurred. Avoided costs are the equivalent of operating and maintenance costs. Examples of violations which result in savings from avoided costs are:

- Failure to perform annual and semi-annual groundwater monitoring sampling and analysis;

- Failure to follow the approved closure plan in removing waste from a facility, where removal is not now possible; and

- Failure to perform waste analysis before adding waste to tanks, waste piles, incinerators, etc.

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Because the savings that are derived from delayed costs differ from those derived from avoided costs, the economic benefit from delayed and avoided costs are calculated in a different manner. Guidance on calculating delayed and avoided costs is presented in Appendix I.

Adjustment Factors

As mentioned earlier, the gravity and magnitude of the violation is considered in determining the gravity-based component of a penalty. The reasons the violation was committed, the intent of the violator, and other potentially relevant factors are not considered in choosing the appropriate penalty from the matrix. However, OAR 340-12-045(1) identifies relevant factors which the Director may consider in establishing the amount of a civil penalty.

The adjustment factors can increase, decrease or have no effect on the penalty amount to be assessed to the violator. However, no upward adjustment can result in a penalty greater than the statutory maximum of $10,000 per day of violation. Adjustment of a penalty may take place after determining the gravity-based component of the penalty but prior to issuing the penalty assessment, if the necessary information is available to the Director.

In general, these adjustment factors are applied to the gravity-based penalty component derived from the matrix, and not to the economic benefit component (if calculated).

Application of the adjustment factors is cumulative, i.e., more than one factor may apply in a case.

(1) Cooperativeness and efforts to correct the violation.

Cooperativeness can be demonstrated by a violator promptly reporting its noncompliance. Assuming such self-reporting is not required by law, regulation, or permit, this behavior may result in adjustment of the penalty. Prompt correction of environmental problems also can indicate a violator's cooperativeness. Lack of cooperativeness, on the other hand, can result in an upward adjustment of the penalty. No downward adjustment would be made if the efforts to comply primarily consist of coming into compliance without demonstrated promptness.

(2) Degree of willfulness, negligence, and/or nonavoidability

There may be instances of culpability for "knowing" violations which do not meet the criteria for criminal action. In cases where administrative civil penalties are sought for actions of this type, the penalty may be adjusted upward for willfulness and/or negligence. Conversely, there may be instances where penalty adjustment downward may be justified based on the lack of willfulness or negligence, or the presence of unavoidable circumstances.

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In assessing the degree of willfulness and/or negligence, the following factors may be considered, as well as any others deemed appropriate:

- o How much control the violator had over the events constituting the violation;
- o The foreseeability of the events constituting the violation;
- o Whether the violator took reasonable precautions against the events constituting the violation;
- o Whether the violator knew or should have known of the hazards associated with the conduct;
- o Whether the violator knew of the legal requirement which was violated.

The amount of control which the violator had over how quickly the violation was remedied also is relevant in certain circumstances. Specifically, if correction of the environmental problem was delayed by factors which the violator can clearly show were not reasonably forseeable and out of their control, the penalty may be reduced.

(3) Past Compliance History

Where a party previously has violated hazardous waste requirements at the same or a different site, this is usually evidence that the party was not deterred by the previous enforcement response. Unless the previous violation was caused by factors entirely out of the control of the violator, this is an indication that the penalty should be adjusted upwards. If a violator otherwise has a record of substantial compliance, the penalty may be adjusted downward.

Some of the factors to be considered are the following:

- o How similar the previous violation was;
- o How recent the previous violation was;
- o The number of previous violations;
- o The violator's response to previous violation(s) in regard to correction of problem.

A violation generally should be considered "similar" if the Department's previous enforcement response should have alerted the party to a particular type of compliance problem.

(4) Economic and financial conditions of the violator.

The Director generally does not intend to assess penalties that are clearly beyond the ability of the violator to pay. Therefore, the Director may consider the economic and financial conditions of a violator.

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When it is determined that a violator cannot afford the penalty prescribed by these guidelines, or that payment of all or a portion of the penalty will preclude the violator from achieving compliance or from carrying out remedial measures which DEQ deems to be more important than the deterrence effect of the penalty (e.g., payment of penalty would preclude proper closure/post-closure), the following options may be considered:

- o Consider a delayed payment schedule. Such a schedule might even be contingent upon an increase in sales or some other indicator of improved business.

- o Consider an installment payment plan with interest.

- o Consider straight penalty reductions as a last recourse.

The amount of any downward adjustment of the penalty is dependent on the individual financial facts of the case.

(5) Other relevant factors

These guidelines allow an adjustment for other relevant factors which may arise on a case-by-case basis. The Director may make adjustments to the gravity-based penalty for such reasons.

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APPENDIX I

CALCULATING ECONOMIC BENEFIT FROM NONCOMPLIANCE

The following formula is provided to help calculate the economic benefit component:

Economic
Benefit = Avoided Costs x (1-T) + (Delayed Costs x Interest Rate)

In the above formula, T represents the firm's marginal state tax rate. Interest is calculated by using the interest rate charged by the State Department of Revenue for delinquent accounts.

The economic benefit formula provides a reasonable estimate of the economic benefit of noncompliance. If a violator believes that the economic benefit derived from noncompliance differs from the estimated amount, it may present information documenting its actual savings to the Director at the settlement stage or to the Environmental Quality Commission at the hearing stage.

For avoided costs, the economic benefit equals the cost of complying with the requirement, adjusted to reflect income tax effects on the violator.

The economic benefit for delayed costs consists of the amount of interest on the unspent money that reasonably could have been earned by the violator during noncompliance.

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APPENDIX II

EXAMPLES OF CLASSIFICATION OF HAZARDOUS WASTE VIOLATIONS

The classifications listed below are examples of the types of violations which may be classified as either Class I, II or III. This list is illustrative, not exhaustive.

Example	Violation Class
Disposing of hazardous waste at a location other than at a permitted hazardous waste management facility.	I
Failure to report a discharge of hazardous waste and take immediate action to protect human health and the environment.	I
Construction and operation of a new treatment, storage or disposal facility without a permit.	I
Installation of grossly inadequate groundwater monitoring wells such that groundwater samples are not representative of background quality in the uppermost aquifer near the facility.	I
Failure to install any groundwater monitoring wells.	I
Installation of grossly inadequate groundwater monitoring wells such that they do not immediately detect any statistically significant amounts of hazardous waste or hazardous waste constituents that migrate from the waste management area to the uppermost aquifer.	I
Failure to develop and follow a groundwater sampling and analysis plan.	I
Failure to develop a complete and written closure plan.	I
Failure of a closure plan to describe the steps needed to decontaminate facility equipment during closure.	I
Failure of a tank closure plan to provide for the removal of all hazardous waste and hazardous waste residues from tanks, discharge control equipment and discharge confinement structures.	I
Failure of a disposal facility owner/operator to have a written post-closure plan.	I

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Example	Violation Class
Failure of a post-closure plan to identify planned groundwater monitoring activities or activities to ensure the integrity of the cap and final cover, during the post-closure period.	I
Failure to prepare a written estimate of the cost of closing a facility in accordance with the facility's closure plan.	I
Failure to establish and maintain a financial assurance mechanism for closure of the facility.	I
Failure of a disposal facility owner/operator to prepare a written estimate of the cost of post-closure monitoring and maintenance of the facility in accordance with the facility's post-closure plan.	I
Failure to establish and maintain a financial assurance mechanism for post-closure care of the facility.	I

Note: The following examples of Class II violations are not absolutely Class II in all cases. Depending on individual circumstances, these violations could be classified as Class I if they create a likelihood for harm or otherwise meet the Class I criteria identified in Section 3.

Failure to determine if a solid waste is a hazardous waste.	II
Failure to use a manifest for off-site shipments of hazardous waste.	II
Failure to designate on the manifest an authorized storage, treatment, disposal or reclamation facility.	II
Exceeding the designated time limit for on-site accumulation of hazardous wastes without receiving a permit, qualifying for interim status, or receiving an emergency extension.	II
Failure to mark each container with the words "Hazardous Waste" or with the accumulation date.	II
Failure to comply with the preparedness and prevention requirements of Subpart C of 40 CFR Part 265.	II
Storage of wastes in containers that are not in good condition or have begun to leak.	II
Failure to submit a manifest exception report.	II

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Example	Violation Class
Failure to develop and follow a written inspection schedule.	II
Failure to remedy equipment deterioration or malfunction revealed by an inspection.	II
Failure to retain a copy of the manifest.	II
Failure to take precautions to prevent accidental ignition or reaction of ignitable or reactive hazardous waste.	II
Failure of owner/operator to submit a timely and complete Part B permit application.	III
Failure to completely fill out a manifest.	III
Failure to submit a quarterly report of all off-site shipments of hazardous waste.	III
Failure to maintain personnel training documents and records.	III
Failure to maintain a copy of the closure plan at the facility.	III
Failure to provide required notice to DEQ of foreign shipments of waste.	III

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Table 1

POTENTIALLY TOXIC COMPOUNDS

75-07-0	Acetaldehyde
107-02-8	Acrolein
107-13-1	Acrylonitrile / Propenenitrile / Vinyl Cyanide
309-00-2	Aldrin
107-05-1	Allyl Chloride
92-67-1	4-Aminodiphenyl / 4-Aminobiphenyl / P-Biphenylamine
61-82-5	3-Amino-1, 2, 4-Triazole / 5-(4-Acetaminodiphenyl)-3-Amino-5-Triazole Hydrate
7740-36-0	Antimony and Compounds
7740-38-2	Arsenic and Compounds
1332-21-4	Asbestos
71-43-2	Benzene
92-87-5	Benzidine / 4,4-Biphenyldiamine / 4,4-Diphenylenediamine
50-32-8	Benzo (a) Pyrene / 3, 4-Benzophrene / BAP
100-44-7	Benzyl Chloride
7440-41-7	Beryllium and Compounds
608-73-1	BHC / 1, 2, 3, 4, 5, 6-Hexachlorocyclohexane
58-84-9	Lindane and Isomers
111-44-4	Bis (2-Chloroethyl) Ether
542-88-1	Bis (Chloromethyl) Ether / Chloro (Chloroethoxy) Methane / BCME
111-42-2	Bis (2-Hydroxyethyl)-Dithiocarbamic Acid / Potassium salt
7440-43-9	Cadmium and Compounds
133-06-2	Captan
63-25-2	Carbaryl
56-23-5	Carbon Tetrachloride / Tetrachloromethane
76-13-1	CFC 113
133-90-4	Chloramben
12789-03-6	Chlordane
108-90-7	Chlorobenzene
510-15-6	Chlorobenzilate
67-66-3	Chloroform / Trichloromethane
107-30-2	Chloromethyl Methyl Ether / CMME
126-99-8	Chloroprene
7440-47-3	Chromium and Compounds (Hexavalent)
1319-77-3	Cresola / O,M,P-Cresol / Cresylic Acid
50-29-3	DDT/DDD
96-12-8	1, 2-Dibromo-3-Chloropropane
25321-22-6	Dichlorobenzene
91-94-1	3, 3-Dichlorobenzidine / 3,3 Dichlorobiphenyl 4,4-Diamine
94-75-7	2,4-Dichlorophenoxy Acetic Acid / 2,4-D
60-57-1	Dieldrin
117-81-7	Di (2-Ethyl Hexyl Phthalate)
79-44-7	Dimethylcarbamyl Chloride / Dimethylcarbamic Acid Chloride
57-14-7	1,1-Dimethyl Hydrazine / Asymmetric Dimethyl Hydrazine
77-78-1	Dimethyl Sulfate
SEQ-128	Dioxins
123-91-1	Dioxane / 1,4-Diethylene Dioxide / Glycole Ethylene Ether
115-29-7	Endosulfan
72-20-8	Endrin
106-89-8	Epichlorohydrin
142-59-6	Ethylenebisdithiocarbamic Acid Salts
106-93-4	Ethylene Dibromide / 1,2-Dibromoethane
107-06-2	Ethylene Dichloride / 1,2-Dichloroethane
75-21-8	Ethylene Oxide / 1,2-Eponyethane
96-45-7	Ethylene Thiourea / 2-Imidazolidinethione / 1,3-Ethylene-2-Thiourea / ETU
151-56-4	Ethyleneimine
106-89-8	Epichlorohydrin / 1-chloro-2,3-Epoxypropane
50-00-0	Formaldehyde
76-44-8	Heptachlor

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118-71-1	Hexachlorobenzene
87-68-3	Hexachlorobutadiene / Hexachloro-1,3-Butadiene
77-47-4	Hexachlorocyclopentadiene
680-31-9	Hexamethyl Phosphoramide / Tris (dimethylamino) Phosphine Oxide
302-01-2	Hydrazine / Diamine
115-21-2	Kelthane
143-50-0	Kepone
7439-92-1	Lead and Compounds
108-31-6	Maleic Anhydride
7439-96-5	Manganese and Compounds
7439-97-6	Mercury and Compounds
72-43-5	Methoxychlor
74-83-9	Methyl Bromide
74-87-3	Methyl Chloride
101-14-4	4,4-Methylene Bis(2-Chloroaniline / 3,3-Dichloro-4,4-Diaminodiphenyl-methane
75-09-2	Methylene Chloride / Dichloromethane
71-55-6	Methyl Chloroform / 1,1,1-Trichloroethane
74-88-4	Methyl Iodide
2385-85-5	Mirex
60-34-4	Monomethyl Hydrazine
91-59-8	B-Naphthylamine / 2-Aminonaphthalene
7440-02-0	Nickel and Compounds
98-95-3	Nitrobenzene
51-28-5	Nitrofen
79-46-0	2-Nitropropane
62-75-9	n-Nitrosodimethylamine
59-89-2	Nitrosomopholine
56-38-2	Parathion
SEQ-6	Particulate Polycyclic Aromatic Hydrocarbons / PPAH
87-86-5	Pentachlorophenol
127-18-4	Perchloroethylene / Tetrachloroethylene
108-95-2	Phenol
75-44-5	Phosgene
135-88-6	n-Phenyl-BNaphthylamine / n-Phenyl-2-Naphthylamine
SEQ-56	Polybrominated Biphenyls / PBB
1336-36-3	Polychlorinated Biphenyls / PCB
1120-71-4	Propane Sultone / 3-Hydroxy-1-Propanesulfonic Acid Sulfone
57-57-8	B-Propiolactone / 3-Hydroxypropionic Acid Lactone
75-55-8	Propylene Imine / 2-Methylaziridine
75-56-9	Propylene Oxide / 1,2-Epoxypropane
82-68-8	Quintozene / Pentachloronitrobenzene / PCNB
8001-50-1	Strobane / Terpene Polyclorinates
140-57-8	2-(p-Tert-butylphenoxy)-Isopropyl-2-Chlorethyl Sulfite
1746-01-6	Tetrachlorinated Dibenzo-P-Dioxins / TCDD / Dioxin
79-34-5	Tetrachloroethane / 1,1,2,2-Tetrachloroethane
7440-28-0	Thallium and Compounds
119-93-7	O.Tolidine / 3,3-Dimethylbenzidine / Diaminoditolyl
108-88-3	Toluene
79-01-6	Trichloroethylene / TCE
25167-82-2	Trichlorophenol Isomers
93-76-5	2,4,5-Trichlorophenoxy Acetic Acid / 2,4,5-T
1582-09-8	Trifluralin
8001-35-2	Toxaphene
593-60-2	Vinyl Bromide / Bromoethylene
75-01-4	Vinyl Chloride / Chloroethylene
106-87-6	Vinyl Cyclohexene Dioxide / 1,2-Epoxy-4-(Epoxyethyl) Cyclohexane
75-35-4	Vinylidene Chloride / 1,1-Dichloroethylene
79-00-5	Vinyl Trichloride / 1,1,2-Trichloroethane
1330-20-7	Xylene

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STORAGE TANKS
(LIQUID FUELS, SOLVENTS, HYDROCARBONS, AND OTHER VOLATILE ORGANIC COMPOUNDS)

1. Company Name	Plant Location		Information for Calendar Year 1984
2. Tank Identification			
3. Type of Storage Tanks: Above/Below Ground Fixed/Moveable			
4. Name & Vapor Pressure of Material Stored (Attach Material Safety Data Sheets if Available)			
5. Density of Material Stored: (lb / gal)			
6. Tank Capacity (Gallons)			
7. 1984 Throughput (Gallons)			
8. Submerged or Splash Fill			
9. Pollution Control Equipment: Type of Control Equipment Estimated Efficiency (%)			
10. Emission Rate (Tons/Year) (Attach Calculations)			
11. Toxic Identification No. (From Table 1)			
12. Amount of Toxic in Stored Material (Vol %)			

INSTRUCTION FOR

"STORAGE TANKS" FORM

1. Company Name, Plant Location, and Information for Calendar Year -- List the company name and plant location. Note that all information should reflect calendar year 1984 conditions.

2. Tank Identification -- Assign an identifying number or name to each storage tank, which contains a Volatile Organic Compound (VOC). A VOC is any organic compound with a vapor pressure greater than 0.1 mm Hg at standard conditions (20°C and 760 mm Hg). Some VOCs are sold under trade names or common names such as Amsco, Socal, Mineral Spirits, paint thinner, Cellosolve, Naptha, DeVoe, Stoddard, Vorinal, etc. Some are sold under their actual chemical name, such as formaldehyde, perchloroethylene, alcohols, styrene, xylene, toluene, and ketones.

3. Type of Storage Tank -- Indicate whether the storage tank is above or below ground; and whether it is fixed or moveable.

4. Name and Vapor Pressure of Material Stored -- Identify the chemical or brand name for each material stored. If a brand name is used, please attach the manufacturer's Material Safety Data Sheet or other information on the material's chemical composition. For each material, list the vapor pressure, if known.

5. Density of Material Stored -- For each chemical stored, provide the density (pounds/gallon).

6. Tank Capacity -- Specify each tank's holding capacity in gallons.

7. Annual Throughput -- The number of gallons of each material which passed through each tank in 1984.

8. Submerged or Splash Fill -- Indicate whether the tank is filled using submerged or splash methods.

9. Pollution Control Equipment -- For each tank indicate type of control equipment and efficiency. Some typical types of pollution controls for tanks are vapor adsorption, incineration, refrigerated liquid scrubber, floating roof, etc.

10. Material Emission Rate -- If emission factors are known, estimate the number of tons of VOC escaping from the tank due to tank breathing and working losses. Please attach your calculations. If emission rates from this tank are not known, leave this blank. The emission rates will be calculated using published emission factors.

11. Toxic Identification Number -- Determine the chemical composition of the stored material using Material Safety Data Sheets, other information supplied by the manufacturer, or personal knowledge. If any of these substances are listed in the table of Potentially Toxic Compounds (Table 1), enter the identification number from the table. Space is left for four toxic compounds to be identified for each storage tank. Use additional columns for the tank or add additional sheets if more than four toxic compounds are contained in the stored material.

12. Amount of Toxics in Stored Material -- Show the percent by volume of the toxic in the stored material.

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SURFACE COATING OPERATIONS

Company Name	Plant Location		Information for Calendar Year 1984
1. Description of Coating Operation			
2. Type and Amount of Coating Purchased (Attach Material Safety Data Sheets)			
3. Density of Coating Purchased (Pounds/Gallon)			
4. Percentage of Solvent in Purchased Coating (Volume %)			
5. Type and Amount of Solvents Added to Coating (Attached Material Safety Data Sheets)			
6. Type and Efficiency of Control Equipment			
7. Toxic Identification Nos. (From Table 1)			
8. Emissions of Toxic Compounds			

INSTRUCTIONS FOR
"SURFACE COATING OPERATIONS" FORM

1. Description of Coating Operation -- For each coating operation at your plant, include type of application (spray, roller, brush, saturation, lamination, etc.) and assign an identification name or number. Up to three coating operations can be described on each form. Please make additional copies of the form as necessary.

2. Type and Amount of Coating Purchased -- Indicate type of coating (ink, paint, varnish, lacquer, enamel, stain, adhesive, resin, etc.) purchased and amount (gallons) used in 1984. Attach Material Safety Data Sheets from the coating manufacturer.

3. Density of Coating Purchased -- Density of the coating as received from the manufacturer in pounds per gallon.

4. Percentage of Solvent in Purchased Coating -- Percentage (by volume) of each solvent in the coating as received from the manufacturer. Some examples of solvents are: thinner, mineral spirits, cellosolve, naptha, socal, reducer, kerosene, ketones, alcohols, styrene, xylene, toluene, etc.

5. Type and Amount of Solvents Added to Coating -- Indicate the name and amount (gallons) of each solvent added to the purchased coating prior to application. If a brand name solvent is used, please attach the Material Safety Data Sheet or other manurfacturer's information on the chemical composition of the solvent added to the coating.

6. Type and Efficiency of Control Equipment -- Describe any control system which reduces emissions of the solvents or coatings, and estimate the efficiency (%) of the control system. Types of control equipment include water wall, gas fired afterburner, etc.

7. Toxic Identification Number -- Determine the chemical composition of the solvent using Material Safety Data Sheets, other information supplied by the manufacturer or personal knowledge. If any of the substances in the solvent are listed in the table of Potentially Toxic Compounds (Table 1), enter the identification number from the table. Space is left for four toxic compounds from the table to be identified for each operation. Use additional columns for the operation or attach additional sheets if there are more than four toxic compounds in the solvent.

8. Emission of Toxic Compounds -- For any compounds listed in the table of Potentially Toxic Compounds (Table 1) which are released during the coating operation or subsequent curing, calculate the amount (in pounds) and attach calculations. If emission rates are unknown, leave this section blank. Emission rates will be calculated using published emission factors or material balances.

AH347.8A
August 1985

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TOXICS IN PROCESSING AND MANUFACTURING OPERATIONS

1. Company Name	Plant Location		Information for Calendar Year 1984
2. Process or Operation Identification			
3. Maximum Capacity			
4. Toxic Identification Numbers (From Table 1)			
5. Toxics in Feed Input (1984 -- Lbs/Yr)			
6. Toxics in Product Output (1984 -- Lbs/Yr)			
7. Toxics in Byproducts: Amount (Lbs/Yr)			
End Use			
8. Toxics in Intermediate Products Amount (Lbs/Yr)			
9. Toxic Emission Rates (Lbs/Yr)			
10. Stack or Vent Data — Height (Ft)			
Exit Area (Ft^2)			
Exit Velocity (Ft/Min)			
Exit Volume (ACFM)			
Exit Temp. (^oF)			
Common Stack Points			
11. Pollution Control Equipment — Type			
% Efficiency			
12. Operating Hours - 1984 — Hours/Day			
Days/Week			
Weeks/Year			

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August 1985

DEQ FORM NO. 16835

Beazer001994

INSTRUCTIONS FOR
"PROCESSING AND MANUFACTURING OPERATIONS" FORM

1. Company Name, Plant Location, and Information for Calendar Year -- Specify the company name and plant location. NOTE: All information should calendar year 1984 conditions.

2. Process or Operation Identification -- Assign an identifying name or number to each process or operation which uses a compound listed in the table of Potentially Toxic Compounds (Table 1). Two processes or operations can be described on each form. Please make additional copies of the form as needed.

3. Maximum Capacity -- List the maximum production rate for the process or operation and indicate units.

4. Toxic Identification Number -- Determine the chemical composition of material used as input to the operation or process from Material Safety Data Sheets, other manufacturer's information, or personal knowledge. If any of these substances are listed in the attached table of Potentially Toxic Compounds (Table 1), enter the identification number from the table. Attach Material Safety Data Sheets identifying the toxic compounds, if available. There is space for four toxic compounds to be identified for each operation or process. Use additional columns or add additional sheets if more than four toxic compounds are involved in a process or operation.

5. Toxics in Feed Input -- Show the identification number (from 4 above) and the amount of each toxic compound in pounds per year contained in the process or operation feed input.

6. Toxics in Product Output -- Indicate the identification number and the amount of the toxic that is incorporated into the product.

7. Toxics in Byproducts -- Indicate the identification number and estimate the amount (pounds per year) of any toxic compound listed in the table of Potentially Toxic Compounds (Table 1) that is not incorporated in the product. (For example: A compound contained in a waste material.) Indicate the method of disposal or final use of the toxic containing material.

8. Toxics in Intermediate Products -- Identify any toxic from Table 1 formed in intermediate steps of the process which has the potential to be emitted through storage, transfer or accidental release. These intermediate products may be completely or partially consumed in the manufacture of the final product. Indicate the quantity formed in pounds per year.

9. Toxic Emission Rates -- If data from material balances or stack tests are available, show the expected emission rates and units for any compound listed in Table 1. Please attach your calculations. If no material balance information or stack tests are available leave this blank. The emission rates will be calculated from published emission factors.

10. Stack or Vent Data -- For the vent or stack for each process, provide the indicated parameters. The height of the vent or stack is measured from ground level; the exit area is the cross-sectional area of the opening in square feet; the flow rate is in actual (not standard) cubic feet per minute.

11. Pollution Control Equipment -- If present, identify the type of pollution control equipment on the operation or process and the efficiency with which it collects the toxics emitted.

12. Operating Hours -- Indicate the hours per day, days per week, and weeks per year each process or operation normally functioned in 1984.

AH347.9A
August 1985

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DEGREASING, CLEANING, AND SURFACE PREPARATION

1. Company Name	Plant Location		Information for Calendar Year 1984
2. Operation Identification			
3. Type of Operation (Use Code 1)*			
4. Type of Solvent (Attach Material Safety Data Sheet)			
5. Amount of Solvent Purchased in 1984 (Gal)			
6. Amount of Solvent Sent for Reprocessing or Disposal in 1984 (Gal)			
7. Amount of Solvent Returned After Reprocessing in 1984 (Gal)			
8. Waste Solvent Disposal Method (Use Code 2)**			
9. Toxic Identification No. (From Table 1)			
10. Amount of Toxics in Solvent (Volume %)			
11. Emission Rates Based on Stack Test/Material Balance (Attach Calculation)			

* Code 1 -- Type of Operation

A. Cold Cleaner
B. Open Top Vapor
C. Conveyorized, Vapor
D. Conveyorized, Non-Boiling
E. Surface Preparation
F. Other (Please Specify)

** Code 2 -- Disposal Method

A. Discharged into Sewer
B. Reclaimed by Salvager
C. Sent to Treatment, Storage or Disposal Facility
D. Incinerated
E. Other (Please Specify)

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INSTRUCTIONS FOR
"DEGREASING, CLEANING, AND SURFACE PREPARATION" FORM

1. Company Name, Plant Location, and Calendar Year Information -- Specify the company name and location. NOTE: All information should reflect calendar year 1984 conditions.

2. Operation Identification -- Assign an identifying number or name to each operation.

3. Type of Operation -- Using Code 1 at the bottom of the form, specify the type of operation.

4. Type of Solvent -- Identify the type of solvent used for each operation (i.e., Stoddard, perchloroethylene, trichloroethylene, isopropyl alcohol, etc.). If a brand name solvent is used, please attach the manufacturer's Material Safety Data Sheets or other information on the solvent's chemical composition.

5. Amount of Solvent Purchased -- List the gallons of solvent purchased in 1984 for each operation.

6. Amount of Solvent Sent for Reprocessing or Disposal -- Indicate the number of gallons in 1984 reprocessed outside your facility or disposed of by methods other than reprocessing.

7. Amount of Solvent Returned after Reprocessing -- If applicable, specify the gallons of solvent in 1984 that were returned to the plant after reprocessing to be reused in the indicated operations.

8. Waste Solvent Disposal -- Using Code 2 below, indicate which disposal method was used in 1984 for waste solvents.

9. Toxic Identification Number -- Determine the chemical composition of the solvent using Material Safety Data Sheets, other information supplied by the manufacturer or personal knowledge. If any of the substances in the solvent are listed in the table of Potentially Toxic Compounds (Table 1), enter the identification number from the table. Space is left for four toxic compounds from the table to be identified for each operation. Use additional columns for the operation or attach additional sheets if there are more than four toxic compounds in the solvent.

10. Amount of Toxics in Solvent -- Show the percent by volume of any compound listed in the table of Potentially Toxic Compounds (Table 1) contained in the solvent.

11. Emission Rates -- If data from a stack test or material balance are available, list the expected emission rates (lb/1000 gal) for each compound from the table of Potentially Toxic Compounds (Table 1). Please attach your calculations. If no stack tests or material balances are available, leave this blank. The emission rates will be calculated using published emission factors.

AH347.4A
August 1985

RECEIVED
JAN 17 1986
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

Uncontrolled (abandoned) Hazardous Waste Disposal Site Survey
--Progress Report--
--February 15, 1980--

--Department of Environmental Quality--

Background:

Over the last several years, a number of incidents have been reported across the U.S.A. of sites containing large quantities of uncontrolled hazardous wastes (in drums, barrels, pits, ponds, lagoons, or landfills) posing threats to human health or the environment (Love Canal in New York, Valley of the Drums in Kentucky, etc.). With the exception of Oregon's experience with the abandonment of pesticide manufacturing wastes at Alkali Lake (60 miles north at Lakeview) in the early 1970's, it has been assumed that no such sites exist in Oregon. This assumption is in large part due to Oregon's low level of industrialization; particularly in the petroleum and chemical industries. One also needs to recognize that prior to the late 1960's much industrial waste was discharged to Oregon's public waters, rather than handled in some other manner such as land disposal or treatment for reuse.

Study Outline:

During discussions with Region X staff of the Environmental Protection Agency (EPA) last summer, however, it was concluded that some effort should be devoted toward verifying this assumption. Having to rely primarily on existing manpower to conduct such a study, the following limited efforts were initiated:

1. Internal staff discussions designed to identify defunct and existing industries or disposal sites likely to have generated, or which currently generate or contain hazardous wastes.

2. Selection and evaluation of candidate companies within specific industrial categories based on raw materials used, manufactoring processes employed and likely wastes produced. (During these initial discussions, three major industrial categories were eliminated from further consideration - (1) sawmill and plywood plants; (2) pulp and paper plants; and (3) urea and phenol formaldehyde resin plants - because of the Department's historical knowledge of these industrial categories and the Department's continuing program of routine air, water and/or solid waste compliance inspections).

3. Mailing a questionnaire to each of Oregon's 36 County Health Departments soliciting information from their staffs and/or files on uncontrolled (abandoned) hazardous waste disposal sites (of the seven responses received, no new uncontrolled hazardous waste sites were brought to our attention).

4. Nuclear wastes as a class of wastes were not considered since responsiblity for their proper management rest with the state Health Division, Radiation Control Section, not DEQ.

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Results:

This effort has resulted in 38 sites being ivestigated. Appendix 1 contains specific information on 36 investigations including a description of the type of investigation conducted (i.e., file search, site visit, sample collection). Two investigations documented incorrect initial information (Pope & Talbot, Wauna turned out to be Koppers, Wauna: Giles Lake industrial area was combined with Doane Lake Study Area). Please note when reviewing Appendix I that information on quantities was included only when we could document said information.

As stated earlier, the purpose of this survey was to locate any large quantities of uncontrolled hazardous wastes that may pose a threat to public health or to the environment. To date, the survey has not uncovered any large quantities of uncontrolled hazardous wastes that present an immediate threat to public health or the environment. What the survey is providing us with, however, is an opportunity to review some existing and historical disposal practices in the light of today's knowledge of hazardous materials/hazardous wastes. As the survey and evaluations continue, the practical effect will be to improve current management/ disposal practices to avoid any long-term threat to public health or the environment that may otherwise have been allowed to occur.

In evaluating each of the 36 sites, the Department considered things such as types and quantities of waste; degree of hazard; degree of persistence; type of disposal method (i.e., disposal well, evaporative lagoon, disposal trench, landfill, etc.); soils and geology; surface and groundwater conditions; proximity to people and surrounding land uses (existing or potential). Based on the above criteria, the following conclusions have been reached:

Thirteen (13) investigations have been closed. No imminent health hazard or environmental problem identified.

Dant and Russell, North Plains
Chevron Asphalt, Portland
Pacific Carbide and Alloy Co., Portland
Hercules, Inc., Portland
J. H. Baxter and Co., Eugene
L. D. MacFarland, Eugene
John C. Taylor Lumber Sales, Sheridan
Union Pacific Railroad, Hermiston
Koppers, Wauna (Plant Closed)
McCormick and Baxter, Portland
American Timber and Trading Company, Portland (Plant Closed)
Alkali Lake Disposal Site, Lakeview (Site Closed)
J. H. Baxter and Company, The Dalles

Three (3) investigations have been closed but permanent record of information needed. No imminent health hazard or environmental problem identified.

Charles H. Lilly Company, Portland
Nurnburg Scientific Company, Portland (Plant Closed)
Wah Chang, Albany (Old Albany Landfill (Site Closed)
Coffin Butte Landfill and Roche Road Landfill were used for disposal of pyrophoric (self-igniting) materials from Wah-Chang.

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Two (2) investigations have been closed but may be reviewed by EPA as part of an industry-wide evaluation.

Martin Marietta Aluminum Company, The Dalles
Chempro, Portland

Two (2) investigations have been closed but current on-site waste management practices need improvement.

Perma Post Products, Hillsboro
Allied Plating, Portland

Nine (9) investigations are continuing. Insufficient information, including lack of existing monitoring data, preclude a final judgement being made.

Nuway Oil, Portland
Widing Transportation, Portland
Stauffer Chemical, Portland
United Chrome Products, Inc., Corvallis
Miller Products, Portland (Plant Closed)
Tektronix, Beaverton
St. Johns Landfill, Portland
Ace Galvanizing, Portland
Crosby and Overton, Portland

Seven (7) investigations are continuing as part of the Doane Lake Area Study.

Rhone-Ponulenc, Portland
Pennwalt, Portland
N L Industries, Portland
Koppers Company, Portland
Industrial Air Products, Portland
Gilmore Steel, Portland
Northwest Natural Gas, Portland

While this study was underway, the House Subcommittee on Oversight and Investigations, (chaired by Bob Eckhardt) published a survey of process waste (all waste-both hazardous and non-hazardous) disposal practices by the 53 largest domestic chemical companies. A review of that report determined that of the 21 sites listed, we were already investigating seven (7). These seven are:

Chempro, Portland
St. Johns Landfill, Portland (listed twice)
Crosby and Overton, Portland
Gasco (Northwest Natural Gas Property), Portland
Hercules, Inc., Portland
Stauffer, Portland (two sites listed)
Pennwalt, Portland.

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Of the remaining 11 sites (1 chemical waste disposal site, 5 municipal landfills, 1 fertilizer plant and 4 resin manufacturing plants), the Department was familiar with all eleven and determined no additional effort was needed. With 3 sites being listed twice, the Department was, therefore, either investigating or knowledgeable of all 21 sites listed in the Eckhardt report.

Future Action:

As described, it can be seen that a 100 percent survey/study of Oregon industries or landfills was not completed. Additional effort either on-going or being discussed by DEQ/EPA-Region X are:

1. EPA-Region X has contracted with Battelle Northwest to independently contact companies in Oregon to review their historical disposal practices. The Battelle Study is expected to be released in mid-March, 1980. Depending on information generated, additional DEQ/EPA work may be needed.

2. A public information campaign to solicit information directly from the public regarding knowledge they may have of uncontrolled or abandoned hazardous waste sites will be undertaken by EPA.

3. Additional site visits of all companies within certain industrial categories will be undertaken where earlier only candidate companies were investigated. Industrial categories have not been identified at this time.

4. A progress report to describe additional finding is planned for mid-June, 1980.

For further information, please contact Richard Reiter or Fred Bromfeld at 229-5913 (or 1-800-452-7213 toll free). If anyone has information on a site or sites they believe the Department should be investigating, please contact Richard Reiter or Fred Bromfeld at the numbers above or DEQ, Box 1760, Portland, Oregon 97207.

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UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Dant & Russell, Inc. 7755 W. Hillcrest North Plains, OR - - - - - - - - - Wood Processing	on-site - - - - - - - - - off-site (St.Johns Landfill) - - - - - - - - - off-site (Arlington Disposal Site)	sludge lagoon - - - - - - - - - Municipal landfill - - - - - - - - - chemical waste landfill	pentachlorophenol; creosote - - - - - - - - - industrial sludge (10 truckloads) - - - - - - - - - industrial sludge (periodic shipments as needed)	organic toxic materials	1. No accumulation of uncontrolled chemicals identified. 2. Sludge currently being hauled to Arlington	no imminent health hazard or environmental problems identified. Uncontrolled site investigation closed	File search; telephone contact
Chevron Asphalt Co. Standard Oil of California 5501 NW Front Portland, OR - - - - - - - - - asphalt manufacturer	off-site (St. Johns landfill)	municipal landfill	process sludge contaminated with oil	industrial sludge contaminated with oil	1. No accumulation of uncontrolled chemicals on-site 2. Process sludge disposed of at St. Johns landfill	No imminent health hazard of environmental problems identified. Uncontrolled site investigation closed	file search; telephone conversation

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UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Pacific Carbide & Alloys Co. 9901 N. Hurst Av. Portland, OR Manufacturer of quicklime and calcium carbide	on-site	settling pond	calcium hydrate; calcium carbonate; carbon (10,000 cubic yards per year)	corrosive	1. No accumulation of uncontrolled chemicals on-site. 2. Waste lime sludges are marketed as agricultural soil conditioners.	no imminent health hazard or environmental problems identified. Uncontrolled site investigation closed	file search; site visit; sample collection
Hercules, Inc. 3366 NW Yeon Ave. Portland, OR Manufacturer of coating agents for paper industry	off-site	contract with Crosby & Overton	settleable solids containing resins, fatty acids, wax, emulsifiers and starch	industrial sludge	1. No accumulation of uncontrolled chemicals on-site. 2. Industrial sludge disposed of off-site via contract with Crosby & Overton.	1. No imminent health hazard or environmental problem identified on-site. 2. Uncontrolled site investigation closed. 3. Evaluation of Crosby and Overton facilities scheduled.	file search; telephone conversation

Beazer002003

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
J.H. Baxter & Co. 85 Baxter Street Eugene, OR	off-site Bethel-Danebo landfill	municipal landfill	pentachlorophenol; creosote (up to 25,000 gallons per year)	organic toxic materials	1. No accumulations of uncontrolled chemical on-site 2. Wastes currently disposed of at Arlington Disposal Site	1.No imminent health hazard or environmental problems identified on-site. 2. Uncontrolled site investigation closed. 3. Followup on Bethel-Danebo landfill and Roto-Rooter contract scheduled.	personal interview
	off-site Arlington disposal site	chemical waste landfill					
wood preserving	off-site	contract with Roto-Rooter or other pumper					
L.D. McFarland Company Highway 99N Eugene, OR	on-site	land spreading for dust control	pentachlorophenol contaminated sludge (3000 gallons per year)	organic toxic material	1. No accumulation of uncontrolled chemicals on-site. 2. Negligible levels of pentachlorophenol in soil and surface runoff water	1. No imminent hazard or environmental problems identified. 2. Uncontrolled site investigation closed.	personal interview; site visit; sample collection
wood preserving							

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UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
John C. Taylor Lumber Sales, Inc. (dba Sheridan Pressure Treated Lumber) Rock Creek Rd. off of Business Hwy 18 Sheridan, OR wood preserving	on-site	storage in drums	pentachlorophenol; creosote; arsenic, copper and ammonium salts (15-55 gallon drums per year)	organic and inorganic toxic materials	1. No accumulation of uncontrolled chemicals on-site. 2. Drummed waste shipped to Arlington disposal site or firm in Kelso, Washington.	1. No imminent health hazard or environmental problems identified on-site. 2. Uncontrolled site investigation closed. 3. Reference to Kelso, Washington site referred to EPA.	file search; telephone conversation
	off-site Arlington disposal site	chemical waste landfill	same as above				
	off-site Kelso, Washington	unknown at this time	same as above				
J.H. Baxter & Co. East of City The Dalles, OR wood preserving	on-site	accidental spillage	pentachlorophenol; creosote	organic toxic materials	no accumulation of uncontrolled chemical on-site	No imminent health hazard or environmental problems identified. Uncontrolled site investigation closed.	file search; telephone conversation

Beazer002005

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Union Pacific Railroad Hinkle Rail Yards Hermiston, OR railroad switching and maintenance yard	on-site	land spreading	waste oil (80,000 gallons per year)	industrial sludge	1. No accumulation of uncontrolled chemicals on-site. 2. Land spreading of waste oil discontinued in 1976.	No imminent health hazard or environmental problems identified. Uncontrolled site investigation closed	file search; site visit
Koppers, Wauna Wauna, OR wood preserving	on-site	liquid waste recycled	pentachlorophenol; creosote; copper, chrome, and arsenic salts	organic and inorganic toxic materials	1. Plant permanently closed in 1962. 2. Former site now part of Crown Zellerbach paper mill site.	1. No imminent health hazard or environmental problems identified. Uncontrolled site investigation closed.	telephone conversation

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UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
McCormick and Baxter 6900 N. Edgewater Street Portland, OR wood preserving	off-site Arlington disposal site	chemical waste landfill	pentachlorophenol; creosote; copper, chrome and salts; boric acid; isopropyl ether liquid butane	organic and inorganic toxic materials	1. No accumulations of uncontrolled chemicals on-site. 2. Wastes currently hauled to Arlington disposal site.	No health hazard or environmental problem identified. Uncontrolled site investigation closed	file search; telephone conversation
American Timber & Trading Co. (Now Columbia Woodworking Co.) 6432 NE Columbia Blvd. Portland, OR wood preserving	on-site	disposal wells	pentachlorophenol; creosote; copper, chrome and arsenic salts	organic and inorganic toxic materials	1. Plant operated from 1962-1970. 2. Plant disposed of liquid wastes into disposal wells. 3. Former plant site now under warehouse with an address of 6510 Columbia Blvd.	1. No imminent health hazard or environmental problems identified. Uncontrolled site investigation closed	telephone conversation; site visit; sample collection

Beazer002007

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Alkali Lake 60 miles north of Lakeview, OR chemical waste landfill	on-site	shallow disposal trenches	residue from the manufacture of pesticides, primarily 2.4.D. (23,500-55 gallon drums)	organic toxic materials	1. All drums were buried under state supervision in Nov-Dec. 1976. 2. Twice a year monitoring on and off-site is continuing by DEQ. 3. Site currently owned by State of Oregon. 4. This was a one time corrective disposal program.	1. Twice a year monitoring on and off-site continuing. 2. No imminent health hazard or environmental problem identified at this time. Uncontrolled site investigation closed.	file search

Beazer002008

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Charles H. Lilly Co. (Miller Products Co.) 7737 N.E. Killingsworth Portland, OR formulator of commercial fertilizer and pesticide products	on-site	concrete pit with approximate dimensions of 150' by 6' by 5' deep	DDT powder (2000 lbs) DDT liquid (200 gallons) miscellaneous quantities of chlordane, lindane, kelthane, etc. as they may have been mixed with DDT product	organic toxic materials	1. One time disposal as a result of the ban on DDT. 2. Department of Agriculture and Department of Environmental Quality had reviewed burial site in 1977. 3. Current pesticide contaminated wastes are hauled to Arlington disposal site.	1. Permanent record of one time disposal needs to be created. 2. No imminent health hazard or environmental problems identified. 3. Uncontrolled site investigation closed.	file search; telephone conversation
	off-site Arlington disposal site	chemical waste landfill	miscellaneous discontinued pesticide products (50,000 pounds)				

Beazer002009

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Nurnberg Scientific Company 3237 N. Williams Portland, OR distributor of laboratory chemicals	on-site	filled in basement	fire damaged laboratory chemicals (unknown quantity of chemicals not salvageable)	miscellaneous acids; bases; oxidizers; flammables; cyanide	following major fire (1967) attempts were made to salvage as many chemicals as possible. Remainder of chemicals were buried in basement along with charred remains of building. Debris leveled & covered with dirt.	1. Permanent record of this information needs to be created. 2. No imminent health hazard or environmental problems identified. Uncontrolled site investigation closed.	file search; telephone conversation; site visit

Beazer002010

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Teledyne Wah Chang Teledyne Industries, Inc. 1600 Old Salem Road Albany, OR manufacturer of non-ferrous metals	off-site Coffin Butte landfill off-site Roche Road landfill off-site Albany landfill off-site Arlington disposal site	municipal landfill demolition landfill municipal landfill (now closed) chemical waste landfill	stainless steel liners and furnace shield with adhering masses of zirconium and magnesium; zirconium fines; metal chlorides, chlorinator residues, filter residues and used carbo-column materials; flammable liquids	pyrophoric materials; reactive materials; flammable materials	1. No accumulation of uncontrolled chemicals on-site. 2. Pyrophoric, reactive and flammable material disposed of in several area landfills. 3. Excavation of previously disposed of material could result in spontaneous combustion or explosion.	1. Permanent record of off-site disposal information needs to be created. 2. No imminent health hazard or environmental problems identified. Uncontrolled site investigation closed.	file search
Martin Marietta Aluminum Co. 3313 West 2nd The Dalles, OR manufacturer of aluminum	on-site	industrial landfill	potliners; carbon blocks; sludge from air scrubbers	industrial sludge	no accumulation of uncontrolled chemicals on-site	1. No health hazard or environmental problem identified on-site. 2. Uncontrolled site investigation closed. 3. The aluminum industry as an industrial category may receive a further evaluation by EPA	file search; telephone conversation

Beazer002011

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Chempro 11535 N. Force St Portland, OR	on-site	sludge lagoon	process sludge contaminated with oil	industrial sludge contaminated with oil	1. No accumulation of uncontrolled chemicals on-site 2. Oily sludge currently being hauled to Arlington disposal site	1. No imminent health hazard or environmental problems identified. 2. Reference to Pasco, Washington site referred to EPA for followup. 3. Uncontrolled site investigation closed. 4. The chemical reprocessing industry as an industrial category may receive further EPA review.	file search; telephone conversation
Reprocessor of waste oil	off-site (Pasco, Washington)	chemical waste landfill	oily sludge				
	off-site (Arlington disposal site)	chemical waste landfill	oily sludge				
Permapost Products Company 25600 SW Tualatin Valley Hwy Hillsboro, OR	on-site	short-term holding/recirculation lagoon and long-term storage/ evaporation lagoon	pentachlorophenol; creosote; copper, chrome and arsenic salts	organic and inorganic toxic materials	1. No accumulation of uncontrolled chemicals identified 2. Violations of state water pollution control facilities permit occurring.	1. No imminent health hazard or environmental problems identified. Uncontrolled site investigation closed. 2. Enforcement action being initiated to correct permit violations. 3. Reference to Vancouver, WA container recycling firm referred to EPA for followup	
wood preserving	off-site (Vancouver, Washington)	metal container recycling firm	metal containers that contained copper, chrome and arsenic salts				

Beazer002012

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Allied Plating 8135 NE Union Portland, OR metal plating	on-site	evaporative/ seepage lagoon	cyanide; copper nickel; chrome; (up to 150 gallons per minute)	inorganic toxic materials	1. No accumulation of uncontrolled chemicals on-site. 2. Because of expanding production capacity of lagoon becoming inadequate. 3. Pretreatment and discharge to city sewer preferred disposal method.	1. No imminent health hazard or environmental problems identified. Uncontrolled site investigation closed. 2. Negotiations toward the installation of a pretreatment systems are ongoing. Following pretreatment discharge to sewer will occur.	file search; telephone conversation; site visit

Beazer002013

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Nuway Oil 7039 NE 46th Portland, OR rerefiner of used motor oil	on-site	settling lagoon	1. Clay sludge contaminated with oil (up to 70 tons per year) 2. acid sludge contaminated with oil (up to 90,000 gallons per year)	1. Industrial sludge contaminated with oil. 2. Corrosive material	1. No accumulation of uncontrolled chemicals on-site. 2. Clay sludge being disposed of on-site. 3. Acid sludge used for road base in Eastern Oregon and Washington. 4. Clay & acid sludges disposed of at St. Johns landfill.	1. Evaluation of clay sludge continuing to determine chemical contaminants. 2. Uncontrolled site investigation continuing.	file search; telephone conversation; site visit; sample collection
	off-site (St. Johns landfill)	municipal landfill	clay and acid sludges				
	off-site (miscellaneous holes-North Portland)	filling in of depressions in North Portland	clay sludge				
	off-site (Eastern Oregon and Washington)	Used for road base material	acid sludge				

Beazer002014

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Widing Transportation Co., Inc 10145 N. Portland Road Portland, OR - - - - - - - - - transporter of commodities including hazardous materials and hazardous wastes	on-site	6-cell aeration/ gravity settling basin and 4-acre settling pond	liquids and sludges from cleaning inside of bulk carrier transport trucks (50,000 gallons of water contaminated with urea and phenol formaldehyde glue resins, surfactants, oil, black liquor, & defoamer)	1. Organic and inorganic toxic materials 2. Sludges contaminated with oil. 3. Corrosive.	1. No accumulation of uncontrolled chemicals on-site. 2. Following pretreatment some contaminated sludge stored on-site. 3. Following pretreatment some contaminated sludges hauled to Arlington disposal site.	1. Evaluation of water and sediments in 4-acre settling pond continuing to determine chemical contaminants. 2. Uncontrolled site investigation continuing.	file search; telephone conversation; site visit; sample collection
	- - - - - - - - -	- - - - - - - - -	- - - - - - - - -				
	off-site (Arlington disposal site)	chemical waste landfill	liquids and sludges as described above (periodic shipments as needed)				

Beazer002015

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Stauffer Chemical Corporation 4429 N. Suttle Rd Portland, OR manufacturer of aluminum sulfate and formulator of commercial pesticide products	on-site	settling pond	alum sludge (900 tons per year)	corrosive; organic toxic materials	1. No ground water contamination detected in on-site monitoring wells adjacent to oxidation lagoon 2. Pesticide contaminated wastes currently hauled to Wes-Con disposal site. 3. Alum sludge currently hauled to St. Johns landfill. 4. No good records exist relative to on-site chemical waste landfill.	1. Evaluation of on-site chemical waste landfill continuing. 2. Uncontrolled site investigation continuing.	file search; sample collections; site visit
	on-site	oxidation lagoon	pesticide contaminated wash water (2300 lbs per year)				
	on-site	chemical waste landfill	pesticide contaminated liquids and solids (100-200 tons)				
	off-site St. Johns landfill	municipal landfill	alum sludge				
	off-site Wes-Con disposal site	chemical waste landfill	pesticide contaminated waste (20-30 tons per year)				

Beazer002016

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
United Chrome Products, Inc. Corvallis Airport Industrial Park Corvallis, OR metal plating	on-site off-site Coffin Butte landfill	dry well municipal landfill	sludge containing chrome (1000 gallons per year) same as above	inorganic toxic material	1. No accumulation of uncontrolled chemicals on-site. 2. Negligible amounts of chrome in surface runoff waters. 3. Sludge now hauled to Coffin Butte landfill	1. No imminent health hazard or environmental problems identified on or off site. 2. Further evaluation of on-site dry well planned. 3. Uncontrolled site investigation continuing.	file search; telephone conversation
Miller Products Company Foot of SW Caruthers Portland, OR manufacturer of lime-sulfur and formulator of pesticides	on-site	settling pond	lime-sulfur sludge	corrosive industrial sludge	1. No accumulation of uncontrolled chemicals on-site. 2. Plant closed in 1960 at this location. 3. Land where plant was located is now part of freeway system.	1. No imminent health hazard or environmental problem identified. 2. Old aerial photos will be examined to pinpoint location of settling ponds. Uncontrolled site investigation continuing.	file search; site visit

Beazer002017

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Tektronics, Inc. NW Miliken Way Beaverton, OR electronics manufacturing	on-site	evaporation pond/landfill	zinc, cadmium; nickel; copper; chrome; (56,000 gallons of sludge per year)	inorganic toxic materials	1. No accumulations of uncontrolled chemicals on-site 2. Two sites have been used for landfilling of industrial sludge containing heavy metals	Evaluation of environmental impacts of land filling continuing. Uncontrolled site investigation continuing	file search; site visit
St. Johns Landfil 9393 N. Columbia Blvd. Portland, OR	on-site	municipal landfill	5000-55 gallon drums of pesticide manufacturing residue Miscellaneous industrial solid waste, industria sludges and oily waste	organic and inorganic toxic materials	1. No accumulation of uncontrolled chemicals on-site 2. Besides household and commercial refuse, site has received miscellaneous industrial solid waste and industrial sludges over the years.	Additonal monitoring and testing of ground water scheduled to attempt detection of pesticide related contaminants. Uncontrolled site investigation continuing.	Industrial file searches; telephone contact; site visit; sample collection scheduled.

Beazer002018

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Ace Galvanizing 805 NW 14th Portland, OR	on-site	disposal well	liquid waste high in zinc & iron. Sludge containing zinc	inorganic toxic material	1. No accumulation of uncontrolled chemicals on-site. 2. Disposal well may have been used for disposal of waste water. 3. Land in Washington may have been used for land spreading of sludge containing zinc.	Evaluation of disposal well and identification of lands in Washington continuing. Uncontrolled site investigation continuing.	file search; site visit
metal plating	off-site farm land in Washington	land spreading					

Beazer002019

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Crosby and Overton 5420 N. Lagoon Ave. Portland, OR	on-site	temporary storage in steel tanks	ship bilge water (oil-water mixture)	organic and inorganic toxic materials; liquids and sludges contaminated with oil; industrial sludges	1. No accumulation of uncontrolled chemicals on-site. 2. Temporary storage of oil-water mixtures at Time Oil is practiced. 3. Direct hauling to recycle facilities or authorized disposal sites is practiced for most customer derived wastes.	1. No imminent health hazard or environmental problems identified. 2. Further evaluation of historical disposal practices/ sites continuing. Uncontrolled site investigation continuing.	site visit
	off-site recycle plants	recycling	varies by customer				
industrial tank cleaning and servicing	off-site Arlington Disposal Site	chemical waste landfill	varies by customer				
	off-site St. Johns Landfill	municipal landfill	varies by customer				

Beazer002020

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Rhone-Poulenc (formerly Rhoddia or Chipman Chemical) 6200 NW St. Helens Road Portland, OR	on-site	Doane Lake	liquid wastes	organic toxic materials	1. No accumulation of uncontrolled chemicals on site. 2. One municipal landfill and three chemical waste landfill, have been disposal of manufacturing residues.	1. Evaluation continuing as part of Doane Lake area study. 2. Evaluation of St. Johns landfill scheduled. 3. Pasco, Washington reference referred to EPA for followup. 4. Twice a year monitoring of Alkali Lake con-continuing by DEQ	file search; personal interview; site visit; sample collection.
	off-site St. Johns landfill	municipal landfill	manufacturing residues (5000-55 gallon drums)				
manufacturer and formulator of pesticides	off-site Alkali Lake landfill	chemical waste landfill	manufacturing residues (23,500-55 gallon drums)				
	off-site Pasco, Washington	chemical waste landfill	manufacturing residues				
	off-site Arlington disposal	chemical waste landfill	manufacturing residues (200 tons per year)				

Beazer002021

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Pennwalt Chemical 6400 NW Front Av. Portland, OR	on-site	lagoons/landfill	brine purification sludge (1310 pounds per day)	inorganic toxic materials	1. No accumulation of uncontrolled chemical on-site 2. Some industrial sludge disposed of on-site. 3. Some industrial chemicals disposed of at Arlington disposal site.	Evaluation continuing as part of Doane Lake area study	file search; site visit; sample collection
manufacturer of industrial chemicals - principally chlorine	off-site Arlington disposal site	chemical waste landfill	sodium arsenite; miscellaneous cleaning chemicals				
NL Industries 5909 NW 61st Av. Portland, OR	on-site	landfill	lead; zinc	inorganic toxic material	No accumulation of uncontrolled chemicals on-site	Evaluation continuing as part of Doane Lake area study	file search; site visit; sample collection
Secondary refining of lead and zinc							

Beazer002022

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Koppers Company 7540 NW St. Helens Road Portland, OR manufacturer of pitch and electrobinding products	on-site	landfill	creosote residuals; pitch; phenols; oil and grease	Industrial solid waste and sludge	1. No accumulation of uncontrolled chemicals on-site	Evaluation continuing as part of Doane Lake study area	file search; telephone conversation
Industrial Air Products (Division of Liquid Air Inc.) 6501 NW Front Av. Portland, OR manufacturer of acetylene	on-site	landfill	10% lime slurry	corrosive	1. No accumulation of uncontrolled chemicals on-site. 2. Lime slurry currently held in temporary holding pond and reused.	Evaluation continuing as part of Doane Lake area study	file search; site visit; sample collection

Beazer002023

UNCONTROLLED (ABANDONED) HAZARDOUS WASTE DISPOSAL SITE SURVEY

Name/ Business Type	Disposal Site Location	Type of Disposal	Waste Type/ Waste Quantity	Type of Hazard(s)	Finding(s)	Current Status	Type of Investigation
Gilmore Steel 6161 NW 61st Av. Portland, OR steel fabrication coating and engraving	on-site	landfill	rolling mill scale; melt furnace slag (7500 tons per year)	industrial solid waste	no accumulation of uncontrolled chemicals on-site	evaluation continuing as part of Doane Lake area study	file search; site visit; sample collection
Northwest Natural Gas St. Helens Road Portland, OR manufacturer of oil and gas from petroleum	on-site	landfill	tar bottoms; napthalenes	industrial sludges	1. Gasification plant ceased operation in early 1950's 2. No accumulation of uncontrolled chemicals on-site	Evaluation continuing as part of Doane Lake area study	personal interview; site vist; sample collection

Beazer002024

RECEIVED
FEB 19 1980
KOPPERS CO., INC.
TAR & CHEMICAL DIV.
PORTLAND, OREGON

File

Department of Environmental Quality

VICTOR ATIYEH
Governor

522 S.W. FIFTH AVENUE, BOX 1760, PORTLAND, OREGON 97207 PHONE: (503) 229-5696

April 3, 1985

Henry Rassi
Koppers Co., Inc.
7540 N. W. St. Helens Road
Portland, OR 97229

Re: HW 7.20
ORD 027734559
Quarterly Generator Report
NOTICE OF VIOLATION

Dear Mr. Rassi:

In the process of comparing treatment, storage and disposal facility reports with generator shipment reports, we find that we have not yet received your generator report for the fourth quarter of 1984. You are in violation of OAR 340-102-041(1), which states "A generator who ships his hazardous waste off-site must submit to the Department Quarterly Reports of waste shipped." OAR 340-102-041(1)(a)(A) states that the quarterly report may consist of copies of manifests or that the information may be transferred onto the company's forms. If you are sending copies of manifests, please make sure the copies are completely legible.

Also, OAR 340-102-041(1)(a)(B) requires you to include the following certification statement with each report submitted:

> "I certify under penalty of law, that I have personally examined and am familiar with the information submitted in this demonstration and all attached documents, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that 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."

This statement must be signed by the appropriate individual as per OAR 340-105-011(2) and OAR 340-105-011(4).

The report is due "No later than 45 days after the end of each calendar quarter" in accordance with OAR 340-102-041(1)(b). If we have not received your report with 14 days of the date of this letter, it will be the Department's intent to initiate further enforcement action.

If you have any questions, please call me at 229-6534 or toll-free at 1-800-452-4011.

RECEIVED
APR - 8 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND OREGON

Sincerely,

Gary J. Calaba
Hazardous Waste Specialist
Hazardous Waste Section
Hazardous and Solid Waste Division

GJC:y
ZY319
cc: Northwest Region, DEQ
EPA File

DEQ-1

Beazer002026

Phoned D.E.Q.

Talked to Linda she stated that she showed a shipment of Penta waste that was not covered by a manifest or report. I refered her to Forest Products Sales Office.

J.A.O
4/9/85

Beazer002027

VICTOR ATIYEH
Governor

Department of Environmental Quality

522 S.W. FIFTH AVENUE, BOX 1760, PORTLAND, OREGON 97207 PHONE: (503) 229-5696

RECEIVED
AUG 16 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

MEMORANDUM

To: Hazardous Waste Handlers

From: Alan Goodman
Hazardous and Solid Waste Division

Subject: Amended Hazardous Waste Management Rules
OAR Chapter 340, Divisions 100-108

On July 19, 1985, the Environmental Quality Commission adopted amendments to the Department's hazardous waste management rules. These amendments became effective July 25, 1985, with the exception of rule 340-105-010(6)(b), which will take effect on September 1, 1985.

The amendments incorporate into state rules certain changes to the federal program promulgated by the EPA on December 20, 1984, January 4 and 14, and April 11, 23 and 30, 1985. Also, you will note that the format of the Department's hazardous waste rules has changed to include federal requirements by reference, rather than through codification into state rules.

Copies of existing Divisions 100-108* should be discarded and replaced with the following documents:

	Document	Contents
1.	Oregon Administrative Rules Chapter 340, Divisions 100-108, dated 7/19/85	State requirements which are in addition to base federal program.
2.	Title 40 of the Code of Federal Regulations, Parts 260-266, 270 and 124, revised as of 7/1/84	Requirements promulgated by EPA as of 7/1/84 and incorporated into state program by reference.
3.	Federal Registers, dated December 20, 1984, January 4, January 14, April 11, April 23 and April 30, 1985	Requirements promulgated by EPA between 7/1/84 and 4/30/85 and incorporated into state program by reference.

*NOTE: Since no changes were made to the state's pesticide or PCB management programs, please retain OAR Chapter 340- Divisions 109 and 110 for future use and reference.

(over)

DEQ-1

Beazer002028

A copy of the amended OAR Divisions 100-108 is enclosed for your use. Copies of Title 40 Code of Federal Regulations, Parts 260-266, 270 and 124 and of the Federal Register were previously sent to you in early June.

Additional copies of the Code of Federal Regulations may be obtained from:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402
(Telephone 202-783-3238)

To determine which hazardous waste requirements may be applicable to your activity, you should consult all three documents identified above.

For assistance or information on DEQ's Hazardous Waste Management Rules, contact the DEQ Regional Office serving your area or the Hazardous and Solid Waste Division (229-5913).

ASG:l
ZL2384
Enclosure

NW-S-1

CHEM-SECURITY SYSTEMS, INC.
P.O. Box 1269 • Portland, Oregon 97207-1269 • (503) 223-1912
CSSI

cc: J Dyfnd

RECEIVED
NOV 26 1985
Environmental Resources

November 20, 1985

Jordan M. Dern
Manager Environmental Reg. Program
Koppers Company, Inc.
901 Koppers Building
Pittsburg, Pennsylvania 15219

Re: Waste Profile Number D23758 (copy attached)

Dear Mr. Dern:

Confirming our conversation of today's date, regarding the referenced profile sheet, phenolics would be up to 10,000 ppm and should be so indicated in Section C and E of the profile. The phenolics are all allkylated phenols. There are no halogenated phenols in the material.

Sincerely,

CHEM-SECURITY SYSTEMS, INC.

William Van Dyke
District Sales Manager

WVD:lh
Enclosure

Waste Management, Inc.
GENERATOR'S WASTE MATERIAL

TSDR D23758

A GENERAL INFORMATION

GENERATOR NAME: Koppers Co Inc
TRANSPORTER: to be determined
FACILITY ADDRESS: 7540 N.W. Saint Helens Rd
Portland Oregon 97229
TRANSPORTER PHONE:
GENERATOR USEPA I.D.: ORD027734359
GENERATOR STATE I.D.:
TECHNICAL CONTACT: Jordan M. Dern TITLE: Mgr, Env Reg. Program PHONE: 412-227-2207
NAME OF WASTE: Creosote
PROCESS GENERATING WASTE: Terminal operations

B PHYSICAL CHARACTERISTICS OF WASTE

COLOR: brown-black

ODOR: ☐ NONE ☒ MILD ☐ STRONG
DESCRIBE: Creosote

PHYSICAL STATE @ 70°F: ☐ SOLID ☒ SEMI-SOLID ☐ LIQUID ☐ POWDER

LAYERS: ☐ MULTILAYERED ☐ BI-LAYERED ☒ SINGLE PHASED

FREE LIQUIDS: ☐ YES ☒ NO
VOLUME: %

pH: ☐ < 2 ☐ 2-4 ☐ 4.1-6.9 ☒ 7 ☐ 7.1-10 ☐ 10.1-12.5 ☐ > 12.5 ☐ N/A ☐ EXACT

SPECIFIC GRAVITY: ☐ < .8 ☐ .8-1.0 ☒ 1.1-1.2 ☐ 1.3-1.4 ☐ 1.5-1.7 ☐ > 1.7 ☐ EXACT

FLASH POINT: ☐ < 70°F ☐ 70°F - 100°F ☐ 101°F - 139°F ☐ 140°F - 200°F ☒ > 200°F ☐ NO FLASH ☐ EXACT ☒ CLOSED CUP ☐ OPEN CUP

C CHEMICAL COMPOSITION (TOTALS MUST ADD TO 100%)

Creosote	30-100 %
coal tar	0-70 %
soil	0-80 %
	%
	%
	%
	%
	%
	%
	%

D METALS ☒ TOTAL (PPM) ☐ EPA EXTRACTION PROCEDURE (mg/L)

ARSENIC (As)	0.22	SELENIUM (Se)	0.11
BARIUM (Ba)	2.2	SILVER (Ag)	0.13
CADMIUM (Cd)	0.09	COPPER (Cu)	2.8
CHROMIUM (Cr)	0.43	NICKEL (Ni)	2.4
MERCURY (Hg)	<0.005	ZINC (Zn)	20
LEAD (Pb)	0.19	THALLIUM (Th)	
CHROMIUM-HEX (Cr + 6)			

E OTHER COMPONENTS - TOTAL (PPM)

CYANIDES	none	PCB'S	ND
SULFIDES	2 mg/g	PHENOLICS	yes

F SHIPPING INFORMATION

D.O.T. HAZARDOUS MATERIAL? ☒ YES ☐ NO
PROPER SHIPPING NAME: Creosote, coal tar
HAZARD CLASS: Combustible I.D. NO. NA 1993 R.Q.
METHOD OF SHIPMENT: ☐ BULK LIQUID ☒ BULK SOLID ☐ DRUM (TYPE/SIZE)
ANTICIPATED VOLUME: 3,000 TONS as needed ☐ CUBIC YARDS ☐ OTHER
PER: ☐ ONE TIME ☐ WEEK ☐ MONTH ☐ QUARTER ☑ YEAR ☐

G HAZARDOUS CHARACTERISTICS

REACTIVITY: ☒ NONE ☐ PYROPHORIC ☐ SHOCK SENSITIVE ☐ EXPLOSIVE ☐ WATER REACTIVE ☐ OTHER

RECEIVED MAY 22 1985

OTHER HAZARDOUS CHARACTERISTICS:
☒ NONE ☐ RADIOACTIVE ☐ ETIOLOGICAL ☐ PESTICIDE MANUFACTURING WASTE ☐ OTHER

USEPA HAZARDOUS WASTE? ☒ YES ☐ NO
USEPA HAZARDOUS CODE(S): U051

STATE HAZARDOUS WASTE? ☐ YES ☒ NO
STATE CODE(S): not listed per se, but some components are hazardous

H SPECIAL HANDLING INFORMATION

Fumes from heating are irritating to skin, eyes & respiratory tract
photosensitization can occur

☐ ADDITIONAL PAGE(S) ATTACHED

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS IS COMPLETE AND ACCURATE, AND THAT ALL KNOWN OR SUSPECTED HAZARDS HAVE BEEN DISCLOSED.

AUTHORIZED SIGNATURE	TITLE	DATE
Jordan M Dern	Mgr. Env. Regulatory Program	2/4/15

 ©1983 WASTE MANAGEMENT, INC.

Beazer002031

Chemical Waste Management, Inc.

GENERATOR'S WASTE MATERIAL PROFILE SHEET WORKSET

Return this completed workset to:

CHEM-SECURITY SYSTEMS, INC.
Star Route, Box 9
Arlington, OR 97812

GENERAL INSTRUCTIONS

This workset contains two forms:

- **GENERATOR'S WASTE MATERIAL PROFILE SHEET**
- **GENERATOR'S CERTIFICATION OF REPRESENTATIVE SAMPLE**

1. The Generator's Waste Material Profile Sheet is a two-sided form. Both sides must be completed.
2. This document is perforated so the forms and instructions may be separated for your convenience. If the forms are separated, take special precautions to assure that they are used to describe and identify **ONLY** the same waste.
3. Shaded areas on the forms are for Chemical Waste Management use only.
4. Answers must be made to all questions with the exception of PART I, "Reclamation, Fuels or Incineration Parameters," which is optional.
5. Answers must be printed in ink or typed (elite, 12-pitch).
6. Instructions are included to help you complete these forms correctly. The letters and numbers which precede each instruction refer to the lettered and numbered entries on the forms.
7. Both the Generator's Waste Material Profile Sheet and the Generator's Certification of Representative Sample forms must be signed.
8. The Certification of Representative Sample and its peel off Sample Label must be used to identify **ONLY** the sample of the waste described on the attached Generator's Waste Material Profile Sheet.
9. The peel off label must be completed before removal from the form and applied to the container which actually holds the sample material - **not** on the shipping carton - even if the sample already has another label.
10. If you have any questions concerning the use of these forms, please contact your Chemical Waste Management Sales Representative or the office that issued this workset to you.
11. **MAKE A COPY OF THESE FORMS FOR YOUR RECORDS. SEND THE ORIGINALS AND ALL ATTACHMENTS TO THE ADDRESS SHOWN ABOVE OR TO THE ADDRESS PROVIDED BY YOUR CHEMICAL WASTE MANAGEMENT, INC. SALES REPRESENTATIVE.**

Form CWM-6000 © 1987 Chemical Waste Management, Inc.

Chemical Waste Management, Inc.

GENERATOR'S WASTE MATERIAL PROFILE SHEET

This information is required for a waste to be considered for transportation, treatment, storage or disposal. It is used to determine if the waste may be transported, treated, stored or disposed in a legal, safe, and environmentally sound manner. This information will be maintained in strict confidence. **ANSWERS MUST BE MADE TO ALL QUESTIONS** and must be printed in ink or typed (elite, 12-pitch). A response of "NONE," [redacted] can be made if appropriate.

Shaded areas are for CWM use only.

PART A. GENERAL INFORMATION

1. GENERATOR NAME - Enter the name of the generating facility.
2. GENERATOR USEPA ID - Enter the twelve character alpha-numeric descriptor issued by the USEPA to the facility generating the waste.
3. FACILITY ADDRESS - Enter the street address (not P.O. Box) of the generating facility.
4. GENERATOR STATE ID - Enter the descriptor issued by the state to the facility generating the waste (if applicable).
5. ZIP CODE - Enter the generating facility's five or nine digit zip code.
6. TECHNICAL CONTACT - Enter the name of a person who will answer technical questions about the waste.
7. TITLE - Enter technical contact's title.
8. PHONE - Enter technical contact's telephone number.

PART B. MAIL CHEMICAL WASTE MANAGEMENT INC. INVOICES TO:

1. If you want the invoice mailed to the same address as in PART A, check "Generating Facility." If you want the invoices mailed elsewhere, then indicate the name, phone, and address, as shown in numbers 2 through 5.
2. COMPANY NAME - Enter the name of the company to which you want the invoices sent.
3. PHONE - Enter the telephone number of the company to which you want the invoices sent.
4. ADDRESS - Enter the address of the company to which you want the invoices sent.
5. ZIP CODE - Enter the five or nine digit zip code of the company to which you want the invoices sent.

PART C.

1. NAME OF WASTE - Enter a name that is generally descriptive of this waste (e.g., cyanide plating waste, paint sludge, PCB contaminated dirt, still bottoms, wastewater treatment sludge).
2. PROCESS GENERATING WASTE - List the specific process/operation or source that generates the waste (e.g., metal plating operation, paint spray booth, PCB spill, solvent recovery, wastewater treatment plant).
3. DIOXIN WASTE - Treatment, storage or disposal of Dioxin wastes requires special attention. If this waste is a USEPA listed Dioxin waste, indicate "YES" and contact your Chemical Waste Management Sales Representative. If "YES", **DO NOT COMPLETE THE REMAINDER OF THIS FORM.**

PART D. PHYSICAL CHARACTERISTICS OF WASTE

1. COLOR - Describe the color of the waste (e.g., blue, clear, varies).
2. ODOR - **DO NOT SMELL THE WASTE!** If the waste has a known incidental odor, then describe it (e.g., acrid, pungent, solvent, sweet).
3. PHYSICAL STATE - If the four boxes provided do not apply, a descriptive phrase may be entered after "Other" (e.g., gas).
4. LAYERS - Check all applicable boxes. Multi-layered means more than two layers (e.g., oil/water/sludge). Bi-layered means the waste is comprised of two layers which may or may not be of the same phase (e.g., oil/water, solvent/sludge). Single phased means the waste is homogeneous.
5. SPECIFIC GRAVITY - Indicate the range. The specific gravity of water is 1.0. Most organics are less than 1.0. Chlorinated solvents, most inorganics and paint sludge are greater than 1.0.
6. FREE LIQUIDS - Check "YES" if liquid is usually present when packaging for shipment and estimate the percent of liquid volume. Check "NO" if there are no free liquids as defined by the Paint Filter Test (SW 846 Method 9095).
7. pH - Indicate for liquid or liquid portions of the waste. Check the appropriate boxes which cover the pH of the waste. Use the "Range" space if appropriate. For solid or organic liquid wastes, indicate the pH of a 10% aqueous solution of the waste if applicable. Check "NA" for non-water soluble materials (e.g., bricks, dismantled tanks, empty drums, gases, rocks).
8. LIQUID FLASH POINT - Indicate the liquid flash point obtained using the appropriate testing method (40CFR261.21).The liquid flash point is important from a transportation standpoint (49CFR173.115).Solids with flammable potential should be identified in PART G.3 (e.g., Pyrophoric, RCRA Reactive, Other).

PART E. CHEMICAL COMPOSITION

1. List all organic and/or inorganic components of the waste using **specific chemical names.** If trade names are used, attach Material Safety Data Sheets or other documents which adequately describe the composition of the waste. For each component, estimate the range (in percents) in which the component is present. In case of extreme pH (2 or less or 12.5 or greater) indicate specific acid or caustic species present. This list must include any hazardous components listed in PARTs F, G, and/or H which exceed 10,000 ppm (1%). The total of the maximum values of the components must be greater than or equal to 100% including water, earth, etc.
2. If this waste contains PCBs, cyanides, phenolics or sulfides, indicate the concentration(s). If this waste does not contain these constituents, indicate by checking the "NONE" box(es) which apply. [redacted] "ACTUAL."

PART F. METALS

Indicate whether metals content was determined by EP Tox (extraction procedure toxicity)/TCLP (Toxicity Characteristics Leaching Procedure) from 40CFR261-Appendix II or represents the total metals. For each metal, check only one box indicating that the metal content will not exceed the stated amount or enter the actual metal content indicated by your test results in the "ACTUAL" column in parts per million. [redacted]

PART G. OTHER HAZARDOUS CHARACTERISTICS

1. Indicate by checking the appropriate box.
2. Indicate by checking the appropriate box. If "YES," indicate the concentration in PART E.
3. Indicate if this waste is any of the following:
   RCRA REACTIVE - As defined by 40CFR261.
   WATER REACTIVE - Reacts violently with water to form toxic gases, vapors, or fumes in a quantity sufficient to present a danger to human health or the environment.

Form CWM-6000 © 1987 Chemical Waste Management, Inc.

Chemical Waste Management, Inc.

EXPLOSIVE - Capable of detonation or explosive reaction if subjected to a strong initiating source or if heated under confinement, a Class A explosive (49CFR173.53), or a Class B explosive (49CFR173.88).
SHOCK SENSITIVE - Normally unstable and readily undergoes violent change without detonating.
PYROPHORIC - Will ignite spontaneously in air at or below 130° F (54.4° C) (49CFR173.115).
RADIOACTIVE - Any material, or combination of materials, that has a specific activity greater than 0.002 microcuries per gram (49CFR173.403).
ETIOLOGICAL - A viable microorganism or its toxin which causes or may cause human disease (49CFR173.386).
PESTICIDE MANUFACTURING WASTE - Waste resulting from the manufacture of pesticides or the potential precursors of pesticides.
OTHER - Indications of other hazardous characteristics must be included (e.g., autopolymerization, peroxide-forming).
NONE OF THE ABOVE - Check this box if it is applicable for this waste.

PART H

Complete **ONLY** for wastes intended for fuels or incineration. If present, indicate the concentration as appropriate. If the concentrations of these constituents are unknown, please indicate "UNK" under "ACTUAL."

The following section lists parameters and suggested analytical methods that may be used in obtaining these values:

Parameter	Source
Beryllium, Potassium, Sodium	SW846-6010, 7090, 7610, 7770
Total Bromine, Chlorine, Fluorine	ASTM D2361-85, D4327-84, D808-81
Total Sulfur	ASTM D 2361-85, D516-82

PART I. OPTIONAL - RECLAMATION, FUELS OR INCINERATION PARAMETERS

Please provide this optional information where known. The following parameters and suggested analytical methods may be used in obtaining these values:

Parameters	Source
1. Heat Value (BTU/lb)	ASTM D 240-85, D2015-85
2. Percent Water	ASTM D 4006-81, E203-75
3. Viscosity	Any method
4. Percent Ash	ASTM D 482-80
5. Settleable Solids	Any method
6. Vapor Pressure	Any method

7. Indicate if this waste can be transferred by pumping at an ambient temperature of 50° F. If "YES," list the type of pump required (centrifugal, gear, peristaltic, etc.).
8. Indicate if an external source of heat can be safely used to improve the flow of this waste.
9. Indicate if this waste is soluble in water.
10. PARTICLE SIZE - If the waste contains any solids, indicate if they can pass through a 1/8" screen.

PART J. TRANSPORTATION INFORMATION

1. Indicate if this waste is a USDOT Hazardous material (49CFR172.101).
2. Anticipated Annual Volume/Units - Enter the amount of this waste which will be generated and transported annually. Use appropriate units to describe this volume (e.g., cubic yards, gallons, kilograms, pounds).
3. Proper Shipping Name - Enter the proper USDOT shipping name for this waste (49CFR172.101).
4. Hazard Class - Enter the proper USDOT hazard class (49CFR172.101).
5. I.D. # - Enter the proper USDOT Identification Number (49CFR172.101).
6. Additional Description - Enter any additional shipping information required (49CFR172.203) (e.g., "RQ", the names of Hazardous Substance Constituents as they would appear on the Uniform Hazardous Waste Manifest and the packaging).
7. Method of Shipment - Indicate the anticipated method(s) of shipment by checking the appropriate box(es). If drums are to be used, see 49CFR173 for DOT drum specifications.
8. CERCLA Reportable Quantity (RQ) - Enter the Reportable Quantity for this waste from 49CFR172.101 or 40CFR302.
9. RQ Units (lb/kg) - Indicate the appropriate units for the RQ listed in #8.
10. USEPA Hazardous Waste - Indicate if this waste is a USEPA Hazardous Waste (40CFR261).
11. USEPA Hazardous Waste Number(s) - If the answer to question #10 was "YES," then enter the appropriate USEPA Hazardous Waste Number(s) (e.g., D002, F002, K028, P006, U220) (40CFR261).
12. State Hazardous Waste - Indicate if this waste is a hazardous waste as defined by the state in which it is now located.
13. State Hazardous Waste Number(s) - If the answer to question #12 was "YES," then enter the appropriate State Hazardous Waste Number(s) (e.g., for a waste now in California: 212, 213).

PART K. SPECIAL HANDLING INFORMATION

Describe those hazards which you know or reasonably believe are or may be associated with short term or prolonged human exposure to this waste (29CFR1910.1200). If known, please identify any carcinogens present in this waste in excess of 0.1% (29CFR1910.1200 (d)(4)). Attach relevant documents as a part of your response if appropriate. If documents are attached, identify those attachments. If you have a current Material Safety Data Sheet, it may be attached. Failure to make an entry in PART K is considered to be a representation that you neither know nor believe that there are any adverse human health effects associated with exposure to this waste.

Also include in PART K any additional information that will aid in the management of the waste (e.g., protective clothing, transportation, treatment, storage, disposal).

PART L. GENERATOR CERTIFICATION

An authorized employee of the generator must sign and date this certification on the completed Generator's Waste Material Profile Sheet.

MAKE A COPY OF THIS GENERATOR'S WASTE MATERIAL PROFILE SHEET FOR YOUR RECORDS. SEND THE ORIGINAL AND ATTACHMENTS TO THE ADDRESS SHOWN ON THE FRONT OF THIS WORK SET OR TO THE ADDRESS PROVIDED BY YOUR CHEMICAL WASTE MANAGEMENT, INC. SALES REPRESENTATIVE.

Form CWM-6000 © 1987 Chemical Waste Management, Inc.

Chemical Waste Management, Inc.

GENERATOR'S WASTE MATERIAL PROFILE SHEET

PLEASE PRINT IN INK OR TYPE (Elite, 12-pitch).

J79086

PDX J 79086

Waste Profile Sheet Code

CWM Location of Original: _____ (SHADED AREAS FOR CWM USE ONLY) **CWM Sales Rep. #:** 042

A. GENERAL INFORMATION

1. Generator Name: _____ 2. Generator USEPA ID: _____
3. Facility Address: _____ 4. Generator State ID: _____
_____ 5. Zip Code: _____
6. Technical Contact: _____ 7. Title: _____ 8. Phone: ( ) _____ - _____

B. MAIL CHEMICAL WASTE MANAGEMENT, INC. INVOICES TO

1. ☐ Generating Facility (A, above), or
2. Company Name: _____ 3. Phone: ( ) _____ - _____
4. Address: _____
_____
_____ 5. Zip Code: _____

C. 1. NAME OF WASTE _____

2. **PROCESS GENERATING WASTE** _____
3. Is this waste a Dioxin listed waste as defined in 40 CFR 261.31 (e.g., F020, F021, F022, F023, F026, F027, or F028)?
☐ Yes ☐ No If yes, **DO NOT COMPLETE** this form. Contact your Chemical Waste Management, Inc. sales representative for assistance.

D. PHYSICAL CHARACTERISTICS OF WASTE

1. Color:	2. Does the waste have a strong incidental odor? ☐ No ☐ Yes If known, describe:	3. Physical State @ 70°F: ☐ Solid ☐ Semi-Solid ☐ Liquid ☐ Powder Other:	4. Layers: ☐ Multilayered ☐ Bi-layered ☐ Single Phased	5. Specific Gravity: Range: -	6. Free Liquids: ☐ Yes ☐ No Volume: %
_____					

7. pH: ☐ ≤ 2 ☐ > 2-4 ☐ 4-7 ☐ 7 ☐ 7-10 ☐ 10- <12.5 ☐ ≥ 12.5 ☐ Range _____ - _____ ☐ NA

8. Liquid Flash Point: ☐ < 73°F ☐ 73-99°F ☐ 100-139°F ☐ 140-199°F ☐ ≥ 200°F ☐ None ☐ Closed Cup ☐ Open Cup

E. CHEMICAL COMPOSITION

1.	RANGE MIN. - MAX.	
_____	-	%
_____	-	%
_____	-	%
_____	-	%
_____	-	%
_____	-	%
_____	-	%
_____	-	%
_____	-	%
_____	-	%
_____	-	%

Please note: The chemical composition total in the maximum column must be greater than or equal to 100%. **TOTAL:** _____ %

2. Indicate if this waste contains any of the following:

	NONE	or LESS THAN	or ACTUAL
PCB's	☐	☐ < 50 ppm	_____ ppm
Cyanides	☐	☐ < 50 ppm	_____ ppm
Phenolics	☐	☐ < 50 ppm	_____ ppm
Sulfides	☐	☐ < 50 ppm	_____ ppm

F. METALS Indicate if this waste contains any of the following:

1. ☐ EP TOX/TCLP or 2. ☐ Total

METAL	LESS THAN	or	ACTUAL (Parts Per Million)
Arsenic	☐ < 5	☐ < 500	_____
Barium	☐ < 100		_____
Cadmium	☐ < 1	☐ < 100	_____
Chromium	☐ < 5		_____
Lead	☐ < 5	☐ < 500	_____
Mercury	☐ < 0.2	☐ < 20	_____
Selenium	☐ < 1	☐ < 100	_____
Silver	☐ < 5		_____
Chromium-Hex	☐ < 5	☐ < 500	_____
Copper	☐ < 5		_____
Nickel	☐ < 5	☐ < 134	_____
Thallium	☐ < 5	☐ < 130	_____
Zinc	☐ < 5		_____
_____	☐ <		_____
_____	☐ <		_____
_____	☐ <		_____

Form CWM-6000 © 1987 Chemical Waste Management, Inc.

Chemical Waste Management, Inc.

GENERATOR'S CERTIFICATION OF REPRESENTATIVE SAMPLE

PLEASE PRINT IN INK OR TYPE (Elite, 12-pitch).

J79086

PDX J 79086

Waste Profile Sheet Code

CWM Location of Original: _____ (SHADED AREAS FOR CWM USE ONLY) **CWM Sales Rep. #:** 642

This completed form must be returned, with the representative sample, to:

CHEM-SECURITY SYSTEMS, INC.
Star Route, Box 9
Arlington, OR 97812

INSTRUCTIONS FOR COMPLETING THIS FORM ARE FOUND ON THE OPPOSITE SIDE. In order to determine whether Chemical Waste Management, Inc. can accept the special waste described in the Generator's Waste Material Profile Sheet referenced above, you must obtain and supply us with a representative sample of the waste. We may analyze the sample to verify the information that you have provided to us. A representative sample is defined as a sample obtained using any of the applicable sampling methods specified in 40 CFR 261-Appendix I or an equivalent method. Collect a representative sample of your waste and complete the form below. Apply the peel off label and ship your sample along with this form to the address noted above. If you have any questions regarding obtaining a representative sample of your waste, please refer to the instructions for this form, or contact your Chemical Waste Management, Inc. sales representative.

A. SAMPLING METHOD (Indicate which method was employed)

If sampling requirement has been waived by Chemical Waste Management, Inc., do not complete this Generator's Certification of Representative Sample form.

1. ☐ I have obtained a representative sample of the waste material described in the Generator's Waste Material Profile Sheet referenced above according to the sampling methods specified in 40 CFR 261-Appendix I.
2. ☐ I have obtained a representative sample of the waste material described in the Generator's Waste Material Profile Sheet referenced above using a method equivalent to the sampling methods described in 40 CFR 261-Appendix I.

B. SAMPLE SOURCE (e.g., drum, lagoon, pit, pond, tank, vat)

_____

C. SAMPLE LABEL — COMPLETE LABEL BEFORE REMOVING

J79086

1. Waste Profile Sheet Code: _____ 1. Waste Profile Sheet Code:
2. [redacted] Generator's Name: _____ 2. Generator's Name:
3. [redacted] Name of Waste: _____ 3. Name of Waste:
4. [redacted] Sample Hour/Date: _____ 4. Sample Hour/Date:
5. [redacted] Sampler's Signature: _____ 5. Sampler's Signature:

6. Print Sampler's Name: _____
7. Sampler's Title: _____
8. Sampler's Employer (if CWM, see D. below): _____

D. WITNESS VERIFICATION (if required) In most circumstances you will be obtaining the sample. However, in those cases in which Chemical Waste Management, Inc. obtains the sample, one of your employees must be present to direct the particular source to be sampled, to witness the sampling, and to complete this Part D.

I was personally present during the sampling described. I directed the waste source to be sampled, and I verify the information noted above.

1. Witness' Signature: _____
2. Witness' Name: _____ 3. Witness' Title: _____
4. Witness' Employer: _____ 5. Date: _____

Form CWM-51 © 1987 Chemical Waste Management. Inc.

GENERATOR'S WASTE MATERIAL PROFILE SHEET (Continued)

☐ J 79086
Waste Profile Sheet Code

G. OTHER HAZARDOUS CHARACTERISTICS

1. Is this waste a listed solvent waste as defined by 40 CFR 261.31 (F001, F002, F003, F004, or F005)? ☐ Yes ☐ No
2. Does this waste contain greater than 1000 ppm total halogenated organic compounds? ☐ Yes ☐ No
3. Indicate if this waste is any of the following:

☐ RCRA Reactive ☐ Radioactive
☐ Water Reactive ☐ Etiological
☐ Explosive ☐ Pesticide Manufacturing Waste
☐ Shock Sensitive ☐ Other _____
☐ Pyrophoric ☐ None of the above

H. COMPLETE ONLY FOR WASTES INTENDED FOR FUELS or INCINERATION

	LESS THAN	or ACTUAL
Beryllium	☐ < 5000 ppm	_____ ppm
Potassium	☐ < 5000 ppm	_____ ppm
Sodium	☐ < 5000 ppm	_____ ppm
Total Bromine	☐ < 2 %	_____ %
Total Chlorine	☐ < 35 %	_____ %
Total Fluorine	☐ < 1 %	_____ %
Total Sulfur		_____ %

I. OPTIONAL — RECLAMATION, FUELS, OR INCINERATION PARAMETERS Provide if information is available.

Range

1. Heat Value (BTU/lb): _____ - _____ 2. Water: _____ %
3. Viscosity (cps): _____ @ ☐ _____ °F ☐ 100°F ☐ 150°F
4. Ash: _____ % 5. Settleable solids: _____ %
6. Vapor Pressure @ STP (mm/Hg): _____
7. Is this waste a pumpable liquid? ☐ Yes ☐ No
   Type of pump? _____
8. Can this waste be heated to improve flow? ☐ Yes ☐ No
9. Is this waste soluble in water? ☐ Yes ☐ No
10. Particle size: Will the solid portion of this waste pass through a 1/8 inch screen? ☐ Yes ☐ No

J. TRANSPORTATION INFORMATION

1. Is this a DOT Hazardous Material? ☐ Yes ☐ No 2. Anticipated Annual Volume/Units: _____ / _____
3. Proper Shipping Name: _____
4. Hazard Class: _____ 5. I.D. #: _____
6. Additional Description: (_____)
7. Method of Shipment: ☐ Bulk Liquid ☐ Bulk Solid ☐ Drum (Type/Size): _____ / _____ Other: _____
8. CERCLA Reportable Quantity (RQ): _____ 9. RQ Units (lb/kg): _____
10. USEPA Hazardous Waste? ☐ Yes ☐ No 11. USEPA Hazardous Waste Number(s): _____
12. State Hazardous Waste? ☐ Yes ☐ No 13. State Hazardous Waste Number(s): _____

K. SPECIAL HANDLING INFORMATION _____

_____

_____

_____ ☐ Additional Page(s) Attached

L. GENERATOR CERTIFICATION

I hereby certify that all information submitted in this and all attached documents contains true and accurate descriptions of this waste material, and all relevant information regarding known or suspected hazards in the possession of the generator has been disclosed.

1. _____ Signature
2. _____ Title
3. _____ Name (Type or Print)
4. _____ Date

Form CWM-6000 © 1987 Chemical Waste Management, Inc.

Chemical Waste Management, Inc.
GENERATOR'S CERTIFICATION OF REPRESENTATIVE SAMPLE

Shaded areas are for CWM use only.

PART A. SAMPLING METHOD

Questions concerning sample waiver should be referred to your Chemical Waste Management, Inc. Sales Representative.

Check the sampling method employed.

This sample should be collected in accordance with "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods", SW846, USEPA, Office of Solid Waste, Washington, D.C. 20460 and/or 40CFR261-Appendix I. A suitable sample container for most wastes is a wide mouth glass bottle with a plastic cap having a non-reactive liner. Plastic containers are recommended for strong caustics or fluorides. Fill to approximately 90% of capacity to allow for expansion during transportation. The peel off label on this form must be completed prior to removal from the form. Ultimately, the label must be attached to the sample container, not the shipping container.

If this waste is a hazardous material, the sample must be packaged and shipped in accordance with USDOT regulations (49CFR171.2) and any specific requirements imposed by the carrier. Improperly packaged samples may be disposed of upon receipt.

PART B. SAMPLE SOURCE

The sampler is to describe exactly from where the sample was taken (e.g. conveyor, drum, lagoon, pipe, pit, pond, tank, vat).

PART C. SAMPLE LABEL

THE SAMPLE LABEL MUST BE COMPLETED BEFORE IT IS REMOVED FROM THIS FORM

Apply the completed peel off label to the container which actually holds the sample - not to the shipping carton. DO NOT WRITE ON THE BAR CODE (if present).

1. WASTE PROFILE SHEET CODE - If not preprinted, enter the appropriate Waste Profile Sheet Code. This Certification and its peel off label must be used to identify **ONLY** the sample of the waste described in the Generator's Waste Material Profile Sheet bearing the same Waste Profile Sheet Code.
2. GENERATOR'S NAME - Enter the name of the generating facility.
3. NAME OF WASTE - Enter a name which is generally descriptive of this waste (e.g., cyanide plating waste, paint sludge, PCB contaminated dirt, still bottoms, wastewater treatment sludge) as it appears on the Generator's Waste Material Profile Sheet.
4. SAMPLE HOUR/DATE - Enter the hour and date sample was collected.
5. SAMPLER'S SIGNATURE - The sampler must sign in the space provided.
6. PRINT SAMPLER'S NAME - Enter the sampler's name.
7. SAMPLER'S TITLE - Enter the sampler's title.
8. SAMPLER'S EMPLOYER (If CWM, See D. Below) - Enter the sampler's employer's name.

Remove the completed peel off label and affix it to the sample container at the time of sampling. If this label is lost or destroyed, the sample must be labeled with equivalent information, including the Waste Profile Sheet Code. If the Certification of Representative Sample Form is lost or destroyed, please contact your Chemical Waste Management, Inc. Sales Representative to obtain a new one.

PART D. WITNESS VERIFICATION (If required):

In the event that a Chemical Waste Management, Inc. employee obtains the sample on your site, one of your employees must be present to direct our employee to the sample source and to witness the sampling. Your employee must also provide the information requested in this PART D.

1. WITNESS' SIGNATURE - Sign in the space provided.
2. WITNESS' NAME - Print the name of the person who witnessed the sampling.
3. WITNESS' TITLE - Enter the witness' title.
4. WITNESS' EMPLOYER - Enter the witness' employer's name.
5. DATE - Enter the date the sampling event was witnessed.

Form CWM-51 © 1987 Chemical Waste Management, Inc.

Environmental: OSHA Citation 1986

Beazer002039

OSHA File

CITATION AND NOTICE OF PENALTY

3 Issue Date	4 Inspection No
12-19-85	03123288
5 Reporting Id	6 CSHO Id
054191	V5141
7 Opt Report No	8 Page
V5141-001-86	3 of 3
19 Last Employer Contact Date	
11-04-85	

BEFORE THE STATE OF OREGON, WORKERS' COMPENSATION DEPARTMENT, ACCIDENT PREVENTION DIVISION
Labor and Industries Building, Salem, Oregon 97310

In the Matter of the violation of)
the OREGON SAFE EMPLOYMENT ACT)
By: Koppers Company, Inc.)

1 Classification	2 Group No.
GENERAL	1

Employer Id No.: 511055-6
Inspection Date: 10-03-85
Inspection Site: 7540 NW St Helens Rd
Portland, OR

To: John Oxford, Plant Manager
Koppers Company Inc
7540 NW St Helens Rd
Portland OR 97229

			Office Use Only			
12 Item Number 13 Standard, Regulation or Section of the Act Violated:	14 Description	15 Date Correction Required	16 Penalty	20 No Exp	21 No Inst	22 R EC	23 Sub Code
1. OAR437-127-020(2)	The name(s) of the qualified first aid person(s) were not posted in conspicuous areas of the place of employment.	01-21-86	$ 0	8	1		

cc: CT Corporation System

0878c/meg

Total Penalty for this Citation	$0

ORAPD-2

VICTOR ATIYEH
GOVERNOR

Workers' Compensation Department

LABOR AND INDUSTRIES BUILDING • SALEM, OREGON 97310

December 19, 1985

John Oxford, Plant Manager
Koppers Company Inc
7540 NW St Helens Rd
Portland OR 97229

Opt Report No: V5141-001-86
Employer No: 511055-6
Inspection Date: October 3, 1985

An inspection of your workplace located at 7540 NW Street Helens Road, Portland, Oregon, was recently conducted by a representative of the Accident Prevention Division (APD). During the inspection the APD representative viewed your facility to determine if safety or health hazards were present which could cause injury or illness to your employes. The hazards noted, if any, which are classified as violations of safety or health regulations, are listed on a citation which you may have already received.

The hazards which are not violations of regulations but which, none the less, may cause injuries, illnesses, and high workers' compensation costs are listed on Exhibit "H" attached. In the interest of reducing the incidence and high cost of work-related injuries and illnesses in Oregon, APD encourages you to initiate corrective measures for the problem areas listed on Exhibit "H," although such action is not mandatory. Inspections, if any, in the future will review these hazards to determine if any safety or health violations exist.

There may be other hazards present which were not apparent at the time of the inspection. Your efforts to continue to search out those problem areas are appreciated. Should further help be needed in identifying or solving these problem areas, free consultative services are available through APD by calling 378-2890.

For additional information regarding the identification, location, or means and methods of correcting these or other conditions, please contact your local Accident Prevention Division Representative, Nels Nelson, at 643-0100.

Darrel D. Douglas
Administrator
Accident Prevention Division
378-3272

0878c/pse

Attachment

Beazer002041

EXHIBIT "H"

Employer Name: Koppers Company Inc
Employer No: 511055-6
Opt Report No: V5141-001-86

THE FOLLOWING IS A LIST OF HAZARDS WHICH COULD CAUSE WORK-RELATED INJURIES OR ILLNESSES TO EMPLOYES. THE ACCIDENT PREVENTION DIVISION ENCOURAGES YOU TO INITIATE CORRECTIVE MEASURES FOR THESE PROBLEM AREAS IN THE INTEREST OF REDUCING THE INCIDENCE AND HIGH COST OF WORK-RELATED INJURIES AND ILLNESSES.

ITEM 1-01 Monitoring performed by Koppers Company did not include an evaluation of worker exposure to solid pitch (pencil and crushed) covered under the Coal Tar Pitch Volatile - Benzene Soluble standard of 0.2 mg/m3. Accident Prevention Division did not perform sampling due to the start of rainy weather keeping the piles of pitch wet. The probability of overexposure was judged to be very low. Should a subsequent inspection be held by APD in the future, it is possible that work areas involving handling of solid pitch will be monitored. APD recommends Koppers Company sample work stations during dry weather where solid pitch is handled to ensure that employe exposures are below the permissible limit.

0878c/pse

VICTOR ATIYEH
GOVERNOR

Workers' Compensation Department

ACCIDENT PREVENTION DIVISION

LABOR AND INDUSTRIES BUILDING, SALEM, OREGON 97310 PHONE 378-3273

CITATION

Dear Employer:

In the interest of assuring a safe and healthful workplace and reducing the injuries and illnesses to your employes within the State of Oregon, the Accident Prevention Division recently conducted an inspection of a workplace under your control. During this inspection certain violations of the Oregon Safe Employment Act, and certain health and/or safety rules were found.

This citation lists the violations and sets a date by which the violations must be corrected. If you are not able to correct the violations by the correction date, you may apply for an extension of the compliance date by following the instructions on the back of this page.

The laws and rules of the Oregon Safe Employment Act require that under certain conditions violations of the safety and health rules be assessed a civil penalty. If penalties have been assessed on this citation, they have been computed in conformity with Oregon Administrative Rules, Division 46.

If you wish to appeal this citation, you must file your request for hearing within 20 days as outlined on the back of this page.

If you wish to discuss this citation, please feel free to call the Accident Prevention Division Manager at the local office in your area:

Beaverton	643-0100	Salem	378-3274	Medford	776-6030
Portland	257-4302	Eugene	686-7562	Bend	388-6066

We hope that through the continued cooperation between employers, employes and the Accident Prevention Division, injuries and illnesses to the work force in Oregon can be reduced.

Darrel D. Douglas
Administrator
Accident Prevention Division

SEE REVERSE SIDE OF THIS LETTER FOR WHERE AND WHEN TO POST THIS CITATION AND FOR EMPLOYER AND EMPLOYE RIGHTS AND RESPONSIBILITIES

AN EQUAL OPPORTUNITY EMPLOYER

Beazer002043

EMPLOYER'S APPEAL RIGHTS

You may appeal any violation, penalty, or correction date on this citation. Your appeal must be in writing, be signed, and include your name, address, telephone number, citation optional report number (block 7), date received and specify each item appealed and the reason for the appeal. The appeal should also indicate whether an informal conference is desired to discuss and possibly resolve informally the appealed items. The appeal **must be received by the Department within 20 days of your receipt of the citation.** If you do not appeal, this citation becomes a final order of the Workers' Compensation Department. Send your appeal to: Workers' Compensation Board, Safety Hearings Supervisor, 480 Church Street SE, Salem, Oregon 97310.

IMPORTANT NOTE: APPEALING A SERIOUS VIOLATION OR THE REASONABLENESS OF THE CORRECTION DATE DOES NOT AUTOMATICALLY STAY THE CORRECTION DATE. THE EMPLOYER MAY REQUEST THAT THE WORKERS' COMPENSATION BOARD HEARINGS DIVISION, FOR GOOD CAUSE, ISSUE A STAY OF THE CORRECTION ORDER PENDING DISPOSITION OF THE CASE (OAR 438-85-326 (2)).

POSTING

THE LAW REQUIRES THAT A COPY OF THIS CITATION BE PROMPTLY POSTED IN A CONSPICUOUS MANNER ABOUT YOUR WORKPLACE AND IN A SUFFICIENT NUMBER OF PLACES TO INFORM YOUR EMPLOYES OF THE FACTS. IT SHALL BE PROMINENTLY POSTED FOR A PERIOD OF 3 DAYS OR UNTIL THE VIOLATION IS CORRECTED, WHICHEVER OCCURS LAST.

RIGHTS OF EMPLOYES

Any employe or representative of employes who believes that any period of time fixed in this citation for the correction of alleged violations is unreasonable has the right to request a hearing by submitting a letter to the Workers' Compensation Board, Safety Hearings Supervisor, 480 Church Street SE, Salem, Oregon 97310, within 20 days of your employer's receipt of this citation.

APPLICATION FOR EXTENSION OF CORRECTION DATE

(1) An employer may apply for an extension of the date for correcting a violation.

(2) An application for extension of correction date shall be in writing to the Accident Prevention Division, Room 204, Labor and Industries Building, Salem, Oregon 97310, or received by any office of the Department.

(3) The application for extension must include:
- (a) The name and address of the employer;
- (b) The location of the place of employment;
- (c) The citation optional report number (block 7);
- (d) The number of the violation for which the extension is sought;
- (e) The reason for the request;
- (f) Facts which show that the employer has made an effort to correct the violation by the date set for correction, but was unable to do so because of factors beyond the employer's control;
- (g) All available interim steps being taken to safeguard employes against the cited hazard during the requested extended correction period;
- (h) The date by which the employer proposes to complete the correction; and
- (i) A statement that a copy of the request for extension has been posted as required by OAR 436-46-275(2)(d) and (h) or for at least 10 days, whichever is longer, and, if appropriate, served on the authorized representative of affected employes, and certification of the date upon which such posting or service was made.

(4) **The application shall be postmarked or received by the Department no later than the correction date of the violation for which the extension is requested.**

KOPPERS

Interoffice Correspondence

To	Larry Flaherty	From	John A. Oxford
Location	K-1750	Location	Portland Plant
Subject		Date	11/17/88

Dear Larry,

Per your letter of Nov. 14, 1988, I am calling your attention to two items for consideration for future reserves at the Portland plant.

Item #1) We presently have 14 bags of asbestos insulation that will be disposed of, once a permit is issued I expect that will be accomplished by the end of the year. Estimated total cost - $1000.00.

ITEM #2) Tank #101 & 66 have solid sludges in them. 101 tank is estimated at 80,000 gals. and 66 tank is estimated at 10,000 gals. This material was written off the books years ago, but will someday have to be disposed of. My estimate of cost would be $150,000 plus range.

Other items in Portland are of the environmental nature, the old leechfield etc.

Regards,

John

JAO/km

K-5 REV. 2

Koppers Company, Inc., Organic Materials Group
7540 N.W. St. Helens Road, Portland, OR 97229
Telephone 503-286-3681

KOPPERS

April 7, 1988

Mr. Rick Vopell
D.E.Q. N.W. Region
811 S.W. 6th Ave
Portland, Oregon
97204

Dear Sir:

Due to the fact Mr. Oxford is on vacation this week I am enclosing a copy of the report that was sent to the Oregon Emergency Response System regarding our spill.

If there are any further questions please feel free to contact us as Mr. Oxford will return on 4/11/88 and will be glad to help.

Your Truly,

M. J. Neal
Office Manager

mn/cc

Koppers Company, Inc., Organic Materials Group
7540 N.W. St. Helens Road, Portland, OR 97229
Telephone 503-286-3681

KOPPERS

April 2, 1988

MS. CLAUDIA ANDERSON
EMERGENCY MANAGEMENT DIVISION
43 STATE CAPITAL
SALEM, OREGON 97310

Dear Ms. Anderson,

This letter is in follow up to my telephone call to the Oregon Emergency Response System on April 1, 1988, at 5:45 pm P.S.T. At that time I reported to Officer Lowenstien that in my capacity as Plant Manager of Koppers Portland Oregon facility, I was reporting two minor spills of Coal Tar Creosote. At 6:15 pm P.S.T. I received a telephone call from you, at which time I informed you that our truck was delivering Creosote to McCormick & Baxter Company, in Portland Oregon when the 3" suction hose failed and resulted in a spill of about 20 gallons of Creosote on the ground. Upon being informed of this incident, I assigned two of my employees to assist the McCormick & Baxter employees in the clean up of the spill. The spill was contained and completely cleaned up. The contaminated rain water which amounted to one 55 gallon drum will be recycled through their oil and water separator and the one drum of contaminated soil will be handled as hazardous waste and shipped under manifest to Arlington Oregon, for disposal at the hazardous waste dump. To this incident you assigned reference # 88203.

During the same phone call I informed you that at about the same time an incident occured at my plant, resulting in a spill of about 25 gallons of Creosote on the ground. Apparently due to pump vibration, a pressure gauge lossened from its mount and allowed the Creosote pumping through the line to spill onto the ground around the pump. The pumping was shut down, the spill was contained with absorbent sand and pads and then cleaned up and put into two 55 gallon drums. The gauge was repaired and the line was proofed with steam pressure to assure that the leak was stopped. As in the first incident these drums will be handled as hazardous waste and will be shipped under manifest to the hazardous dump in Arlington Oregon. To this incident you assigned reference # 88204.

I also informed you that I had reported these incidents to a Mr. Obrien at the National Emergency Response Center in Washington D.C.

I wish to thank you for your help and concern on these matters and should you need any further information on these incidents please feel free to call

Sincerely,

John A. Oxford
Plant Manager

CC: J. Dern K- 901
L. Flaherty K-1750
B. Nolan K-1400
Plant File

J. A. Offord - Northwest Terminals

KOPPERS

Interoffice Correspondence

To	All Managers - Building Prod. Sector, Chemical Systems Sector, Tar & Wood Products Sector	From	B.L. Allison
Location		Location	K-1201
Subject	Notification Procedures	Date	January 25, 1988

The purpose of this letter is to advise you of the needed notification procedures to be promptly implemented in the event of an emergency situation involving your community, your employees, your plant or your products. The procedures are attached.

Proper notification is a necessary element in emergency situation management. We must do the best possible job of providing support for and assuring the continued health and safety of involved persons, investigating the incident to prevent a reoccurrence in the future and implementing claims management procedures to reduce the impact of the incident upon any involved persons and Koppers. We have many people who can help you manage a problem but they can only be effective if they become involved as the problem initially develops.

In the attachment are some of the situations and specific people who can help with the problem and should become immediately involved. The notification of other necessary management and staff personnel shall be the responsibility of the person you have initially contacted.

If you have any questions about the concept of the procedure, please let me know. If there is any question or doubt about a specific problem and any doubt about use of this notification process, use it. We cannot help if we do not know about the problem.

B.L. Allison

BLA/mc
Attachment

cc:
R.K. Wagner
E.A. Clendaniel
R.S. Ohlis, Jr.
M.A. Franck
L.F. Flaherty
G.L. Reynolds
A.W. Lawrence
J.R. Brown
J.E. Marcinowski
D.K.S. Anderson
C.W. Flickinger
M.H. Juba
F.M. Spinola
P.E. Barry
N.R. Gleberman
J.A. Harris
J. Kusar
J.S. Compofelice
J. Younts
R.D. Collins
M. Helbling
Jordan Dern
Gary Edwards
S.R. Fife
R.J. Parry
R.J O'Gara
E.B. Wood
J. Blundon
C.P. Dorsey
A.C. Middleton
D.J. McGraw
J.H. Butala
R.J. Anderson
David Kershner
Billie Nolan

KOPPERS CO. INC. PORTLAND, OR RECEIVED FEB 5 1988

K-3 REV. 2

Beazer002048

KOPPERS COMPANY, INC.

Internal Emergency Notification Procedures

Building Products Sector
Chemical Systems Sector
Tar and Wood Products Sector

1/25/88

Emergency Notification Procedures

I. A MEDICAL EMERGENCY - relating to a Koppers product or operation, sustained by anyone, including anyone in the plant, neighborhood, or local community. These incidents will relate to serious health situations and not trauma (bodily injury or accidents). For serious injuries or accidents, refer to the following appropriate sections in this procedure.

Primary Contact - John H. Butala
Office - 412-227-2879 Home 412-443-0926

Secondary contacts if unable to reach Mr. Butala

1. Darlene K. Susa Anderson
   Office 412-227-2455 Home 412-341-8934

2. John E. Marcinowski
   Office 412-227-2884 Home 412-384-9430

3. B.L. Allison
   Office 412-227-2424 Home 412-899-2131

4. C.W. Flickinger
   Office 412-327-3000, ext. 5135 Home 412-793-0143

5. M.H. Juba
   Office 412-327-3000, ext. 5138 Home 412-731-4977

6. Donald J. McGraw
   Office 412-227-2879 Home 412-361-3334

Beazer002050

Emergency Notification Procedures

I. A MEDICAL EMERGENCY sustained by anyone, including anyone in the plant, neighborhood or local community, relating to a Koppers product or operation. Generally these incidents will relate to health situations and not trauma.

Primary Contact - John H. Butala
Office - 412-227-2592 Home 412-443-0926

Secondary contacts if unable to reach Mr. Butala

1. Darlene K. Susa Anderson
   Office 412-227-2455 Home 412-341-8934

2. John E. Marcinowski
   Office 412-227-2884 Home 412-384-9430

3. B.L. Allison
   Office 412-227-2424 Home 412-899-2131

4. C.W. Flickinger
   Office 412-327-3000, ext. 5135 Home 412-793-0143

5. M.H. Juba
   Office 412-327-3000, ext. 5138 Home 412-731-4977

6. Donald J. McGraw
   Office 412-227-2879 Home 412-361-3334

Beazer002051

II. A WORK RELATED INJURY resulting in the death of an employee or resulting in multiple victims, paralysis, loss of limb or other major disability.

Primary Contact -B.L. Allison
Office 412-227-2424 Home 412-899-2131

Secondary Contact if unable to reach Mr. Allison

1. John E. Marcinowski

   Office 412-227-2884 Home 412-384-9430

2. R.D. Collins

   Office 412-227-2456 Home 412-257-0646

3. Your appropriate division, department or sector manager.

4. C.W. Flickinger

   Office 412-327-3000, ext. 5135 Home 412-793-0143

Beazer002052

III. AN INJURY to a person OTHER THAN AN EMPLOYEE but involving Koppers property, equipment (including highway vehicles) or products.

Primary Contact - R.D. Collins

Office 412-227-2456 Home 412-257-0646

Secondary Contact - if unable to reach Mr. Collins
B.L. Allison

Office 412-227-2424 Home 412-899-2131

If unable to reach Mr. Collins or Mr. Allison, contact:

1. The appropriate division or department or sector manager.
2. John E. Marcinowski

   Office 412-227-2884 Home 412-384-9430
3. C.W. Flickinger

   Office 412-327-3000, ext. 5135 Home 412-793-0143

Beazer002053

IV. An incident or situation resulting in A CHEMICAL or OIL RELEASE to the AIR, WATER, or LAND within, or from a Koppers facility, property, barges, railcars or vehicles. It should be understood that this internal notification will occur in conjunction with the notification required by any involved regulatory agency. (See the attached correspondence). IF THERE IS THE POTENTIAL FOR EXPOSURE TO THE PUBLIC, ALSO ADVISE JOHN H. BUTALA AS SPECIFIED IN SECTION I OF THIS PROCEDURE.

Primary Contact is your Keystone Environmental Resources Program Manager. (See attached list for assigned responsibilities).

M. Helbling - Mike
Office 412-227-2690 Home 412-337-1952

R.J. Anderson - Rob
Office 412-227-2683 Home 412-733-2681

David Kershner
Office 412-227-2677 Home 412-733-3641

Jordan Dern
Office 412-227-2207 Home 412-421-2951

Gary Edwards
Office 412-227-2682 Home 412-931-4379

Secondary Contacts if unable to reach a Program Manager

1. Mark R. Urbassik
Office 412-227-2870 Home 412-831-9136

2. Your appropriate division or department management.

3. Jill Blundon
Office 412-227-2414 Home 412-327-2489

4. Billie Nolan
Office 412-227-2515 Home 412-653-5328

Beazer002054

KER PROGRAM MANAGERS ASSIGNMENTS
as of 12/18/87

Program Manager	Plant/Location
Gary Edwards	Conley
	Valparaiso
	Oak Creek Board Plant
	Koppers Building Products Limited, Canada
Mike Helbling	Cleveland - Thiem
	Oak Creek - Thiem
	West Allis - Thiem
	Petrolia
	Tuscaloosa
	Bridgeville
	Oxnard
	Richmond
Jordan Dern	Chicago
	Follansbee
	Houston
	Northwest Terminal
	Woodward Tar
	Woodard Coke
	Youngstown
	Newark
	Garwood
	Irving
	Los Angeles
	St. Louis
	Pettit
David Kershner	Denver
	Feather River
	Carbondale
	Galesburg
	Green Spring
	Guthrie
	Kansas City
	North Little Rock
Rob Anderson	Susquehanna
	Grenada
	Roanoke Valley
	Superior
	Florence
	Gainesville
	Port Newark
	Montgomery

1/25/88

Beazer002055

KOPPERS

Interoffice Correspondence

To	All Plant Managers	From	J. M. Blundon M. R. Urbassik
Location		Location	K-1400/K-1940
Subject	Various	Date	February 5, 1987
	Spill Reporting		

The recently-enacted amendments to the federal Comprehensive Environmental Response, Compensation and Liability Act ("CERCLA") contain new requirements for reporting releases of hazardous substances. This memorandum is designed to alert you to these new requirements and to review the existing CERCLA regulations on reportable releases.

Existing CERCLA Requirements

Section 103(a) of CERCLA provides that any person in charge of a facility must, as soon as he has knowledge of any release (other than an exempted release) into the environment of a hazardous substance from the facility in a reportable quantity, immediately notify the National Response Center ("NRC") at 800 / 424-8802 of the release. Consequently, whenever there is a spill, leak or other release of a material at your plant, you must first determine whether the material is a hazardous substance and, if so, whether the amount released in a 24 hour period meets or exceeds the reportable quantity. The complete list of CERCLA hazardous substances and their reportable quantities is attached as Schedule 1. Those substances commonly found at Koppers' plants have been highlighted.

If the material released is a hazardous substance and meets or exceeds the reportable quantity, you must determine whether it has entered the environment. Please note that even if the material is fully-contained within the boundaries of your plant, it is considered to have entered the environment if it comes in contact with the ground or vaporizes into the air. In other words, if a spill is contained on a concrete pad, or within a building, it does not have to be reported. However, if more than a reportable quantity of the material touches the ground or becomes airborne, it must be reported.

Please keep in mind that some states have additional

EV. 2

Beazer002056

KOPPERS

Interoffice Correspondence

To	All Plant Managers	From	J. M. Blundon M. R. Urbassik
Location		Location	
Subject	Various	Date	K-1400/K-1940
	Spill Reporting		February 5, 1987

The recently-enacted amendments to the federal Comprehensive Environmental Response, Compensation and Liability Act ("CERCLA") contain new requirements for reporting releases of hazardous substances. This memorandum is designed to alert you to these new requirements and to review the existing CERCLA regulations on reportable releases.

Existing CERCLA Requirements

Section 103(a) of CERCLA provides that any person in charge of a facility must, as soon as he has knowledge of any release (other than an exempted release) into the environment of a hazardous substance from the facility in a reportable quantity, immediately notify the National Response Center ("NRC") at 800 / 424-8802 of the release. Consequently, whenever there is a spill, leak or other release of a material at your plant, you must first determine whether the material is a hazardous substance and, if so, whether the amount released in a 24 hour period meets or exceeds the reportable quantity. The complete list of CERCLA hazardous substances and their reportable quantities is attached as Schedule 1. Those substances commonly found at Koppers' plants have been highlighted.

If the material released is a hazardous substance and meets or exceeds the reportable quantity, you must determine whether it has entered the environment. Please note that even if the material is fully-contained within the boundaries of your plant, it is considered to have entered the environment if it comes in contact with the ground or vaporizes into the air. In other words, if a spill is contained on a concrete pad, or within a building, it does not have to be reported. However, if more than a reportable quantity of the material touches the ground or becomes airborne, it must be reported.

Please keep in mind that some states have additional

EV. 2

Beazer002057

reporting requirements and you should familiarize yourself with those. In addition, some of the environmental permits held by your plant may impose other conditions on reporting.

The reportable quantities for some of the chemicals used at Koppers plants are one pound (i.e., creosote). Consequently, some plants may have to place calls to the NRC on a daily basis. We are attempting to develop a less burdensome form of reporting for these frequent, yet minor spills, but unless and until we are able to get government approval, you must make the notifications as often as necessary for all reportable spills. We suggest that you consider concreting, or using drip buckets in, those areas of the plant in which spills of reportable quantities are likely to occur (i.e., loading and unloadng areas) so that you may be able to contain spills before they reach the ground.

The plants are charged with the responsibility for making the notifications to the NRC. You should also report all such notifications to the Environmental Coordinator for your plant. If you have any questions concerning whether a particular spill should be reported, please call your Environmental Coordinator or the Law Department immediately.

Emergency Notifications

All of the reporting obligations discussed above existed before the passage of the CERCLA Amendments in October 1986. The Amendments, however, added a new "emergency notification" requirement. As a result, in addition to the reporting requirements described above, you now also have an obligation to make an immediate notification to the Local Emergency Coordinator for the Local Emergency Planning Committee if a reportable quantity of a CERCLA hazardous substance (see Schedule 1) or an "extremely hazardous substance" is released over a 24 hour period and the release results in exposure to persons outside the boundaries of the plant. A list of "extremely hazardous substances" and their reportable quantities is attached as Schedule 2. This emergency notification need not be given for any release which results in exposure solely to persons within the workplace. However, as discussed above, notification may be required in this situation to the NRC if the material released touches the

ground or is vaporized into the air.

In the case of an emergency release, immediate (i.e., telephone, radio) notification must be given to the Local Emergency Coordinator for the Local Emergency Planning Committee of any area likely to be affected by the release and the State Emergency Planning Commission of any state likely to be affected by the release. If no such Emergency Planning offices exist in your area, you should provide notification to the relevant local or state emergency response personnel (i.e., fire department, health department, state police). The notification must include the chemical name of the substance, estimate of quantity released, time and duration of release, medium into which the release occurred, precautions to be taken, anticipated health effects (acute and chronic) and name and telephone muber of contact person. A written follow-up emergency notice must be given as soon as practicable after the release addressing actions to be taken to contain the release and, where appropriate, advice regarding medical attention. As with notifications to the NRC, plant personnel are responsible for making these emergency notifications and alerting the Environmental Coordinators. The Environmental Coordinators and the Law Department will advise the Communications Department and others as appropriate.

The CERCLA Amendments also require chemical manufacturers, processors and users to report production and emission data on certain toxic chemicals and mixtures to state and local emergency response personnel. These additional reporting requirements will be addressed in future correspondence.

If you have any questions concerning the reporting procedure, please call your Environmental Coordinator, Mark Urbassik (412/227-2870), John Marcinowski (412/227-2884) or Jill Blundon (412/227-2414).

Mark Urbassik

Jill Blundon

V. A FIRE, EXPLOSION OR NATURAL DISASTER resulting in facility, equipment or product damage which would require a capital appropriation for repair or would cause an interruption of business. If there is any danger to the neighborhood or community, are any injuries or the potential for a materials release, follow the procedures previously stipulated.

Primary Contact - R.D. Collins
Office 412-227-2456 Home 412-257-0646

Secondary Contacts if you are unable to reach Mr. Collins.

1. B.L. Allison
   Office 412-227-2424 Home 412-899-2131

2. J.E. Marcinowski
   Office 412-227-2884 Home 412-384-9430

3. Your appropriate division or department management.

Beazer002060

KEYSTONE
ENVIRONMENTAL RESOURCES, INC.

Phone: 412/227-2694 436 Seventh Avenue, Suite 1940, Pittsburgh, PA 15219 Fax: 412/227-2436

December 22, 1988

CERTIFIED MAIL
RETURN RECEIPT
REQUESTED

Mr. Fred Hasen, Director
Department of Environmental Quality
Hazardous and Solid Waste Division
811 S.W. Sixth Avenue
Portland, OR 97204

Dear Mr. Hasen:

Please be advised that, effective December 28, 1988, the assets at the Koppers Company, Inc. Northwest Terminal plant located at 7540 Northwest St. Helens Road, Portland, Oregon are scheduled to be sold by Koppers Company, Inc. to Koppers Industries, Inc. The address of Koppers Industries, Inc. will be 436 Seventh Avenue, Pittsburgh, PA 15219.

It is hereby requested that, as of December 28, 1988, the following permit be transferred to Koppers Industries, Inc.:

RCRA Interim Status ORD027734359

Should there be any questions or additional information required, please contact me at 412-227-2207.

Sincerely,

Gary Edwards for
Jordan M. Dern
Senior Program Manager
Koppers Industrial & Foundry Products

JMD/cr

cc: J. Batchelder
B. Magee
G. Edwards
L. Flaherty
J. Oxford
U.S. EPA Region 10

PERMANENT

Koppers Company, Inc.
Science and Technology
Pittsburgh, PA 15219, Telephone (-2000

File NW-S-RRRRCRA

KOPPERS

CERTIFIED MAIL

February 12, 1985

Mr. Richard Reiter, Supervisor
Hazardous Waste Operations
Department of Environmental Quality
Hazardous and Solid Waste Division
P. O. Box 1760
Portland, Oregon 97205

ATTENTION: Mr. Fred Bromfeld

SUBJECT: Koppers Company, Inc.
Portland, Oregon
EPA I.D.#ORD027734359

Dear Mr. Bromfeld:

In regard to our discussion of February 6, 1985, I am sending you a copy of the Part A Permit Application withdrawal dated April 25, 1984, as well as a copy of the letter from the U.S. EPA - Region X dated March 30, 1984, confirming that a hazardous waste facility does not exist in your state. Please forward this information to Mr. Reiter.

I trust that the information provided above will free us of any further written submissions (to include financial assurance documents) in regard to this matter.

Please feel free to contact me if any other problems develop.

Sincerely,

John J. Daskivich

John J. Daskivich
Environmental Resources Department

JJD/mas

Enclosures

JMD ✓

Writer's Direct Dial Number _____

PERMANENT

Beazer002062

MLR: NW-5-RCRA

Koppers Company, Inc.
Environmental Resources Depa
Pittsburgh, PA 15219, Telephone 412-227-2000

KOPPERS

April 25, 1984

Ms. Alexandra B. Smith, Director
Air & Waste Management Division
U.S. EPA - Region X
1200 Sixth Avenue
Seattle, Washington 98105

ATTN: Ms. Nancy Karanicolas - MS 533

SUBJ: Koppers Co., Inc.
Portland, Oregon
EPA I.D. # ORD 027734359

Dear Ms. Karanicolas:

Thank you for your letter of March 30, 1984 and the return of Part A Permit Application submitted on November 30, 1980.

Please find attached a revised notification of hazardous waste activity for generation only. I understand that if we desire to treat, store, dispose of hazardous waste at the site, we are obliged to file both a Part A and Part B RCRA Permit Application.

Thank you for your assistance in this matter.

Sincerely,

LLNagel

L. L. Nagel, Vice President

bcc: J. Oxford

Writer's Direct Dial Number _____

PERMANENT

Beazer002063

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F O R D 0 2 7 7 3 4 3 5 9 T/A: 1 | APPROVED | DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

Koppers Co. Inc.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 7 5 4 0 NW St. Helens Road

CITY OR TOWN: 4 Portland | ST.: O R | ZIP CODE: 9 7 2 2 9

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 7 5 4 0 N W S t. H e l e n s R o a d

CITY OR TOWN: 6 Portland | ST.: O R | ZIP CODE: 9 7 2 2 9

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 Oxford, John, Terminal Manager | PHONE NO. *(area code & no.)*: 5 0 3 - 2 8 6 - 3 6 8 1

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [X] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: O R D 0 2 7 7 3 4 3 5 9

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

PERMANENT

I.D. – FOR OFFICIAL USE ONLY

W O RD 0 2 7 7 3 4 3 5 9 1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	**8**	**9**	**10**	**11**	**12**

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 5 1					
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that 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.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
L L Nagel	L. L. Nagel, Vice President	4/25/84

EPA Form 8700-12 (6-80) REVERSE

DETACH

PERMANENT

Beazer002065

U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION X
1200 SIXTH AVENUE
SEATTLE, WASHINGTON 98101

my copy
2/8/85

REPLY TO ATTN OF: M/S 533

cc: CPB
John Oxford

Judson
please handle
L.F.M. 4/5/84

MAR 30 1984

L. Nagel, Vice President
Koppers Company, Incorporated
The Koppers Building
Pittsburg, Pennsylvania 15219

Re: Facility No. ORD027734359

Dear Mr. Nagel:

This letter is written in response to your February 22, 1984 letter certifying that hazardous waste had never been treated, stored, or disposed of at your Portland, Oregon facility.

Based upon an inspection conducted by the Environmental Protection Agency (EPA) personnel at the facility on March 21, 1984, as well as the certification in your letter, we have no reason to believe that hazardous waste was ever stored, treated, or disposed of on your site. We are accordingly returning the hazardous waste Part A permit application for your facility, as you never qualified for interim status, and you are relieved from submitting a Part B application.

I am enclosing a hazardous waste notification form, which should be amended to include "generation only" under Item VI, Type of Hazardous Waste Activity. This will delete your treat, store, or dispose status and will allow the facility to maintain its status as a potential generator of hazardous waste. Please complete the form and return it to this office.

Before any change in operation can occur at the facility that would cause it to become subject to the 40 CFR Part 270 permit requirements, a complete (Part A and Part B) permit application would have to be submitted.

Should you have any questions regarding the Federal regulations, please contact Nancy Karanicolas at this office at (206) 442-2806.

Sincerely,

Charles Findley
for Alexandra B. Smith, Director
Air & Waste Management Division

Enclosures

file PORTLAND PLANT

PERMANENT

Beazer002066

FILE: NW-5-RCRA

Koppers Company, Inc.
Environmental Resources Dep t
Pittsburgh, PA 15219, Telephone 2-227-2000

KOPPERS

April 25, 1984

Ms. Alexandra B. Smith, Director
Air & Waste Management Division
U.S. EPA - Region X
1200 Sixth Avenue
Seattle, Washington 98105

ATTN: Ms. Nancy Karanicolas - MS 533

SUBJ: Koppers Co., Inc.
Portland, Oregon
EPA I.D. # ORD 027734359

Dear Ms. Karanicolas:

Thank you for your letter of March 30, 1984 and the return of Part A Permit Application submitted on November 30, 1980.

Please find attached a revised notification of hazardous waste activity for generation only. I understand that if we desire to treat, store, dispose of hazardous waste at the site, we are obliged to file both a Part A and Part B RCRA Permit Application.

Thank you for your assistance in this matter.

Sincerely,

LL Nagel

L. L. Nagel, Vice President

bcc: J. Oxford

Writer's Direct Dial Number _____

PERMANENT

Beazer002067

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F O R D 0 2 7 7 3 4 3 5 9 (T/A:) (C: 1)

APPROVED:

DATE RECEIVED (yr., mo., & day):

I. NAME OF INSTALLATION

Koppers Co. Inc.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 7540 NW St. Helens Road

CITY OR TOWN: Portland — ST.: OR — ZIP CODE: 97229

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 7540 NW St. Helens Road

CITY OR TOWN: Portland — ST.: OR — ZIP CODE: 97229

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: Oxford, John, Terminal Manager

PHONE NO. *(area code & no.)*: 503-286-3681

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER:

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [X] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: ORD027734359

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

PERMANENT

EPA Form 8700-12 (6-80)

Beazer002068

I.D. – FOR OFFICIAL USE ONLY

													F/A	C
1	W	O	R	D	0	2	7	7	3	4	3	5	9		I

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	**8**	**9**	**10**	**11**	**12**

DETACH

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 05 1					
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

DETACH

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that 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.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
L L Nagel	L. L. Nagel, Vice President	4/25/84

EPA Form 8700-12 (6-80) REVERSE

PERMANENT

Beazer002069

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

U.S.MAIL

RECEIVED

MAY 14 1984

ENVIRONMENTAL RESOURCES
OMG

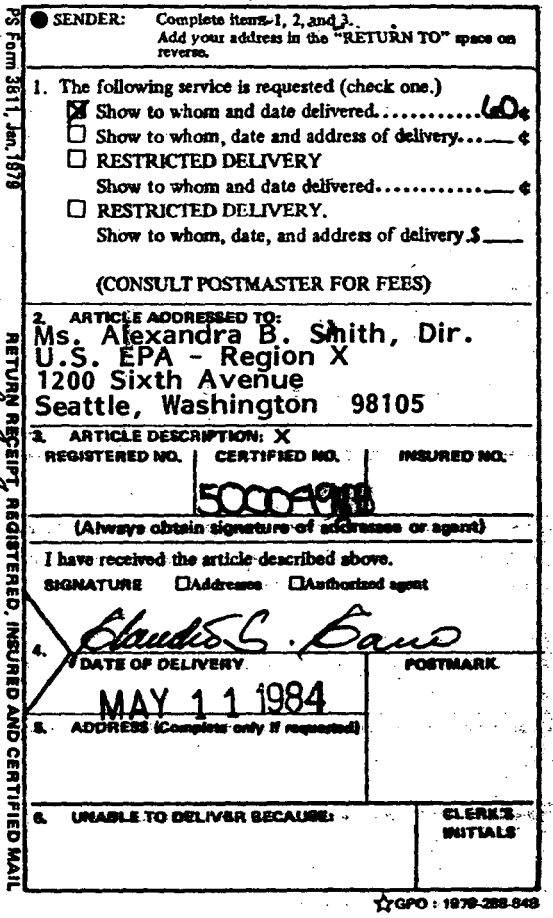
Mr. Jordan M. Dern
(Name of Sender)

Koppers Company, Inc.
1201 Koppers Bldg.
(Street or P.O. Box)

Pittsburgh, Pa. 15219
(City, State, and ZIP Code)

PERMANENT

Beazer002070



PS Form 3811, Jan. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

NW cancel KCK

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
- ☒ Show to whom and date delivered..... 60¢
- ☐ Show to whom, date and address of delivery.... ___ ¢
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  Show to whom and date delivered..... ___ ¢
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  Show to whom, date, and address of delivery.$ ___

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
Ms. Alexandra B. Smith, Dir.
U.S. EPA - Region X
1200 Sixth Avenue
Seattle, Washington 98105

3. ARTICLE DESCRIPTION: X

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	5000-[illegible]	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐Addressee ☐Authorized agent

4. Claudia S. Bans

DATE OF DELIVERY: MAY 11 1984

POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

☆GPO : 1979-288-848

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U.S. ENVIRONMENTAL PROTECTION AGENCY

REGION X

1200 SIXTH AVENUE

SEATTLE, WASHINGTON 98101

RECEIVED
AUG 12 1982
ENVIRONMENTAL RESOURCES
OMG

REPLY TO ATTN OF: M/S 530

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

AUG 09 1982

Lawrence L. Nagel, Vice President
Kopper Company, Incorporated
1250 Koppers Building
Pittsburgh, Pennsylvania 15219

RE: Facility #ORD027734359

Dear Mr. Nagel:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status.

On July 16, 1981, Oregon received interim authorization under Section 3006 of RCRA to manage Phase I of the Federal hazardous waste program in lieu of EPA. Therefore, as an owner or operator of a hazardous waste management facility in Oregon, you are required to comply with all applicable State and local requirements, including State rules and, where appropriate, State permit or license conditions.

Nonetheless, until Oregon receives Phase II interim authorization or final authorization, you must comply with 40 CFR Sections 122.22 and 122.23 if you wish to handle new wastes, change processes, increase the design capacity, or change ownership or operational control of the facility. The information in the enclosure to this letter, obtained from your Part A Permit Application, identifies the processes your facility may use, their design capacities, and the types of waste your facility may accept during interim status. Please refer to the above referenced Federal Regulations for requirements which apply if you wish to change the operation of your facility. Please also be aware that in complying with the Section 122.22 and 122.23 requirements, you must continue to use the Federal definition of hazardous waste found in 40 CFR Part 261.

PERMANENT

If you have any questions concerning this letter, please call Mike Bussell (206) 442-2859.

Sincerely,

Kenneth D. Feigner, Chief
Waste Management Branch

Enclosure

cc: Richard Reiter, Oregon Department of Environmental Quality
Al Goodman, Oregon Operations Office, EPA
Henry Rassi, Koppers, Portland, Oregon
John VanBladeren, Northwest Natural Gas

cc: gm dern
8/12/82 jfc

PERMANENT

CONDITIONS OF OPERATION DURING
INTERIM STATUS

Date Prepared:

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below. This notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

I. Facility Name: Koppers Co. Inc.

Location: 7540 N.W. ST. Helens

Portland, Oregon 97229

EPA ID No: ORD-027734359

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Part 122 and existing State regulations:

Owner's Name: Northwest Natural Gas

Operator's Name: Koppers Co. Inc.

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated:

PROCESS	DESIGN CAPACITY
S03	100 cubic yards

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid wastes exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers (This does not preclude the handling of other wastes defined as hazardous by Oregon State regulations):

U051				

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Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F ORD 027734359

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete Items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER ORD027734359

III. FACILITY NAME KOPPERS CO INC

V. FACILITY MAILING ADDRESS 7540 NW ST HELENS
PORTLAND, OR 97229

VI. FACILITY LOCATION 7540 NW ST HELENS
PORTLAND, OR 97229

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 SCHMALE W PLT SUPT	503 286 3681

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	
3 7540 NW ST HELENS RD	
B. CITY OR TOWN	**C. STATE** / **D. ZIP CODE**
4 PORTLAND	OR / 97229

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5 7540 NW ST HELENS RD	
B. COUNTY NAME	
MULTNOMAH	
C. CITY OR TOWN	**D. STATE** / **E. ZIP CODE** / **F. COUNTY CODE** (if known)
6 PORTLAND	OR / 97229 /

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE

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CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
2865 (specify) COAL TAR PRODUCTS	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)

(specify)

D. PHONE NUMBER (area code & no.) 412 227 2000

E. STREET OR P.O. BOX

1 MELLON BANK BLDG

F. CITY OR TOWN PITTSBURGH

G. STATE PA

H. ZIP CODE 15219

I. IS THE FACILITY LOCATED ON INDIAN LAND? (Check if facility is located on Indian land) ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N 2 1 A G J	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER** (specify)
9 U	9 2 L 2 9 7 0 (specify) AIR OPERATING
C. RCRA (Hazardous Wastes)	**F. OTHER** (specify)
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries of the facility. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

TERMINAL FOR COAL TAR PRODUCTS

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
L. L NAGEL Vice Pres	Lawrence L. Nagel	11/19/80.

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (6-80) REVERSE

PERMANENT

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Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

IRONMENTAL PROTECTION AGENCY

HAZ. .BOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

													R/A	C
F	0	R	D	0	2	7	7	3	4	3	5	9		1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☒ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	8 2		

☐ 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

													R/A	C
C	D	U	P											1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S02	400	G		7				
2					8				
3					9				
4					10				

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Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

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Continued from page 2.

NOTE: Photocopy this page before completir ve ve more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)		FOR OFFICIAL USE ONLY		
W 2 R 7 0 2 7 7 3 4 3 5 9	T/A C 1	W DUP	T/A C 2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U051	[illegible]	T	S03	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
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25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

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Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WA[illegible] continued)

E. USE THIS SPACE TO LIST ADDITION[illegible] PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)														
S												T/A	C	
F	C	R	D	0	2	7	7	3	4	3	5	9		6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
45 34 350	122 45 360

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E North West Natural Gas	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F 123 NW Flanders St	G Portland Oregon	OR	97209

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that 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.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
John Van Bladeren	by John Bladeren ~~vice~~ president	11-7-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that 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.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
L. L Nagel Vice Pres.	Lawrence L. Nagel	11/19/80.

CONTINUE ON PAGE 5

PERMANENT

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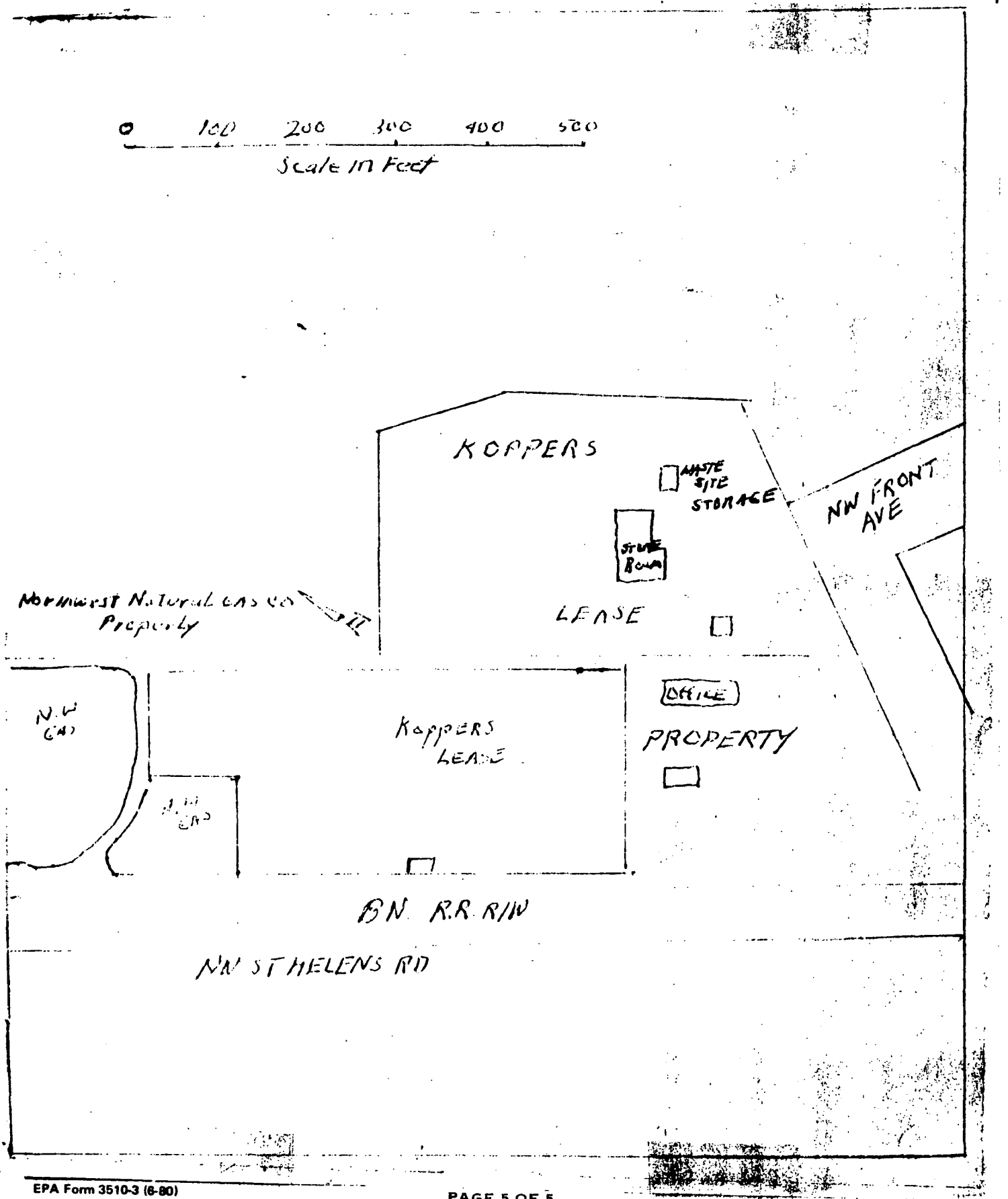
V. FACILITY DRAWING *(see page 4)*

Form Approved OMB No. 158-S80004



PERMANENT

Beazer002081

ORD 027734359
Koppers Company, Inc.
Portland, Ore.

PERMANENT

Amos S. Kamerer
Area Sales Manager
Industrial Products

KOPPERS

Koppers Company, Inc.
7540 N.W. Saint Helens Road
Portland, OR 97229
503-286-3681
FAX: (503) 285-2831

John A. Oxford
Terminal Manager
Tar and Wood Products

KOPPERS

Koppers Company, Inc.
7540 N.W. St. Helens Road
Portland, OR 97229
503-286-3681
FAX: (503) 285-2831

K O P P E R S N O R T H W E S T P L A N T

FAX SENT TO: COMPANY NAME: LARRY FLAHERTY

TO: ATTENTION : K-1750

ROOM # EXT: :

"HELLO" I'M A 3M FAX MACHINE, I AM SENDING THIS COVER LETTER TO LET YOU KNOW WHERE THIS COMES FROM. AFTER THIS COVER LETTER (3) Three PAGES WILL FOLLOW. IF YOU DO NOT RECEIVE ALL OF THIS TRANSMISSION, PLEASE CALL US SO WE CAN HELP. PLEASE CALL US AT THE COMPANY PHONE NUMBER AS SOON AS POSSIBLE, SO WE CAN RESEND.

THIS TRANSMISSION WAS SENT BY: MARY TIME: 11:01

DATE: 9-1-87

Beazer002083

Amos S. Kamerer
Area Sales Manager
Industrial Products

KOPPERS

Koppers Company, Inc.
7540 N.W. Saint Helens Road
Portland, OR 97229
503-286-3681
FAX: (503) 285-2831

John A. Oxford
Terminal Manager
Tar and Wood Products

KOPPERS

Koppers Company, Inc.
7540 N.W. St. Helens Road
Portland, OR 97229
503-286-3681
FAX: (503) 285-2831

K O P P E R S N O R T H W E S T P L A N T

FAX SENT TO: COMPANY NAME: KOPPERS COMPANY INC.

TO: ATTENTION : JAY BEST

ROOM # EXT: : K- 850

"HELLO" I'M A 3M FAX MACHINE, I AM SENDING THIS COVER LETTER TO LET YOU KNOW WHERE THIS COMES FROM. AFTER THIS COVER LETTER (3) Three PAGES WILL FOLLOW. IF YOU DO NOT RECEIVE ALL OF THIS TRANSMISSION, PLEASE CALL US SO WE CAN HELP. PLEASE CALL US AT THE COMPANY PHONE NUMBER AS SOON AS POSSIBLE, SO WE CAN RESEND.

THIS TRANSMISSION WAS SENT BY: MARY TIME: 11:10

DATE: 9-1-87

Beazer002084

Fax: to Jay Best Tony of Liberty To: JOHN – F.Y.I. KOPPER'S
From: MYRON SALO P.O.P. T-4

NEIL GOLDSCHMIDT
GOVERNOR

Department of Insurance and Finance

ACCIDENT PREVENTION DIVISION

LABOR AND INDUSTRIES BUILDING, SALEM, OREGON 97310

CITATION

Dear Employer:

In the interest of assuring a safe and healthful workplace and reducing the injuries and illnesses to your employes within the State of Oregon, the Accident Prevention Division recently conducted an inspection of a workplace under your control. During this inspection certain violations of the Oregon Safe Employment Act, and certain health and/or safety rules were found.

This citation lists the violations and sets a date by which the violations must be corrected. If you are not able to correct the violations by the correction date, you may apply for an extension of the compliance date by following the instructions on the back of this page.

The laws and rules of the Oregon Safe Employment Act require that under certain conditions violations of the safety and health rules be assessed a civil penalty. If penalties have been assessed on this citation, they have been computed in conformity with Oregon Administrative Rules, Division 46.

If you wish to appeal this citation, you must file your request for hearing within 20 days as outlined on the back of this page.

If you wish to discuss this citation, please feel free to call the Accident Prevention Division Manager at the local office in your area:

Portland West	229-5910	Salem	378-3274	Medford	776-6030
Portland East	257-4302	Eugene	686-7562	Bend	388-6066

We hope that through the continued cooperation between employers, employes and the Accident Prevention Division, injuries and illnesses to the work force in Oregon can be reduced.

Administrator
Accident Prevention Division
(503) 378-3272

SEE REVERSE SIDE OF THIS LETTER FOR WHERE AND WHEN TO POST THIS CITATION AND FOR EMPLOYER AND EMPLOYE RIGHTS AND RESPONSIBILITIES

AUG 3 1 1987

440-1220 (7/87)

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYER'S APPEAL RIGHTS

You may appeal any violation, penalty, or correction date on this citation. Your appeal must be in writing, be signed, and include your name, address, telephone number, citation optional report number (block 7), date received and specify each item appealed and the reason for the appeal. The appeal should also indicate whether an informal conference is desired to discuss and possibly resolve informally the appealed items. The appeal **must be received by the Department within 20 days of your receipt of the citation.** If you do not appeal, this citation becomes a final order of the Department of Insurance and Finance. Send your appeal to: Workers' Compensation Board, Safety Hearings Supervisor, 480 Church Street SE, Salem, Oregon 97310.

IMPORTANT NOTE: APPEALING A SERIOUS VIOLATION OR THE REASONABLENESS OF THE CORRECTION DATE DOES NOT AUTOMATICALLY STAY THE CORRECTION DATE. THE EMPLOYER MAY REQUEST THAT THE WORKERS' COMPENSATION BOARD HEARINGS DIVISION, FOR GOOD CAUSE, ISSUE A STAY OF THE CORRECTION ORDER PENDING DISPOSITION OF THE CASE (OAR 438-85-326 (2)).

POSTING

THE LAW REQUIRES THAT A COPY OF THIS CITATION BE PROMPTLY POSTED IN A CONSPICUOUS MANNER ABOUT YOUR WORKPLACE AND IN A SUFFICIENT NUMBER OF PLACES TO INFORM YOUR EMPLOYES OF THE FACTS. IT SHALL BE PROMINENTLY POSTED FOR A PERIOD OF 3 DAYS OR UNTIL THE VIOLATION IS CORRECTED, WHICHEVER OCCURS LAST.

RIGHTS OF EMPLOYES

Any employe or representative of employes who believes that any period of time fixed in this citation for the correction of alleged violations is unreasonable has the right to request a hearing by submitting a letter to the Workers' Compensation Board, Safety Hearings Supervisor, 480 Church Street SE, Salem, Oregon 97310, within 20 days of your employer's receipt of this citation.

APPLICATION FOR EXTENSION OF CORRECTION DATE

(1) An employer may apply for an extension of the date for correcting a violation.

(2) An application for extension of correction date shall be in writing to the Accident Prevention Division, Room 204, Labor and Industries Building, Salem, Oregon 97310, or received by any office of the Department.

(3) The application for extension must include:
- (a) The name and address of the employer;
- (b) The location of the place of employment;
- (c) The citation optional report number (block 7);
- (d) The number of the violation for which the extension is sought;
- (e) The reason for the request;
- (f) Facts which show that the employer has made an effort to correct the violation by the date set for correction, but was unable to do so because of factors beyond the employer's control;
- (g) All available interim steps being taken to safeguard employes against the cited hazard during the requested extended correction period;
- (h) The date by which the employer proposes to complete the correction; and
- (i) A statement that a copy of the request for extension has been posted as required by OAR 436-46-275(2)(d) and (h) or for at least 10 days, whichever is longer, and, if appropriate, served on the authorized representative of affected employes, and certification of the date upon which such posting or service was made.

(4) **The application shall be postmarked or received by the Department no later than the correction date of the violation for which the extension is requested.**

CITATION AND NOTICE OF PENALTY

BEFORE THE STATE OF OREGON, DEPARTMENT OF INSURANCE AND FINANCE, ACCIDENT PREVENTION DIVISION
Labor and Industries Building, Salem, Oregon 97310

In the Matter of the violation of)
the OREGON SAFE EMPLOYMENT ACT)
By: Port of Portland)

3 Issue Date	4 Inspection No
08-24-87	105354336
5 Reporting Id	6 CSHO Id
054192	04238
7 Opt Report No	8 Page
04238-018-87	3 of 3
19 Last Employer Contact Date	
07-17-87	

1 Classification	2 Group No.
GENERAL	1

Employer Id No.: 571302-9-011
Inspection Date: 06-17-87 - 07-17-87
Inspection Site: Marine Terminal 4
Portland, OR

To: John Fling, Loss Prevention Mgr
Port of Portland
PO Box 3227
Portland OR 97208

12 Item Number / 13 Standard, Regulation or Section of the Act Violated: / 14 Description	15 Date Correction Required	16 Penalty	Office Use Only 20 No Exp	21 No Inst	22 R EC	23 Sub Code
1. OAR437-155-030 Employes were not provided information and training as specified in OAR 437-155-030(1) and (2) on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new hazard was introduced into their work area: (a) Security personnel at Terminal 4 were not given information or training for exposure to soda ash and pencil pitch (coal tar pitch).	09-22-87	$ 0	32	1	C	0700 2260
2. **OAR437-136-020 Exposure to harmful material was not controlled by a feasible method.** (a) Pencil pitch exposure to the security guards at Terminal 4 should be substantially reduced if the truckloads of the pencil pitch were covered before leaving the terminal.	Immediately Upon Receipt of Citation	$ 0	6	1	C	

cc: Art Bennett, ILW Local 28
3429 NW Front, Portland, OR 97210
Denise Ragland, Gen Supv, Port of Portland
Terminal 4, PO Box 3524, Portland, OR 97208

1625x/clm

Total Penalty for this Citation	$0

ORAPD-2

COPY

Amos S. Kamerer
Area Sales Manager
Industrial Products

KOPPERS

Koppers Company, Inc.
7540 N.W. Saint Helens Road
Portland, OR 97229
503-286-3681
FAX: (503) 285-2831

John A. Oxford
Terminal Manager
Tar and Wood Products

KOPPERS

Koppers Company, Inc.
7540 N.W. St. Helens Road
Portland, OR 97229
503-286-3681
FAX: (503) 285-2831

K O P P E R S N O R T H W E S T P L A N T

FAX SENT TO: COMPANY NAME: KOPPERS COMPANY INC.

TO: ATTENTION : LARRY FLAHERTY

ROOM # EXT: : K-1750

"HELLO" I'M A 3M FAX MACHINE, I AM SENDING THIS COVER LETTER TO LET YOU KNOW WHERE THIS COMES FROM. AFTER THIS COVER LETTER (3) THREE PAGES WILL FOLLOW. IF YOU DO NOT RECEIVE ALL OF THIS TRANSMISSION, PLEASE CALL US SO WE CAN HELP. PLEASE CALL US AT THE COMPANY PHONE NUMBER AS SOON AS POSSIBLE, SO WE CAN RESEND.

THIS TRANSMISSION WAS SENT BY: MARY TIME: 3:40

DATE: 8/28/87

Beazer002088

TO Larry Flaherty
K-1750

FROM J. A. O'Hard
Portland Or

SUBJECT Response to D.E.Q Violation - Port of Portland

DATE 8-28-87

FOLD— MESSAGE This is the letter to the Port of Portland. Please advise if this meets with your approval. If so the letter and copies will be sent.

ORIGINATOR-DO NOT WRITE BELOW THIS LINE REPLY TO → SIGNED J.A.O.

REPLY

DATE

SIGNED

SEND WHITE AND PINK COPIES WITH CARBONS INTACT. PINK COPY IS RETURNED WITH REPLY.

Koppers Company, Inc., Organic Materials Group
7540 N.W. St. Helens Road, Portland, OR 97229
Telephone 503-286-3681

KOPPERS

August 28, 1987

Mr. Peter Norwood
Director Marine Department
Port of Portland
P.O. Box 3529
Portland, Oregon 97208

Dear Sir:

Approximately three weeks ago I was made aware that the Port of Portland had been given a notice of violation from Department of Environmental Quality, State of Oregon. I have been informed by Mr. Myron Salo and Denise Ragland that because of this violation, in future handlings of our Pencil Pitch we must suffer the cost of extra longshoreman to tarp our trucks inside the Port to protect your Security Personnel from exposure to our material. Let me at this time address the total problem as Koppers Company sees it.

In the Complaint #70467725 filed with Oregon Workmens Compensation Department, of which, I have a copy. It is alleged that "at times thick clouds of Chemicals such as Soda Ash or Coal Tar Pitch are generated for a week at a time when cargo is being discharged. Employees are not protected or informed of the hazards of these chemicals". This statement is totally false as far as the handling of Coal Tar Pitch is concerned. I personally have conducted training for the longshoreman on three different occasions. I personally have delivered Material Safety Data Sheets to Terminal 4 Management, to SSA supervisory personnel and to the Hygenist hired to oversee the Pencil Pitch unloadings and to the longshoreman at their union meetings. We have offered to assist the Port at any time with training and with any help that would be required from our Toxicology Department in Pittsburgh, Pennsylvania.

Furthermore, at no time is there a cloud of Pencil Pitch generated for a week at a time, this is physically impossible due to the density of the material. Koppers Company wrote a letter to Terminal 4 Management stating that we would not approve disposal of any cleanup material other than bringing the material into our plant which is now being done.

Please be aware that according to the Material Safety Data Sheet this is not on the EPA list of hazardous materials nor does the material have a D.O.T. Hazardous class listing. It is true however, that the fine dust particles are a skin and eye irritant in large concentrations, this is why the longshoreman and all personnel working on the ship unloading are instructed in the use of, and supplied with, Barrier Creams, Protective Clothing and respirator equipment to further minimize contact with the pitch.

The truth of the matter is that the major portion of spillage on the dock is being caused by unsatisfactory operations of the unloading equipment. When the clam shell is opened in mid-air instead of inside the dravo hopper or when rail cars or trucks are overloaded to the point where pitch is spilling out, or when control devices are not properly maintained and do not operate, then a problem occurs. On our last ship unloaded at Terminal 4 in June, 1987 we, Koppers Company, made an agreement with D.E.Q. to tarp our trucks before they travelled through the City of St. John's to minimize the nuisance dust and thereby reduce or eliminate exposure to the people who live in the area.

Let me point out D.E.Q. did not cite us, we were asked to voluntarily do this, which we agreed to do. Because of the high cost, Koppers Company, elected to use our own personnel outside of the Port to tarp these trucks which apparently angered the longshoreman. Denise Ragland, informed me that the business agent for the longshoreman union stated he felt this was their work and should be done by longshoreman. Now we have a complaint stating that the security guard sitting in his little cubicle which is at the entrance to Terminal 4 is at risk from a product being handled at least a quarter of a mile away. The collective opinions of my Supervisors in Pittsburgh and myself is that there is no increased risk and that this is a plan to force Koppers Company into incurring increased cost. I can assure you that comments have been made to the effect that if the costs continue to spiral we will be forced to look at other port facilities for the handling of our product.

Another ship of material is due in Portland in October 1987 and at this time we do not intend to incur additional cost for the handling of that cargo. As previously stated we remain ready and willing to help in the training or education of your personnel in the safe handling of our product, but we do not feel that the correct approach to this problem is to add more and more costs which fall back on Koppers Company. Please advise me of your feelings on this matter as soon as possible.

Regards,

John A Oxford

JOHN A. OXFORD
PLANT MANAGER

CC: JACK SABIN — PORT OF PORTLAND
DENISE RAGLAND — PORT OF PORTLAND
MYRON SALO — PORT OF PORTLAND
L. FLAHERTY — KOPPERS K-1750
JAY BEST — KOPPERS K-850
PLANT FILE

KOPPERS

Interoffice Correspondence

To: Jordan Dern, John Butala
Jay Best, Walt Turner
To Jim McFadden, Tony Domanico

From John A. Oxford

Location Pgh., Monroeville

Location Portland, Oregon

Subject

Date August 5, 1987

Gentlemen:

Attached for your review you will find a Letter of Violation from the Oregon Dept. of Environmental Quality to the Port of Portland. There are several references to the unloading of Coal Tar Pencil Pitch. I have discussed this letter with Larry Flaherty and both Larry and I feel it is now time for us to officially inform the Port of Portland of our feelings on the Pencil Pitch matter. The statements made in the letter about Pitch are misleading and in some cases untrue. I have met with the safety committee, and marketing committee for the long shoremans union and explained how to read the MSDS and what it means to their people. We have supplied all the MSDS's to the Port, the Longshoremens Union and to S.S.A. the stevedoring company. In addition S.S.A. has a outside safety engineer, at each ship unloading, which they hire, and I have worked closely with him. S.S.A. also supplies respirators, barrier creams and protective disposable clothing & boots.

If you note the signature on the DEQ letter, this is the same inspector, Rich Vopell, that called me and said he had a complaint on the trucking of the Pitch from the Port to our Plant. This was on the March 1987 ship which all came to the plant due to moisture problems with the Pitch. Mr. Vopell stated after looking at the truck loading operation, that he could not find enough to cite us but that he did not want to face an irrate mother claiming that her child had pitch dust in its eyes. I then agreed to tarp the trucks for the 3 mile run through St. Johns, Oregon to our plant. We did this by putting 2 temporary employees outside the Port to cover & uncover the trucks. The Longshoremans Union began to complain that their higher paid employees should do this work, and it is this complaint that has led to the current situation. The violation work sheet states that the security personnel must be trained because they are at risk. The security guard is in an air conditioned office at the entrance to The Port which is between 1/4 to 1/2 mile away from the unloading area.

I informed Mr. Myron Salo of the Port of Portland (the man I got these reports from) that Mr. Best of our Traffic Dept. had already warned the Port that they were priceing themselves out of the market,

(continued on page #2)

Beazer002092

And that if we have to add extra high priced labor for this that it would not set well in Pittsburgh.

Larry Flaherty has asked that all those copied on this letter give us your input as soon as possible so that we can formulate our response to the Port. This can be done by contacting Larry at ext. 2304 or by contacting me at 503-286-3681.

Thank you,

John A. Oxford
Plant Mgr.
Koppers, Portland,OR

JAO/km

cc: L. Flaherty
Plant File

620-4.2.1
Act. P. Norwood.
Info L. Kleyfgen
J. Sabin
L. Anderson
cc Curt Smith
J. H. Fell

NEIL GOLDSCHMIDT
GOVERNOR

Department of Environmental Quality

1987 JUN 18 AM 11:20

811 S.W. SIXTH AVENUE, PORTLAND, OREGON 97204 PHONE: (503) 229-5696

PORT OF PORTLAND

June 16, 1987

Peter Norwood
Director Marine Department
Port of Portland
P.O. Box 3529
Portland, OR 97208

Re: WQ-Port of Portland-Terminal 4
File No. 100025
Multnomah County
NWR-WQ-87- 75
NOTICE OF VIOLATION

Dear Mr. Norwood:

On May 29, 1987 I performed a compliance inspection of the Port's Terminal 4 - bulk loading facility. Accompanying me was Port Environmental Planner, Jack Sabin. During the inspection Mr. Sabin mentioned that waste washwater from the bulk loading and unloading facility was being discharged into the Willamette River.

The Terminal 4 bulk loading facility presently has a National Pollutant Discharge Elimination System (NPDES) waste discharge permit issued by the Department. Current permit requirements and limits are based on data provided in this permit application for the proposed bulk export facility and not your present operation at Terminal 4. Your present permit requires wastewater to be treated prior to discharge and monthly monitoring reports submitted to the Department. Please refer to enclosed permit.

Presently, the Port is discharging untreated wastewater and not submitting monthly monitoring reports as required in Schedule B of your permit. Because of the lack of monitoring reports, the Department is unable to determine if wastewater quality is within permit limitations.

In order to correct the above violations, it is requested that you submit a request for permit modification prior to July 17, 1987 that applies to the present bulk loading and unloading facility operations. It is also requested that you immediately begin monitoring discharge wastes as required by your present permit. Please note that all discharges will be subject to current permit limitations.

Any permit modification will contain requirements and limitations similar to your present permit.

Beazer002094

It is strongly recommended that you review both your air and water quality discharge permits requirements for Terminal 4. During my inspection on May 29, 1987 it was noted that operations at this facility could use some improvements. During the last year, the Department has received complaints regarding blowing pencil pitch, pencil pitch being washed into the river and noise from your railcar unloading system. Investigation often revealed lax cargo handling activities caused the complaints.

If you have any questions or comments regarding this matter, please contact me at 229-5245.

Sincerely,

Richard J. Volpel

Richard J. Volpel
Environmental Analyst
Northwest Region

RJV:y
RY5363
Enclosure
cc: Jack Sabin, Port of Portland
Water Quality Division, DEQ
Enforcement, DEQ

COAL TAR PITCH (PENCIL PITCH)

Physical Description:

Coal Tar Pitch is a black or brown solid material. It contains many chemicals, some of which are known to cause cancer, such as benzo(a)pyrene,* benzanthracene and chrysene. When CTP is heated, these chemicals are released as gases and are known as coal tar pitch volatiles (CTPV). It is these cancer-causing chemicals, whether in the dust or released as gases, that are the major hazards to worker health.

Route of Entry into the Body:

CTP can enter the body through breathing the dust or gases (when CTP is heated). CTP can also enter the body by eating food or smoking tobacco products in contaminated areas. Damage to the skin can result from contact with CTP.

Harmful Effects:

Skin -- skin cancer may result from prolonged contact with CTP.

-- photosensitization: an abnormal reaction of the skin when exposed to coal tar pitch and sunlight. Symptoms include severe sunburns, rashes, hyperpigmentation (skin color becomes darker) and hypopigmentation (skin color becomes lighter).

-- acne, rashes, irritation and burns.

Eyes -- irritation, burns, swelling of the eyelids and reversible eye damage (inability to see clearly).

Respiratory System -- cancer of the lungs and other parts of the respiratory system.

-- bronchitis (inflammation of the airways). The symptoms are similar to having a cold and include cough, nasal congestion, sore throat, chest pain and shortness of breath.

-- irritation of the nose, throat and lungs.

*Benzo(a)pyrene is also a product of tobacco smoke and is thought to be, at least partially, responsible for lung cancer from tobacco smoking.

Personal Protection:

Eye Protection -- Cup-type or rubber-framed chemical safety goggles should be worn when CTP may come into contact with the eyes. When eye contact with CTP is likely, a plastic face shield, in addition to the safety goggles, should be worn. However, goggles and face shields are not necessary if full facemask respirators (those which cover the eyes) are worn. If CTP gets into the eyes, wash them immediately with large amounts of water, occasionally lifting the upper and lower lids. If irritation is present after washing, get medical attention.

Do not wear contact lenses when working with CTP because of the increased likelihood of eye damage due to trapped CTP.

Protective Clothing -- Full body protective clothing, including overalls, head and shoe coverings, should be worn to protect against skin contact with CTP. If work clothing becomes contaminated, it should be changed before leaving the workplace. Contaminated clothing should be placed in closed containers and left with the employer until it can be discarded or decontaminated. Do not take contaminated clothing home as it may expose family members to CTP.

Sanitation -- Any areas of the body that may be contaminated with CTP should be immediately and thoroughly washed with soap or mild detergent and water. Do not wash with solvents or similar substances since they cause CTP to be absorbed by the skin. Wash thoroughly before eating, smoking, and using the toilet facilities. Shower before leaving work. Clean change rooms should be provided with separate storage lockers for street clothes and protective clothing and equipment. Do not blow or shake CTP from contaminated clothing. Emergency showers and especially eye wash fountains must be provided at locations readily accessible to where CTP is handled.

TABLE I

(For exposure to CTP as particulates only)

For exposures up to:	The required respirators are:
1 mg/m^3	1. A single use dust mask respirator, or 2. A quarter-mask dust respirator.
2 mg/m^3	1. A half-mask dust respirator, or 2. A half- or quarter-mask respirator with a fume or high efficiency particulate filter, or 3. A half-mask supplied-air respirator.
10 mg/m^3	1. A full facemask respirator with a high efficiency particulate filter, or 2. A full facemask supplied-air respirator, or 3. A self-contained breathing apparatus.
200 mg/m^3	1. A powered air-purifying respirator with a high efficiency particulate filter, or 2. A half-mask airline respirator operated in the pressure-demand, continuous flow, or other positive pressure mode.
400 mg/m^3	1. A full facemask, hood or helmet airline respirator operated in the pressure-demand, continuous flow, or other positive pressure mode.
2000 mg/m^3	1. A full facemask airline respirator operated in the pressure-demand or other positive pressure mode with an auxiliary self-contained air supply, or 2. A full facemask self-contained breathing apparatus operated in the pressure-demand mode.

Beazer002098

TABLE II

(For exposure to CTP as particulates and gases)

For exposures up to:	The required respirators are:
2 mg/m^3	1. A chemical cartridge respirator with an organic vapor cartridge and a fume or high efficiency particulate filter, or 2. A supplied-air respirator, or 3. A self-contained breathing apparatus.
10 mg/m^3	1. Any of the above respirators with a full facemask, or 2. A gas mask with an organic vapor canister and a fume or high efficiency particulate filter.
200 mg/m^3	1. A supplied-air respirator operated in the pressure-demand, continuous flow, or other positive pressure mode.
400 mg/m^3	1. A supplied-air respirator with a full facemask, hood, or helmet operated in the pressure-demand, continuous flow, or other positive pressure mode.
2000 mg/m^3	1. A self-contained breathing apparatus with a full facemask operated in the pressure-demand mode, or 2. A supplied-air respirator with a full facemask operated in the pressure-demand, or other positive pressure mode with an auxiliary self-contained air supply.

NOTE: Respirators required for higher concentrations may be used in lower concentrations of CTP. For more information on respiratory protection, have your local union officers contact the International Union.

Permissible Exposure Limit (PEL):

The current OSHA PEL for the cancer-causing chemicals of CTP is 0.2 milligrams per cubic meter of air (0.2 mg/m^3) averaged over an eight hour workday. If CTP dust is visible in the air, it is likely that workers are overexposed.

The National Institute for Occupational Safety and Health has recommended that the PEL for the cancer-causing chemicals of CTP be reduced to the lowest level that can be reliably measured. NIOSH's recommended PEL is approximately one-half of OSHA's current PEL.

This Fact sheet has been prepared by the International Longshoremen's and Warehousemen's Union with assistance from the Hazard Evaluation System and Information Service (HESIS), Department of Health Services/Department of Industrial Relations, State of California. For additional information, have your local union officers contact the International Union.

This material has been funded either whole or in part with funds from the Occupational Safety and Health Administration, U.S. Department of Labor, under grant number EMF2D104. These materials do not necessarily reflect the views and policies of the U. S. Department of Labor. Mention of trade names, commercial products or organizations does not imply endorsement by the U.S. Government.

cc
s eu 29

4/21/87

CLEAN-UP PENCIL PITCH

WASH DOWN PROHIBITED BY COAST GUARD —
NO PRODUCT IN WATER —

ORIGINALLY — PLUG DRAIN HOLES ON DOCK AND WASH TOWARDS FILL AREA WHERE DRAINS SCREENED.

MOST RECENTLY — SAME SENARIO but Plugs had been REMOVED AND NOT REPLACED — Hence product washing into River. Plugs Removed by others so as not to work in STANDING WATER

ALTERNATIVES :

1. Current Wash-Down — CoastGuard would Close facility —
2. HAND SWEEP, Vacuum, Pickup, & Wash Remaining —
3. DO NOT HANDLE —
4. CHANGE METHOD OF HANDLING —
5. VARIANCE ?

Beazer002101

Koppers Company, Inc., Organic Materials Group
7540 N.W. St. Helens Road, Portland, OR 97229
Telephone 503-286-3681

KOPPERS

September 20, 1985

Denise Ragland
c/o Port of Portland
Box 3529
Portland, Oregon 97208

Dear Denise,

In response to our conversation of this AM, I am advising you that my Company wishes that the clean up of the dock be handled in the following manner.

All residues of the Pencil Pitch be swept up and returned to my Plant for Koppers Company's further usage and handling.

This is the only manner of disposal that Koppers Company, will approve.

Very Truly Yours,

John A. Oxford

John A. Oxford

Plant Manager

CC: J. Best K-850
W. Turner K-2112
L. Flaherty K-2112

Plant file

Beazer002102

Port of Portland

Box 3529 Portland, Oregon 97208
503/231-5000
TWX: 910-464-5105

September 11, 1987

Mr. John Oxford
Terminal Manager
Koppers Company, Inc.
7540 N.W. St. Helens Road
Portland, OR 97229

Dear John:

On the last pencil pitch vessel at Terminal 4, the Port received a citation from the State Accident Prevention Division for transporting pencil pitch in uncovered trucks. While there was no penalty assessed this time, it is clear that if there is a repeat situation on the PELISGRACHT, ETA September 30, 1987, that a penalty could be assessed.

Therefore, please ensure that any trucks loaded ex-PELISGRACHT are tarped before the trucks depart the terminal in order to reduce exposure to blowing pencil pitch.

Thanks for your help.

Sincerely,

Robert G. Hrdlicka
General Manager
Regional Cargo Development

cc: Mr. Pat McGuire, Koppers Company, Pittsburgh

75J132

Lab Sample ID: 990423Q-4
Field ID: CLI Composite of Samples 2-3
Date/Time: 04/23/99
Matrix: Sludge

EPA Category: Extractable Organics
Analysis Performed: EPA 8270; Semivolatile Organics by GC/MS.
Analysis Date: 04/28/99
Analyst: DCK

Parameter	Detection Limit	Laboratory Blank	Analytical Result
Di-n-butylphthalate	63	ND	ND
Di-n-octylphthalate	63	ND	ND
Dibenzo(a,h)anthracene	63	ND	ND
1,2-Dichlorobenzene	63	ND	ND
1,4-Dichlorobenzene	63	ND	ND
1,3-Dichlorobenzene	63	ND	ND
3,3-Dichlorobenzidine	63	ND	ND
2,4-Dichlorophenol	63	ND	ND
2,6-Dichlorophenol	63	ND	ND
Dieldrin	63	ND	ND
Diethyl phthalate	63	ND	ND
2,4-Dimethylphenol	63	ND	ND
Dimethylphthalate	63	ND	ND
2,4-Dinitrophenol	63	ND	ND
2,4-Dinitrotoluene	63	ND	ND
2,6-Dinitrotoluene	63	ND	ND
Endosulfan I	63	ND	ND
Endosulfan II	63	ND	ND
Endosulfan sulfate	63	ND	ND
Endrin	63	ND	ND
Endrin aldehyde	63	ND	ND
Endrin Ketone	63	ND	ND
Fluoranthene	63	ND	ND
Fluorene	63	ND	ND
Heptachlor	63	ND	ND
Heptachlor epoxide	63	ND	ND
Hexachlorobenzene	63	ND	ND
Hexachlorobutadiene	63	ND	ND
Hexachlorocyclopentadiene	63	ND	ND
Hexachloroethane	63	ND	ND
Indeno(1,2,3-cd)pyrene	63	ND	ND
Isophorone	63	ND	ND

Results expressed as mg/Kg unless otherwise noted.
ND means none detected at or above the detection limit listed.

COPY

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Date: 8/30/99 11:06 AM
Sender: Bill Meisinger
To: Kevin Fitzgerald
cc: BOB WOMBLES; Jim Dietz; Amos Kamerer; KATHY SICKELS; <ISKOPPERS@aol.com>
Priority: Normal
Subject: Portland Liquid Pitch Schedule

Kevin,

The following is an updated schedule for the Portland Liquid Pitch project as of my on-site review of 8-26-99.

Equipment Delivery:

The remaining pumps (pitch circulating pumps)and valves (4 wedgeplug pitch valves)are due this week by 9-3-99.
Tank nozzle heating jackets are due week of 9-20-99.
All other equipment items are on site.

Tank Construction:

The tank construction will be completed this week by 9-4-99. Grouting and hydrostatic testing of the tank will be completed later this month.

Mechanical & Piping:

Target completion remains 11-1-99. Our mechanical contractor submitted a revised schedule to me on 8-26-99 showing some of the hot oil piping and tracing extending to the end of November. The contractor was told that this was unacceptable and that they have known of our deadline for quite sometime and must meet it without any increased cost. This scheduling will be resolved this week.
The pipeline is completedand tested to the south corner of the solid pitch storage building. Piping is in progress from the hot oil system area to the pitch tank area.

Electrical & Instrumentation:

PLC programming work has started. Supplier has promised 10-15-99 to have equipment on site for check out. PLC panel is complete and should be delivered to the site this week.
The electrical contractor is progressing and 11-1-99 remains the completion target.

Insulation:

The material is being delivered this week for the pitch line
insulation with insulating starting next week 9-7-99. The pitch tank
insulation is scheduled to begin 9-20-99. This will be coordinated
with the hydro. testing of the tank and may slip a week.
All insulation is scheduled to be completed by 11-1-99 but will be
dependent on final piping completion. Some finish work may extend to
11-15-99.

Shakedown and Start-up;

Shake down and start-up activities are planned to begin mid-October
with the delivery of the PC control system including training in
anticipation of a mid-November pitch delivery.

We continue to work to a very tight schedule. I will update this
weekly.

Bill

TO:

Omni Fiberglass
Denver Proc.
Susquehanna

Organic

W. M. Litzenberg
W. J. Krupinski
E. G. Flack
Van Falcone
R. A. DiMaio
J. A. Carnes, III
N. Fahnoe
R. E. Parent
R. J. Morris
John Oxford
J. J. Murray
H. J. DeRolf
A. P. Senecal
F. M. Spinola
A. I. Domanico
Harry Scarborough
T. L. Duespohl
J. W. Wagoner
G. E. Trent, III
S. H. Tuggle
R. Weiland
Wes Kramlich
T. Owen
B. Lebus
Bill Vosberg
M. S. Schmotzer

Joe Haynes
J. E. Brown
T. D. Loadman

Erie Coke
Garwood
Newark
Irving
Los Angeles
Houston
Oxnard
Wickliffe
Woodward Tar
Northwest
Youngstown
Toledo
Bridgeville
Chicago
Follansbee
Tuscaloosa
Oil City
Petrolia
Richmond
Woodward Coke
Thiem - Oak Creek
Thiem - West Allis
Parr - Cleveland - East
Parr - Cleveland - West
Parr - Fort Worth
Parr - Ocala

FROM: J. E. Marcinowski

K-1201

E. Pa. File

RECEIVED
NOV 25 1985
KOPPERS CO., INC.
INDUSTRIAL PRODUCTS DIV.
PORTLAND, OREGON

CAP PLANT MANAGERS

Forest	
Carbondale	C. J. Mitchell
Florence	J. L. Wilmoth
Gainesville	D. L. Pardue
Galesburg	M. A. Franck
Green Spring	J. J. Lawson
Grenada	R. C. Bartlow
Guthrie	D. E. Meadows
Houston	N. L. Hawker
Kansas City	R. Murphey
Montgomery	H. E. McGough, Jr.
North Little Rock	R. C. Blankenbeker
Orrville	W. B. Crofut
Port Newark	J. H. Lind
Roanoke	C. W. Beachem
Superior	D. A. Shaw
Adelaide	Melanie Baker
Huntington	Paul Ladd
Memphis	R. T. Huling
Lane	A. H. McCullough
Montgomery Proc.	Vaughn Stough
Little Rock Proc.	J. D. Mabry
Denver	B. D. Maloney
Feather River	W. N. Morris
Ontario	R. P. Walsh
Marble Sawmill	Roger Steiner
Magnolia	J. E. Ervin
Raleigh	L. C. Beck
Wood Treating	James Garrity
Valparaiso	Glen Schultz
Conley	Frank Klasnick

Beazer002108

R. Chakan	Parr - Elkhart
J. Spence	Parr - Weston
D. Stargell	Heath
H. C. Welch	Marietta
T. J. Donovan	Oak Creek

November 1, 1985

To: Company CAER Coordinators

From: Christopher Cathcart CC

Subject: EPA's Chemical Emergency Preparedness Program

In an October 4, 1985, letter, I alerted you that EPA has scheduled a national teleconference on November 18, 1985, to describe the Agency's new Acute Hazards Preparedness Program, now entitled: the "Chemical Emergency Preparedness Program". In addition to the scheduled teleconference, EPA plans to announce the program in a press conference on or about November 12. At that time the Agency is expected to distribute nationwide its community emergency response guidance document, the criteria for identifying acutely toxic chemicals, and an "example" list of acutely toxic chemicals (said to number about 400).

You and your plant managers may be contacted by community representatives and the media regarding the EPA program. While CMA has commented on the draft guidance document, as far as we know, no one outside the Agency has seen the revised criteria, the list of chemicals, or the final guidance document.

To prepare you for questions on the program I will briefly describe our comments to EPA on the draft documents. The guidance document is designed to assist communities in emergency response planning for accidental releases of acutely toxic chemicals. Overall we think that the guide should be a useful tool for communities in identifying and developing contingency planning for accidental chemical releases which may result in acute health effects. It could be a useful complement to the CAER program.

As part of the community planning effort, the draft document suggested that the community emergency planning group ask a series of questions about how substances are processed or stored on site. CMA pointed out that questions about processing could elicit highly sensitive information from some companies. We stressed that communities will more easily obtain information critical to emergency response planning by asking how chemicals are handled rather than processed.

The document listed a series of chemical transportation questions directed to plant managers. Many of those questions ask for information not available to plant managers. Also, some of the questions relate to sensitive confidential business information, such as annual quantity shipped, which is not relevant to emergency response

Beazer002110

planning. CMA recommended alternative transportation questions that would direct the community emergency planning group to all of the appropriate transportation information sources.

The draft criteria for selecting chemicals for the acute hazards list was reviewed by EPA's Science Advisory Board (SAB) which recommended a number of changes. EPA has not yet detailed which of these changes it has accepted or how the criteria have been modified as a result of the SAB report. The original criteria suffered by excluding important chemical characteristics such as molecular weight or vapor density which can greatly affect the hazardous nature of a substance. Likewise EPA included characteristics such as reproductive toxicity or neurotoxicity for which little scientific information exists.

Another section of EPA's guidance document, the "Quantity Determination Method", purports to help identify potential hazards and to help set priorities in dealing with them. The latest draft of this method, unfortunately, is based on such a conservative methodology that it identifies hazards in even the most commonplace situations. Great hazards and trivial hazards are identified equally. Thus the method, as it existed in the latest draft, did not identify hazards usefully, or distinguish among potential risks for emergency response planning. Consistent with the CAER program, CMA recommended instead that the community planning group, including local emergency responders, community leaders, and company experts, identify potential hazards and then develop plans to deal with them.

When the EPA documents are available I will let you know how to obtain them.

cc: Distribution Contacts
CHEMTREC Contacts
Communication Contacts
Council of Chemical Associations
State Chemical Associations Leaders
Health and Safety Committee
CAER Task Group

OREGON STATE DEPARTMENT OF AGRICULTURE LICENSE FOR

COMMERCIAL PESTICIDE APPLICATOR

License No. 004583 Expires 12/31/88

OXFORD, JOHN A
4708 NE 139TH AVE
VANCOUVER WA 98662

Business
Location

fold if license classifications are listed below

I-W.

Beazer002112

Koppers Company, Inc.
Pittsburgh, Pa. 15219

KOPPERS

8-26
430

Location No. 483-9270 Date 1/20/88 No. 669098

-KOPPERS- COMPANY, INC. $30 and 00 cts $ 30.00

Not valid over $3500.00

Pay
to the order of

STATE OF CALIFORNIA
DEPARTMENT OF FOOD & AGRICULTURE
1220 N. STREET
SACRAMENTO, CA. 95814

VOID

Mellon Bank N. A.
Pittsburgh, Pa.

ADS-179 REV. 10

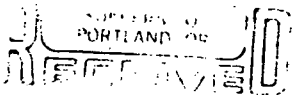
[redacted] ⑈669098⑈ ⑆043000261⑆ 166⑈1468⑈

305 973 X 9270 910 0360 30 00

PESTICIDE LICENSE RENEWAL APPLICATION FOR JOHN A. OXFORD
#00000 60066 DA

STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
LICENSING AND CERTIFICATION PROGRAM
1713 J STREET, SUITE 301
SACRAMENTO, CA 95814
TELEPHONE (916) 322-4647

10/14/87



RENEWAL APPLICATION FOR:
PESTICIDE DEALER'S DESIGNATED AGENT

IN ORDER TO RENEW YOUR DESIGNATED AGENT STATUS FOR TWO YEARS:

JAN 20 1988

1. Check your name and/or address below.
   If there are changes, make them on the renewal form and include a name and/or address fee with your renewal. (See Instructions)
2. Sign and date the renewal form. Include your Social Security Number.
   The Department needs the Social Security Number as an alternate means of applicant identification. as many names are similar. This is not public information and will not appear on any publication produced or distributed by the Department.
3. Please complete the information required on the back of the renewal application.
4. Enclose your check or money order for $30.00, payable to Cashier, Dept. of Food & Agriculture.
   If your renewal is not postmarked on or before December 31, of the expiration year, you must include a $10.00 penalty fee.
5. Mail in the envelope provided
   to Cashier, Department of Food & Agriculture, 1220 N Street, Sacramento, CA 95814

NOTE: IN ORDER TO ASSURE RECEIPT OF YOUR LICENSE PRIOR TO JANUARY 1, PLEASE SUBMIT THE REQUIRED DOCUMENTS FOR RENEWAL WITH THE PROPER FEE PRIOR TO DECEMBER 1.

JOHN A. OXFORD
4708 N. E. 139TH AVENUE
VANCOUVER, WA. 98662

DESIGNATED AGENT ID: 00000 60066 DA

EXPIRATION YEAR: 1987

TOTAL FEE REQUIRED: $ 30.00 (NO LATE PENALTY FEE)

I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

SIGNATURE _____ DATE 1/20/88

SOCIAL SECURITY NUMBER: _____

PESTICIDE DEALER'S DESIGNATED AGENT
RENEWAL APPLICATION INFORMATION REQUIREMENT

PLEASE COMPLETE:

EMPLOYMENT STATUS: PLEASE CHECK APPROPRIATE ONE BELOW.

____CURRENTLY NOT A DESIGNATED AGENT FOR A PESTICIDE DEALER BUSINESS.

__X__ CURRENTLY A DESIGNATED AGENT FOR A PESTICIDE DEALER BUSINESS.

KOPPERS COMPANY, INC.	7540 N.W. ST. HELENS RD.
NAME OF BUSINESS(PLEASE PRINT)	ADDRESS

PORTLAND, OREGON		97210
CITY	STATE	ZIP CODE

IMPORTANT-PLEASE READ!!

QUALIFIED APPLICATOR LICENSE
QUALIFIED APPLICATOR CERTIFICATE
PESTICIDE DEALER DESIGNATED AGENT LICENSE

1. Review name and/or address
   If there are changes, make them on the renewal form and include a [redacted] name and/or address change fee with your renewal. Corrections do not require a fee. If you have more than one personal license/certificate currently being renewed by our licensing and certification office, the [redacted] fee will cover all those changes. Please be sure to write us a letter stating the licenses and/or certificates you wish changed and enclose your letter with your renewal.
2. Sign and date the renewal form. Please write in your Social Security Number.
   The Department needs the Social Security Number as an alternate means of identification as many names are similar. This information is not for the public record and will not appear in any publication, reproduced or distributed by the Department.
3. Complete the information required on the back of the renewal application.
   Incomplete information may result in delaying receipt of your license.
4. Enclose check or money order for the total fee required, payable to:
   Cashier, California Department of Food and Agriculture.
   If your renewal is not postmarked on or before December 31, of the expiration year, you must also include a $10 penalty fee.
5. Mail in the envelope provided.
   Cashier, California Department of Food and Agriculture, 1220 N St., Sacramento, CA 95814.

NOTE: IN ORDER TO ASSURE RECEIPT OF YOUR LICENSE PRIOR TO JANUARY 1, PLEASE SUBMIT THE REQUIRED DOCUMENTS FOR RENEWAL WITH THE PROPER FEE PRIOR TO DECEMBER 1. LICENSES ARE ISSUED FOR TWO YEARS.

INTERIM AUTHORIZATION

If you -send your renewal in by December 1, 1987;
-do not receive your new certificate/license by Janurary 1, 1988;
-need your license or certificate to continue operating , and;
-operate in one of the following counties:
Butte, Fresno, Merced, Nevada, San Joaquin, Santa Barbara, Santa Clara, Santa Cruz, Solano, Stanislaus and Yolo.

You can obtain an interim authorization to operate in any of the above stated counties from the county agricultural commissioner of that county, you will be operating in. This authorization will be effective until February 1, 1988, and may be obtained by applying, in person, at the office of the county agricultural commissioner.

Beazer002116

Koppers Company, Inc.
Pittsburgh, Pa. 15219

KOPPERS

8-26
430

Location No 483-9270 Date 11-23-87 No 669032

Pay
To the order of

$ 30.00
Not valid over $3500.00

STATE OF CALIFORNIA
CASHIER, DEPT. OF FOOD & AGRICULTURE
1220 N STREET
SACRAMENTO, CALIF. 95814

Kelta L Marshall

Mellon Bank N. A.
Pittsburgh, Pa.

ADS-179 REV. 10

[redacted] "669032" 1:043000261: 166 1468"

General Ledger	Detail	Sub Detail	Location or Contract	Dept. or Orig. Loc.	Tax Codes	Emp. No	Purchase Order No. Rec. Id.	Br.	or P.O. No.	P.O. Add	P.O. Add or Resource	Quantity	Unit Code	Amount Distributed Dollars	Cents
1426	973	X	60	832	0360									30	00

Vendor No.

Description

Renewal fee for Qualified applicators Certificate(License)
For John A. Oxford, 4708 N.E. 139th Ave., Vancouver, WA 98662

Koppers Company, Inc.
Pittsburgh, Pa. 15219

KOPPERS

8-26
430

Location No. 483-9270 Date 12-10-87 No. 669051

Pay
to the order of

$10.00
Not valid over $3500.00

DEPT. OF AGRICULTURE
STATE OF OREGON
635 CAPITOL ST. N.E.
SALEM, OREGON 97310-0110

Mellon Bank N. A.
Pittsburgh, Pa.

ADS-179 REV. 10

⑈669051⑈ ⑆043000261⑆ 166⑈1468⑈

General Ledger	Detail	Sub Detail	Location or Contract	Dept. or Ship Loc	Tax Codes	Emp. No.	Purchase Order No. Rel. No.	Rv	P.O. No.	P.O. Add'l	P.O. Add or Resource	Quantity	Unit Code	Amount Distributed Dollars	Cents
1426	973	X	60	832	0360									10	00

Vendor No.

Description

RENEWAL OF PESTICIDE LICENSE FOR JOHN A. OXFORD #000520

Beazer002118

FORM 1013

DEPARTMENT OF AGRICULTURE
635 CAPITOL ST. N.E.
SALEM, OREGON 97310-0110

FOR OFFICIAL USE ONLY

420 250703 84108 00000 00000

PAGE 1

AGENCY AG PROGRAM AREA 1A LICENSE TYPE 65 FIRM NUMBER 00077467 LICENSE NUMBER 000520

KOPPERS COMPANY INC
JOHN A OXFORD
7540 NW ST HELENS RD
PORTLAND OR 97210 26

LICENSE EXPIRES 12/31/87

PHONE NUMBER 503-286-3681

BUSINESS LOCATION STREET ADDRESS CITY, STATE
7540 NW ST HELENS RD
PORTLAND OR 97210 26

CHECK ONE OF THE FOLLOWING: X RENEWAL NEW LICENSE ADDITIONAL INFORMATION DELETION

CHECK TYPE OF OWNERSHIP: INDIVIDUAL A,B PARTNERSHIP C,D CORPORATION E,F COOPERATIVE G,H GOVERNMENTAL AGENCY I,J ASSUMED BUSINESS NAME

**********PESTICIDE DEALER**********

LICENSE FEE SCHEDULE

PAY THIS AMOUNT FOR LICENSE ; $10.00

LICENSE IS PERSONAL TO THE APPLICANT AND CANNOT BE TRANSFERRED TO ANOTHER PERSON OR ENTITY

KOPPERS CO.
PORTLAND, OR.
RECEIVED

Return of this [illegible] is Required [illegible] renewal or [illegible]

DEC [illegible]

TOTAL FEE SUBMITTED : $10.00

SIGNATURE----------TITLE PLANT MANAGER DATE 12-10-87

PRINT OWNER OR SIGNATORY NAME JOHN A. OXFORD

MAKE REMITTANCE PAYABLE TO OREGON STATE DEPARTMENT OF AGRICULTURE

Koppers Company, Inc.
Pittsburgh, Pa. 15219

KOPPERS

8-26
430

Location No 483-9270 Date 12-14-87 No 669056

Pay
to the order of

$ 15.00

Not valid over $3500.00

STATE OF OREGON
DEPARTMENT OF AGRICULTURE
635 CAPITOL ST.N.E.
SALEM, OREGON 97310-0110

Mellon Bank N. A.
Pittsburgh, Pa.

ADS-179 REV. 10

⑈669056⑈ ⑆043000261⑆ 166⑈1468⑈

1426 973 X 60 832 0360 15 00

RENEWAL LICENSE FOR JOHN A. OXFORD, License #004583

FORM 1013

DEPARTMENT OF AGRICULTURE
635 CAPITOL ST. N.E.
SALEM, OREGON 97310-0110

FOR OFFICIAL USE ONLY

AGENCY AG PROGRAM AREA 1A LICENSE TYPE 68 FIRM NUMBER 00077415 LICENSE NUMBER 004583

LICENSE EXPIRES

PHONE NUMBER

BUSINESS LOCATION
STREET ADDRESS
CITY, STATE

CHECK ONE OF THE FOLLOWING: RENEWAL NEW LICENSE ADDITIONAL INFORMATION DELETION

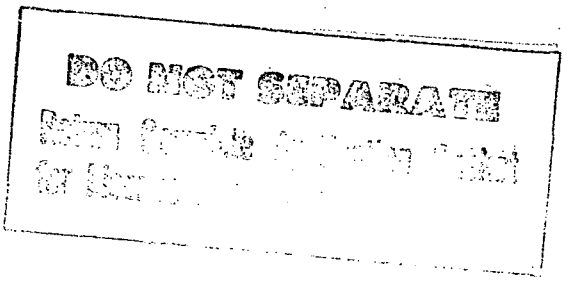
CHECK TYPE OF OWNERSHIP: INDIVIDUAL A,B PARTNERSHIP C,D CORPORATION E,F COOPERATIVE G,H GOVERNMENTAL AGENCY I,J ASSUMED BUSINESS NAME

LICENSE FEE SCHEDULE

ONE MAJOR CATEGORY	$15.00	$15.00
ADDITIONAL MAJOR CATEGORIES _____	@ $ 7.50 EACH	_____
MAJOR CATEGORIES ADDED AFTER CURRENT LICENSE ISSUED. _____	@ $12.50	_____

TOTAL REMITTANCE : $ 15.00

****
*** NO FEE REQUIRED FOR : ***
*** AIR OPERATION ***
*** ALL SUB-CATERGORIES ***
****



TOTAL FEE SUBMITTED : $-------

SIGNATURE---------- TITLE PLANT MANAGER ---------- DATE 12-14-87

PRINT OWNER OR SIGNATORY NAME JOHN A. OXFORD
MAKE REMITTANCE PAYABLE TO OREGON STATE DEPARTMENT OF AGRICULTURE

FORM 1013

DEPARTMENT OF AGRICULTURE
635 CAPITOL ST. N.E.
SALEM, OREGON 97310-0110

FOR OFFICIAL USE ONLY

420 250703 84107 00000 00000 PAGE 1

AGENCY AG PROGRAM AREA 1A LICENSE TYPE 68 FIRM NUMBER 00077415 LICENSE NUMBER 004583

LICENSE EXPIRES 12/31/87

OXFORD, JOHN A
4708 NE 139TH AVE
VANCOUVER WA 98662 99

PHONE NUMBER 206-254-8011

APPL LIC NO.
0000

BUSINESS LOCATION
STREET ADDRESS
CITY, STATE

CHECK ONE OF THE FOLLOWING: X RENEWAL NEW LICENSE ADDITIONAL INFORMATION DELETION

CHECK TYPE OF OWNERSHIP: INDIVIDUAL A,B PARTNERSHIP C,D CORPORATION E,F COOPERATIVE G,H GOVERNMENTAL AGENCY I,J ASSUMED BUSINESS NAME

**********COMMERCIAL PESTICIDE APPLICATOR**********

DATE CERTIFIED : 01/01/86 CREDITS RECORDED : 00

ESTICIDE OPERATION CATEGORIES - FEES APPLY ONLY TO MAJOR CATEGORIES (M/C)

M/C		M/C	
( )	AIR OPERATION-NO FEE RQD	(X)	INDUSTRIAL,INSTITUTIONAL,HEALTH & STRUCTURAL
( )	AGRICULTURE		( )GENERAL PEST
	( )INSECTICIDE & FUNGICIDE		( )STRUCTURAL PEST
	( )HERBICIDE		( )SPACE FUMIGATION
	( )SOIL FUMIGATION		( )MOSS
	( )LIVESTOCK PEST		(X)WOOD TREATMENT
	( )VERTEBRATE PEST	( )	ORNAMENTAL & TURF
( )	AQUATIC		( )INSECTICIDE & FUNGICIDE
( )	DEMONSTRATION & RESEARCH		( )HERBICIDE
( )	FOREST	( )	SEED TREATMENT
( )	PUBLIC HEALTH	( )	REGULATORY-PREDATOR
( )	RIGHT OF WAY	( )	REGULATORY-WEED

APPLICANT MUST PASS A WRITTEN EXAMINATION PRIOR TO CERTIFICATION FOR ADDITIONAL MAJOR CATEGORIES, AND SUB-CATEGORIES.

SUBSIDIARY LOCATION DATA FOR CORRECTION OR DELETION

US/OWNER/OFFICER/PARTNER, STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTY, SEG/REASON

ECORD KEY G-001
OPPERS COMPANY INC 7540 NW ST HELENS RD PORTLAND OR 97210 26 1 5
2
3
4

********** MORE INFORMATION TO APPEAR ON FOLLOWING PAGES **********

ALIR 2010K

OREGON STATE DEPARTMENT OF AGRICULTURE

THIS LICENSE OR REGISTRATION IS SUBJECT TO THE PROVISIONS OF ORS 634

License type

COMMERCIAL PESTICIDE APPLICATOR
I-W.

licensee OXFORD, JOHN A
4708 NE 139TH AVE
VANCOUVER WA 98662

firm no. 00077415

business location

license no. 004583

Date issued 12/24/87

date expires 12/31/88

Fee paid $ 15.00

DATE CERTIFIED : 01/01/86 CREDITS RECORDED : 00

FORM 1014

POST THIS LICENSE IN A CONSPICUOUS PLACE

Koppers Company, Inc.
Pittsburgh, Pa. 15219

KOPPERS

8-26
430

Location No. 483-9270 Date 1/11/88 No. 669087

-KOPPERS- COMPANY, INC. $20 and 00 cts

$20.00

Not valid over $3500.00

Pay
to the order of

WASHINGTON STATE
DEPARTMENT OF AGRICULTURE
406 GENERAL ADMINISTRATION BLDG.
OLYMPIA, WA 98504

Kelly L Marshall
John A O'Hord

Mellon Bank N. A.
Pittsburgh, Pa.

ADS-179 REV. 10

⑈669087⑈ ⑆043000261⑆ 166⑉1468⑈

General Ledger	Detail	Sub Detail	Location or Contract	Dept or Orig. Loc.	Tax Codes	Emp. No.	Purchase Order No. Rec Id	Br.	or P.O. No.	P.O. Add	P.O. Add or Resource	Quantity			Unit Code	Amount Distributed Dollars	Cents
305	973	X	9270	910	0360											20	00

Vendor No.	Description
9629-710-12	PESTICIDE LICENSE RENEWAL APPLICATION

OFFICE USE ONLY	type
NEW LIC. NO.	
OLD LIC. NO.	
ISSUED	
EXPIRES	
CO. LIC. NO.	✓

WASHINGTON STATE

DEPARTMENT OF AGRICULTURE

CHEMICAL AND PLANT DIVISION

406 GENERAL ADMINISTRATION BUILDING
OLYMPIA, WASHINGTON 98504
TELEPHONE (206) 753-5064

CASHIER'S USE ONLY
DATE
REC. NO.
AMOUNT
CASHIER

PESTICIDE LICENSE RENEWAL APPLICATION

COMMERCIAL CONSULTANT (FEE $20.)

PLEASE NOTE-THE FOLLOWING SECTION MUST BE FILLED OUT COMPLETELY-PRINT CLEARLY

APPLICANT INFORMATION

LAST NAME	FIRST	MIDDLE	HOME PHONE
OXFORD	JOHN	A.	(206) 254-8011

HOME ADDRESS	CITY	STATE	ZIP	COUNTY
4708 N.W. 139th Avenue,	Vancouver,	WA	98662	Clark

COMPANY NAME	COMPANY PHONE
KOPPERS COMPANY, INC.	(503) 286-3681

COMPANY ADDRESS	CITY	STATE	ZIP	COUNTY
7540 N.W. ST. HELENS RD.,	PORTLAND,	OR.	97210	Mult.

John A O Ford — SIGNATURE OF APPLICANT

1/11/88 — DATE

FOR DEPARTMENT OF AGRICULTURE USE ONLY

TEST - A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

CERTIFICATION DATE	OTHER LICENSES	
EXAM STATE	EXPIRATION DATE	ASSOCIATE BUSINESS NUMBER AND NAME CHECK

OTHER COMMENTS

AGR 4217 (Rev.9/86)

Beazer002125

Koppers Company, Inc.
Pittsburgh, Pa. 15219

KOPPERS

8-26
430

Location No 483-9270 Date 12-14-87 No 669056

Pay
to the order of

$ 15.00

Not valid over $3500.00

STATE OF OREGON
DEPARTMENT OF AGRICULTURE
635 CAPITOL ST.N.E.
SALEM, OREGON 97310-0110

Mellon Bank N. A.
Pittsburgh, Pa.

ADS-179 REV. 10

⑈669056⑈ ⑆043000261⑆ 166⑈4468⑈

1426 973 X 60 832 0360 15 00

RENEWAL LICENSE FOR JOHN A. OXFORD, License #004583

FORM 1013

DEPARTMENT OF AGRICULTURE
635 CAPITOL ST. N.E.
SALEM, OREGON 97310-0110

FOR OFFICIAL USE ONLY

AGENCY AG PROGRAM AREA 1A LICENSE TYPE 68 FIRM NUMBER 00077415 LICENSE NUMBER 004583

LICENSE EXPIRES

PHONE NUMBER

BUSINESS LOCATION
STREET ADDRESS
CITY, STATE

CHECK ONE OF THE FOLLOWING: RENEWAL NEW LICENSE ADDITIONAL INFORMATION DELETION

CHECK TYPE OF OWNERSHIP: INDIVIDUAL A,B PARTNERSHIP C,D CORPORATION E,F COOPERATIVE G,H GOVERNMENTAL AGENCY I,J ASSUMED BUSINESS NAME

LICENSE FEE SCHEDULE

ONE MAJOR CATEGORY	$15.00	$15.00
ADDITIONAL MAJOR CATEGORIES _____	@ $ 7.50 EACH	_____
MAJOR CATEGORIES ADDED AFTER CURRENT LICENSE ISSUED. _____	@ $12.50	_____

TOTAL REMITTANCE : $ 15.00

****
*** NO FEE REQUIRED FOR : ***
*** AIR OPERATION ***
*** ALL SUB-CATERGORIES ***
****

DO NOT SEPARATE

TOTAL FEE SUBMITTED : $-------

SIGNATURE---------- TITLE PLANT MANAGER ---------- DATE 12-14-87

PRINT OWNER OR SIGNATORY NAME JOHN A. OXFORD

MAKE REMITTANCE PAYABLE TO OREGON STATE DEPARTMENT OF AGRICULTURE

Beazer002127

FORM 1013

DEPARTMENT OF AGRICULTURE
635 CAPITOL ST. N.E.
SALEM, OREGON 97310-0110

FOR OFFICIAL USE ONLY

420 250703 84107 00000 00000 PAGE 1

AGENCY AG PROGRAM AREA 1A LICENSE TYPE 68 FIRM NUMBER 00077415 LICENSE NUMBER 004583

LICENSE EXPIRES 12/31/87

OXFORD, JOHN A
4708 NE 139TH AVE
VANCOUVER WA 98662 99

PHONE NUMBER 206-254-8011

APPL LIC NO.
0000

BUSINESS LOCATION
STREET ADDRESS
CITY, STATE

CHECK ONE OF THE FOLLOWING: X RENEWAL NEW LICENSE ADDITIONAL INFORMATION DELETION

CHECK TYPE OF OWNERSHIP: INDIVIDUAL A,B PARTNERSHIP C,D CORPORATION E,F COOPERATIVE G,H GOVERNMENTAL AGENCY I,J ASSUMED BUSINESS NAME

**********COMMERCIAL PESTICIDE APPLICATOR**********

DATE CERTIFIED : 01/01/86 CREDITS RECORDED : 00

PESTICIDE OPERATION CATEGORIES - FEES APPLY ONLY TO MAJOR CATEGORIES (M/C)

M/C		M/C	
( )	AIR OPERATION-NO FEE RQD	(X)	INDUSTRIAL,INSTITUTIONAL,HEALTH & STRUCTURAL
( )	AGRICULTURE		( )GENERAL PEST
	( )INSECTICIDE & FUNGICIDE		( )STRUCTURAL PEST
	( )HERBICIDE		( )SPACE FUMIGATION
	( )SOIL FUMIGATION		( )MOSS
	( )LIVESTOCK PEST		(X)WOOD TREATMENT
	( )VERTEBRATE PEST	( )	ORNAMENTAL & TURF
( )	AQUATIC		( )INSECTICIDE & FUNGICIDE
( )	DEMONSTRATION & RESEARCH		( )HERBICIDE
( )	FOREST	( )	SEED TREATMENT
( )	PUBLIC HEALTH	( )	REGULATORY-PREDATOR
( )	RIGHT OF WAY	( )	REGULATORY-WEED

APPLICANT MUST PASS A WRITTEN EXAMINATION PRIOR TO CERTIFICATION FOR ADDITIONAL MAJOR CATEGORIES, AND SUB-CATEGORIES.

SUBSIDIARY LOCATION DATA FOR CORRECTION OR DELETION

BUS/OWNER/OFFICER/PARTNER, STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTY, SEG/REASON

RECORD KEY G-001
COPPERS COMPANY INC 7540 NW ST HELENS RD PORTLAND OR 97210 26 1 5
2
3
4

********** MORE INFORMATION TO APPEAR ON FOLLOWING PAGES **********

Beazer002128

Koppers Company, Inc.
Pittsburgh, Pa. 15219

KOPPERS

8-26
430

Location No. 483-9270 Date 12-10-87 No. 669051

-KOPPERS-
COMPANY, INC. $10 and 00 cts

$10.00

Pay
to the order of

Not valid over $3500.00

DEPT. OF AGRICULTURE
STATE OF OREGON
635 CAPITOL ST. N.E.
SALEM, OREGON 97310-0110

Retta S. Marshall

Mellon Bank N. A.
Pittsburgh, Pa.

ADS-179 REV. 10

⑈669051⑈ ⑆043000261⑆ 166⑉1468⑈

General Ledger	Detail	Sub Detail	Location or Contract	Dept. or Orig. Loc.	Tax Codes	Emp. No	Purchase Order No. Rec Id	Br.	or P.O. No.	P.O. Add	P.O. Add or Resource	Quantity			Unit Code	Amount Distributed Dollars	Cents
1426	973	X	60	832	0360											10	00

Vendor No.

Description

RENEWAL OF PESTICIDE LICENSE FOR JOHN A. OXFORD #000520

Reazer002120

FORM 1013

DEPARTMENT OF AGRICULTURE
635 CAPITOL ST. N.E.
SALEM, OREGON 97310-0110

FOR OFFICIAL USE ONLY

420 250703 84108 00000 00000 PAGE 1

AGENCY AG PROGRAM AREA 1A LICENSE TYPE 65 FIRM NUMBER 00077467 LICENSE NUMBER 000520

LICENSE EXPIRES 12/31/87

KOPPERS COMPANY INC
JOHN A OXFORD
7540 NW ST HELENS RD
PORTLAND OR 97210 26

PHONE NUMBER 503-286-3681

BUSINESS LOCATION STREET ADDRESS 7540 NW ST HELENS RD
CITY, STATE PORTLAND OR 97210 26

CHECK ONE OF THE FOLLOWING: X RENEWAL NEW LICENSE ADDITIONAL INFORMATION DELETION

CHECK TYPE OF OWNERSHIP: INDIVIDUAL A,B PARTNERSHIP C,D CORPORATION E,F COOPERATIVE G,H GOVERNMENTAL AGENCY I,J ASSUMED BUSINESS NAME

**********PESTICIDE DEALER**********

LICENSE FEE SCHEDULE

PAY THIS AMOUNT FOR LICENSE ; $10.00

LICENSE IS PERSONAL TO THE APPLICANT AND CANNOT BE TRANSFERRED TO ANOTHER PERSON OR ENTITY

KOPPERS CO. PORTLAND, OR. RECEIVED

DEC 10 1987

Return of this Application is Required for [illegible] renewal or deletion.

TOTAL FEE SUBMITTED : $ 10.00

SIGNATURE---------- TITLE PLANT MANAGER DATE 12-10-87

PRINT OWNER OR SIGNATORY NAME JOHN A. OXFORD

MAKE REMITTANCE PAYABLE TO OREGON STATE DEPARTMENT OF AGRICULTURE

Koppers Company, Inc.
Pittsburgh, Pa. 15219

KOPPERS

B-26
430

Location No. 483-9270 Date 11-23-87 No 669032

Pay
To the order of

$ 30.00
Not valid over $3500.00

STATE OF CALIFORNIA
CASHIER, DEPT. OF FOOD & AGRICULTURE
1220 N STREET
SACRAMENTO, CALIF. 95814

Kelta A Marshall

Mellon Bank N. A.
Pittsburgh, Pa.

ADS-179 REV. 10

⑈669032⑈ ⑆043000261⑆ 166⑈1468⑈

General Ledger	Detail	Sub Detail	Location or Contract	Dept or Orig. Loc.	Tax Codes	Emp. No.	Purchase Order No. Rec. Id.	Br.	or P.O. No.	P.O. Add	P.O. Add or Resource	Quantity	Unit Code	Amount Distributed Dollars	Cents
1426	973	X	60	832	0360									30	00

Vendor No.

Description
Renewal fee for Qualified applicators Certificate(License)
For John A. Oxford, 4708 N.E. 139th Ave., Vancouver, WA 98662

WASHINGTON STATE DEPARTMENT OF AGRICULTURE LICENSE

REMOVE LICENSE AT PERFORATIONS
AND CARRY IN A SAFE PLACE

STATE OF WASHINGTON
DEPARTMENT OF AGRICULTURE
COMMERCIAL PEST CONTROL CONSULTANT
NON-TRANSFERABLE

OXFORD, JOHN A.
4708 N.E. 139TH AVE.
VANCOUVER WA 98662

CATEGORIES:
W

022888 (EXPIRES) 70158 LICENSE NUMBER

IMPORTANT

1. IF YOUR ADDRESS CHANGES, OR YOU CHANGE YOUR PLACE OF EMPLOYMENT, PLEASE NOTIFY THE DEPARTMENT OF AGRICULTURE, 406 GEN. ADMIN. BLDG., OLYMPIA, WA. 98504
2. PLEASE SIGN THE BACK OF YOUR LICENSE CARD.
3. IF THIS IS A RENEWAL, OR REPLACES A TEMPORARY LICENSE, DESTROY OLD CARD AND BEGIN USING THIS CARD IMMEDIATELY.
4. IF THIS CARD IS LOST, PLEASE CONTACT THE WASHINGTON STATE DEPARTMENT OF AGRICULTURE.

1173

Beazer002132

ALIR 2010K

OREGON STATE DEPARTMENT OF AGRICULTURE

THIS LICENSE OR REGISTRATION IS SUBJECT TO THE PROVISIONS OF ORS 634

License type

COMMERCIAL PESTICIDE APPLICATOR
I-W.

licensee

OXFORD, JOHN A
4708 NE 139TH AVE
VANCOUVER WA 98662

firm no. 00077415

business location

license no. 004583

Date issued 12/29/86

date expires 12/31/87

Fee paid $ 15.00

DATE CERTIFIED : 01/01/86 CREDITS RECORDED : 00

FORM 1014

POST THIS LICENSE IN A CONSPICUOUS PLACE

OREGON STATE DEPARTMENT OF AGRICULTURE LICENSE FOR

COMMERCIAL PESTICIDE APPLICATOR

License no. 004583 Expires 12/31/87

OXFORD, JOHN A
4708 NE 139TH AVE
VANCOUVER WA 98662

Business Location

fold if license classifications are listed below

I-W.

Beazer002133

STATE OF WASHINGTON
DEPARTMENT OF AGRICULTURE

COMMERCIAL PEST CONTROL CONSULTANT

NON-TRANSFERABLE

OXFORD, JOHN A.
4708 N.E. 139TH AVE.
VANCOUVER, WA 98662

CATEGORIES: W

022887 — EXPIRES

69635 — LICENSE NUMBER

Beazer002134

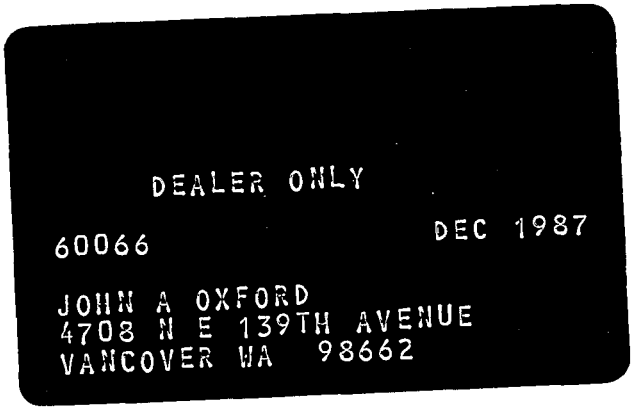
STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
LICENSING/CERTIFICATION PROGRAM
1713 J STREET, SUITE 301
SACRAMENTO, CALIFORNIA 95814
TELEPHONE 916/322-4647

EXAMINATION RESULTS 09/29/86

OXFORD,JOHN A
4708 N E 139TH AVENUE
VANCOVER WA 98662

APPLICATION NUMBER
00000 60066 QL

LICENSE TYPE	EXAM CODE	CATEGORY	YOUR SCORE	PASSING SCORE
QUALIFIED LICENSE	6B09 LAWS, REGULATIONS		113	105



YOUR RAW SCORE (CORRECT ANSWERS) IS GIVEN TO HELP YOU DETERMINE THE AMOUNT OF ADDITIONAL STUDYING NEEDED, IF YOU FAIL TO PASS THE EXAMINATION(S). IN ORDER TO PASS THE EXAMINATION(S) YOUR SCORE MUST BE THE SAME AS OR GREATER THAN THE PASSING SCORE. IF YOU HAVE ANY QUESTIONS REGARDING YOUR SCORE, PLEASE CONTACT THE LICENSING/CERTIFICATION PROGRAM WITHIN 30 DAYS. AFTER 30 DAYS THESE SCORES ARE CONSIDERED FINAL.

YOU WILL NOT AUTOMATICALLY BE RESCHEDULED FOR FAILED EXAMS. IF YOU HAVE FAILED AN EXAMINATION AND WANT TO RE-EXAMINE IN THAT CATEGORY OR YOU WANT TO ADD ADDITIONAL CATEGORIES, PLEASE COMPLETE THE ENCLOSED APPLICATION AND SUBMIT WITH ANY NEEDED FEES. ALLOW SUFFICIENT TIME FOR MAILING.

IF YOU NEED ASSISTANCE PLEASE CALL THE LICENSING/CERTIFICATION PROGRAM AT (916) 322-4647.

(5-85)

General Ledger	Detail	Sub Detail	Location or Contract	Dept. or Orig. Loc.	Tax Codes	Emp. No.	Purchase Order No. Rec. Id.	Br.	or P.O. No.	P.O. Add.	P.O. Add or Resource	Quantity	Unit Code	Amount Distributed Dollars	Cents
1426	973	x	60	832	0360									15.	00

Vendor No.

Description

CHECK # 657765 DATED 12-16-86 TO STATE OF OREGON AGRICULTURE DEPARTMENT FOR RENEWAL OF PESTICIDE LICENSE FOR MANAGER FOR 1987

Beazer002136

FORM 1013

DEPARTMENT OF AGRICULTURE
635 CAPITOL ST. N.E.
SALEM, OREGON 97310-0110

FOR OFFICIAL USE ONLY

420 250703 84107 00000 00000 PAGE 1

AGENCY AG PROGRAM AREA 1A LICENSE TYPE 68 FIRM NUMBER 00077415 LICENSE NUMBER 004583

LICENSE EXPIRES 12/31/86

OXFORD, JOHN A
4708 NE 139TH AVE
VANCOUVER WA 98662 99

PHONE NUMBER 206-254-8011

APPL LIC NO.
0000

BUSINESS LOCATION
STREET ADDRESS
CITY, STATE

CHECK ONE OF THE FOLLOWING: X RENEWAL NEW LICENSE ADDITIONAL INFORMATION DELETION

CHECK TYPE OF OWNERSHIP: INDIVIDUAL A,B CORPORATION E,F GOVERNMENTAL AGENCY I,J
PARTNERSHIP C,D COOPERATIVE G,H ASSUMED BUSINESS NAME

**********COMMERCIAL PESTICIDE APPLICATOR**********

DATE CERTIFIED : 01/01/86 CREDITS RECORDED : 00

PESTICIDE OPERATION CATEGORIES - FEES APPLY ONLY TO MAJOR CATEGORIES (M/C)

M/C		M/C	
( )	AIR OPERATION-NO FEE RQD	(X)	INDUSTRIAL,INSTITUTIONAL,HEALTH & STRUCTURAL
( )	AGRICULTURE		( )GENERAL PEST
	( )INSECTICIDE & FUNGICIDE		( )STRUCTURAL PEST
	( )HERBICIDE		( )SPACE FUMIGATION
	( )SOIL FUMIGATION		( )MOSS
	( )LIVESTOCK PEST		(X)WOOD TREATMENT
	( )VERTEBRATE PEST	( )	ORNAMENTAL & TURF
( )	AQUATIC		( )INSECTICIDE & FUNGICIDE
( )	DEMONSTRATION & RESEARCH		( )HERBICIDE
( )	FOREST	( )	SEED TREATMENT
( )	PUBLIC HEALTH	( )	REGULATORY-PREDATOR
( )	RIGHT OF WAY	( )	REGULATORY-WEED

APPLICANT MUST PASS A WRITTEN EXAMINATION PRIOR TO CERTIFICATION FOR ADDITIONAL MAJOR CATEGORIES, AND SUB-CATEGORIES.

SUBSIDIARY LOCATION DATA FOR CORRECTION OR DELETION

BUS/OWNER/OFFICER/PARTNER, STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTY, SEG/REASON

RECORD KEY G-001
KOPPERS COMPANY INC 7540 NW ST HELENS RD PORTLAND OR 97210 26 1 5
2
3
4

********** MORE INFORMATION TO APPEAR ON FOLLOWING PAGES **********

Beazer002137

FORM 1013

DEPARTMENT OF AGRICULTURE
635 CAPITOL ST. N.E.
SALEM, OREGON 97310-0110

FOR OFFICIAL USE ONLY

PAGE 2

AGENCY AG PROGRAM AREA 1A LICENSE TYPE 68 FIRM NUMBER 00077415 LICENSE NUMBER 004583

LICENSE EXPIRES

PHONE NUMBER

BUSINESS LOCATION
STREET ADDRESS
CITY, STATE

CHECK ONE OF THE FOLLOWING: RENEWAL NEW LICENSE ADDITIONAL INFORMATION DELETION

CHECK TYPE OF OWNERSHIP: INDIVIDUAL A,B PARTNERSHIP C,D CORPORATION E,F COOPERATIVE G,H GOVERNMENTAL AGENCY I,J ASSUMED BUSINESS NAME

LICENSE FEE SCHEDULE

ONE MAJOR CATEGORY	$15.00	$15.00
ADDITIONAL MAJOR CATEGORIES ________	@ $ 7.50 EACH	________
MAJOR CATEGORIES ADDED AFTER CURRENT LICENSE ISSUED. ________	@ $12.50	________

TOTAL REMITTANCE : $ 15.00

```
*****************************************************************************
***                 NO FEE REQUIRED FOR :                                 ***
***                 AIR OPERATION                                         ***
***                 ALL SUB-CATERGORIES                                   ***
*****************************************************************************
```

TOTAL FEE SUBMITTED : $ 15.00

SIGNATURE---- John A Oxford ---- TITLE---- Plant Mgr. ---- DATE 12/16/86

PRINT OWNER OR SIGNATORY NAME ---- JOHN A OXFORD ----

MAKE REMITTANCE PAYABLE TO OREGON STATE DEPARTMENT OF AGRICULTURE

ALIR 2010K

OREGON STATE DEPARTMENT OF AGRICULTURE

THIS LICENSE OR REGISTRATION IS SUBJECT TO THE PROVISIONS OF ORS 634

License type

PESTICIDE DEALER

licensee

KOPPERS COMPANY INC
JOHN A OXFORD
7540 NW ST HELENS RD
PORTLAND OR 97210

firm no. 00077467

business location

7540 NW ST HELENS RD
PORTLAND

license no. 000520

Date issued 12/05/86

date expires 12/31/87

Fee paid $ 10.00

FORM 1014

POST THIS LICENSE IN A CONSPICUOUS PLACE

ALIR 2010K

OREGON STATE DEPARTMENT OF AGRICULTURE

THIS LICENSE OR REGISTRATION IS SUBJECT TO THE PROVISIONS OF ORS 634

License type

COMMERCIAL PESTICIDE APPLICATOR
I-W.

licensee

OXFORD, JOHN A
4708 NE 139TH AVE
VANCOUVER WA 98662

firm no. 00077415

business location

license no. 004583

Date issued 12/29/86

date expires 12/31/87

Fee paid $ 15.00

DATE CERTIFIED : 01/01/86 CREDITS RECORDED : 00

FORM 1014

POST THIS LICENSE IN A CONSPICUOUS PLACE

ALIR 2010K **OREGON STATE DEPARTMENT OF AGRICULTURE**

THIS LICENSE OR REGISTRATION IS SUBJECT TO THE PROVISIONS OF ORS 634

License type

COMMERCIAL PESTICIDE APPLICATOR
I-W.

licensee

OXFORD, JOHN A
4708 NE 139TH AVE
VANCOUVER WA 98662

firm no. 00077415

business location

license no. 004583

Date issued 12/01/86
date expires 12/31/86

Fee paid $ 15.00

DATE CERTIFIED : 01/01/86 CREDITS RECORDED : 00

FORM 1014 POST THIS LICENSE IN A CONSPICUOUS PLACE

VICTOR ATIYEH
GOVERNOR

Department of Agriculture

AGRICULTURE BUILDING, 635 CAPITOL STREET N.E., SALEM, OREGON 97310

TO: Oregon Pesticide Dealers

FROM Christopher K. Kirby, Plant Division Chris Kirby

SUBJECT: RECORDS REQUIRED OF DEALERS

OREGON REVISED STATUTES CHAPTER 634 and OREGON ADMINISTRATIVE RULES CHAPTER 603 DIVISION 57 specify that pesticide dealers are required to prepare and maintain records of their "restricted use/highly toxic" pesticide sales. Such records, according to OAR 603-57-140, are to include the following information about each sale of "restricted use/highly toxic" pesticides:

1) The name and address of the purchaser and the pesticide license/certificate number of the purchaser;

2) The date of the sale;

3) The trade name (and the formulation if applicable) of each "restricted use/highly toxic" pesticide sold; and

4) The quantity of each "restricted use/highly toxic" pesticide sold.

Such records are required to be kept for a period of three years.

jsL22B

12/01/81

STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
LICENSING/CERTIFICATION PROGRAM
1713 J STREET, SUITE 301
SACRAMENTO, CALIFORNIA 95814
TELEPHONE 916/322-4647

EXAMINATION RESULTS 09/29/86

OXFORD,JOHN A
4708 N E 139TH AVENUE
VANCOVER WA 98662

APPLICATION NUMBER
00000 60066 QL

LICENSE TYPE	EXAM CODE	CATEGORY	YOUR SCORE	PASSING SCORE
QUALIFIED LICENSE	6B09 LAWS, REGULATIONS		113	105

YOUR RAW SCORE (CORRECT ANSWERS) IS GIVEN TO HELP YOU DETERMINE THE AMOUNT OF ADDITIONAL STUDYING NEEDED, IF YOU FAIL TO PASS THE EXAMINATION(S). IN ORDER TO PASS THE EXAMINATION(S) YOUR SCORE MUST BE THE SAME AS OR GREATER THAN THE PASSING SCORE. IF YOU HAVE ANY QUESTIONS REGARDING YOUR SCORE, PLEASE CONTACT THE LICENSING/CERTIFICATION PROGRAM WITHIN 30 DAYS. AFTER 30 DAYS THESE SCORES ARE CONSIDERED FINAL.

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IF YOU NEED ASSISTANCE PLEASE CALL THE LICENSING/CERTIFICATION PROGRAM AT (916) 322-4647.

(5-85)

KOPPERS

Interoffice Correspondence

To SEE BELOW

From J. F. Brennan

Location

Location K-1750

Subject IMPORTANT
Certified Applicator's License

Date August 8, 1986

TO: Scott Hartsock
Merle Klink
Robert Lantz
Jeff Locke
Jim Martin
Howard Mason
Scott McNair
Fred Owen, Jr.

On and After November 10, 1986, we will not ship any Creosote or Solutions to Customers who do not have or have not given us the names and license number of their Certified Applicator's License from the State in which the Plant is located.

We ask that you assist us as follows for all plants we are selling or where you believe we may get business, so we are not prohibited from shipping them after November 9, 1986.

1. Call the Department of Agriculture in each State where you expect to have sales.

2. Find out what is required of you and those from Koppers who give advice and sell as well as the customers to whom we ship this material.

3. Let us and all customers know when and where the test will be given in each State.

4. Obtain the names and a copy of each Certified Applicator's License for each Plant and forward to me. I will need a copy of the actual license.

Most of the above can be handled by telephone. Get the name and license number and send this to me so I at least have some record prior to receiving a copy of the actual license. Ask the customer to mail a copy of the license to me. We will keep you updated as we receive these.

We will have this license information entered in our computer and send you a list with this information on it by account and by State. We will have to review this completed list at least every six months in the future to be sure it is properly updated and current.

By copy of this letter to Mr. Jack Myler and Mr. Ren Sutherland, I ask that the name and license information be placed on each order and invoice to each destination plant location. A copy of the actual license should be kept in the order entry file by customer and by the destination plant. No material is permitted to be shipped to any treater customer after November 9, 1986 without our having the name and license number and it appearing on the order and invoice.

K-5 REV. 2

This is extremely important and we ask you all to please give top priority to seeing we have this information as soon as possible and that all customers have Certified Applicators at each of their plant facilities.

J. F. Brennan

JFB:djk

cc: E. A. Clendaniel
R. Collins
R. B. Dehls
L. F. Flaherty
R. S. Ohlis
J. J. Myler
R. Sutherland
D. A. Webb

AL CRESWELL
Agronomist
PLANT DIVISION

Department of Agriculture
635 Capitol Street N. Salem 97310 Phone (503) 378-3776

KOPPERS

Interoffice Correspondence

To JAN REDD

From PAUL W. GUTH

Location K-1401

Location NORTHWEST TERMINAL

Subject DEPT. OF AGRICULTURE VISIT

Date AUGUST 25, 1978

MR. CRESWELL, FROM THE STATE OF OREGON DEPT. OF AGRICULTURE VISITED OUR TERMINAL YESTERDAY 8/24/78. I TOLD HIM WE HAD NO MATERIAL READY FOR SHIPMENT TODAY, WHICH WE DIDN'T. HE SAID THAT WAS FINE AND THAT HE WOULD BE BACK LATER THIS YEAR OR EARLY NEXT YEAR. HE WAS VERY POLITE AND UNDERSTANDING.

HE ASKED ABOUT WHAT PER CENT OF CREOSOTE WAS OUR SALES PRODUCTS. I TOLD HIM APPROXIMATELY ABOUT NINETY PERCENT. HE ALSO ASKED HOW MANY GALLONS OF KXXX CREOSOTE WAS SOLD EACH YEAR FROM THIS TERMINAL. I GAVE HIM A FIGURE OF APPROXIMATELY 2 MILLION GALLONS. HE WANTED A TRUCK SHIPPING PAPER THAT WE USED. I GAVE HIM OUR OML-0340 PAPER WITH THE OREGON EPA STICKER WHICH WE SEND ALONG WITH OUR SHIPPING PAPERS. HE THANKED ME AND LEFT.

PAUL W. GUTH

PWG:ip

CC: KEY CALDWELL
JON ANDERSON

K 43 - REV. 5 100M 8-77

Beazer002147

KOPPERS

Interoffice Correspondence

To JAN REDD

From PAUL W. GUTH

Location K-1401

Location NORTHWEST TERMINAL

Subject DEPT. OF AGRICULTURE VISIT

Date AUGUST 25, 1978

MR. CRESWELL, FROM THE STATE OF OREGON DEPT. OF AGRICULTURE VISITED OUR TERMINAL YESTERDAY 8/24/78. I TOLD HIM WE HAD NO MATERIAL READY FOR SHIPMENT TODAY, WHICH WE DIDN'T. HE SAID THAT WAS FINE AND THAT HE WOULD BE BACK LATER THIS YEAR OR EARLY NEXT YEAR. HE WAS VERY POLITE AND UNDERSTANDING.

HE ASKED ABOUT WHAT PER CENT OF CREOSOTE WAS OUR SALES PRODUCTS. I TOLD HIM APPROXIMATELY ABOUT NINETY PERCENT. HE ALSO ASKED HOW MANY GALLONS OF ~~EEEK~~ CREOSOTE WAS SOLD EACH YEAR FROM THIS TERMINAL. I GAVE HIM A FIGURE OF APPROXIMATELY 2 MILLION GALLONS. HE WANTED A TRUCK SHIPPING PAPER THAT WE USED. I GAVE HIM OUR OML-0340 PAPER WITH THE OREGON EPA STICKER WHICH WE SEND ALONG WITH OUR SHIPPING PAPERS. HE THANKED ME AND LEFT.

PAUL W. GUTH

PWG:ip

CC: KEY CALDWELL
JON ANDERSON

Beazer002148

U. S. ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF INSPECTION

ADDRESS *(EPA Regional Office)*
Region X
1200 Sixth St.
Seattle Wa.

DATE: 8-24-78

HOUR: A.M. / P.M.

NAME OF INDIVIDUAL: PAUL W. GUTH

TITLE: PLANT SUPERINTENDENT

FIRM NAME: KOPPERS CO. INC.

FIRM ADDRESS *(Number, Street, City, State and Zip Code)*
7540 NW. ST. HELENS Rd
Portland, OR. 97229

SIGNATURE OF EPA EMPLOYEE

TITLE: Agronomist

REASON FOR INSPECTION

☒ FOR THE PURPOSE OF INSPECTING AND OBTAINING SAMPLES OF ANY PESTICIDES OR DEVICES PACKAGED, LABELED, AND RELEASED FOR SHIPMENT, AND SAMPLES OF ANY CONTAINERS OR LABELING FOR SUCH PESTICIDES OR DEVICES, IN PLACES WHERE PESTICIDES OR DEVICES ARE HELD FOR DISTRIBUTION OR SALE *(Sec. 9(a) and 12(a)(2)(B))*.

☐ FOR THE PURPOSE OF INSPECTING AND OBTAINING COPIES OF THOSE RECORDS SPECIFIED IN SECTION 8 AND 40 CFR PART 169. *(Sec. 8 and 12(a)(2)(B))*.

VIOLATION SUSPECTED:

None

Section 8, 9(a) and 12(a)(2)(B) of the Federal Insecticide, Fungicide, and Rodenticide Act, as amended *(7 U.S.C. 136 et seq.)* are quoted on the reverse of this form.

EPA Form 3540-2 (Rev. 3-77) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED

Original- ESTABLISHMENT COPY
1- SAMPLE RECORD COPY
2- REGION COPY
3- INPECTOR'S COPY

Beazer002149

SEC. 8. BOOKS AND RECORDS.

(a) Requirements.—The Administrator may prescribe regulations requiring producers to maintain such records with respect to their operations and the pesticides and devices produced as he determines are necessary for the effective enforcement of this Act. No records required under this subsection shall extend to financial data, sales data other than shipment data, pricing data, personnel data, and research data *(other than data relating to registered pesticides or to a pesticide for which an application for registration has been filed).*

(b) Inspection. — For the purposes of enforcing the provisions of this Act, any producer, distributor, carrier, dealer, or any other person who sells or offers for sale, delivers or offers for delivery any pesticide or device subject to this Act, shall, upon request of any officer or employee of the Environmental Protection Agency or of any State or political subdivision, duly designated by the Administrator, furnish or permit such person at all reasonable times to have access to, and to copy: (1) all records showing the delivery, movement, or holding of such pesticide or device, including the quantity, the date of shipment and receipt, and the name of the consignor and consignee; or (2) in the event of the inability of any person to produce records containing such information, all other records and information relating to such delivery, movement, or holding of the pesticide or device. Any inspection with respect to any records and information referred to in this subsection shall not extend to financial data, sales data other than shipment data, pricing data, personnel data, and research data *(other than data relating to registered pesticides or to a pesticide for which an application for registration has been filed).*

SEC. 9. INSPECTION OF ESTABLISHMENTS, ETC.

(a) In General. — For purposes of enforcing the provisions of this Act, officers or employees duly designated by the Administrator are authorized to enter at reasonable times, any establishment or other place where pesticides or devices are held for distribution or sale for the purpose of inspecting and obtaining samples of any pesticides or devices, packaged, labeled, and released for shipment, and samples of any containers or labeling for such pesticides or devices.

Before undertaking such inspection, the officers or employees must present to the owner, operator, or agent in charge of the establishment or other place where pesticides or devices are held for distribution or sale, appropriate credentials and a written statement as to the reason for the inspection, including a statement as to whether a violation of the law is suspected. If no violation is suspected, an alternate and sufficient reason shall be given in writing. Each such inspection shall be commenced and completed with reasonable promptness. If the officer or employee obtains any samples, prior to leaving the premises, he shall give to the owner, operator, or agent in charge a receipt describing the samples obtained and, if requested, a portion of each such sample equal in volume or weight to the portion retained. If an analysis is made of such samples, a copy of the results of such analysis shall be furnished promptly to the owner, operator, or agent in charge.

SEC. 12. UNLAWFUL ACTS.

(a) In General. —

(2) It shall be unlawful for any person —

(B) to refuse to keep any records required pursuant to section 8, or to refuse to allow the inspection of any records or establishment pursuant to section 8 or 9, or to refuse to allow an officer or employee of the Environmental Protection Agency to take a sample of any pesticide pursuant to section 9;

Beazer002150

Lipson Rodd Brush
Insp Smith

N.W. terminal
7540 N.W. St. Helens
Portland, Oregon
8-10-78

Paul
CC: Key

Subject: Federal Insecticide, Fungicide and Rodenticide ACT.

Mr. Creswell, from the department of agriculture came into the office Today and requisted permisson for a plant inspection, and samples of any products covered under our pesticide application. Not having been informed of his comming or aware of implications regarding giving out samples, I asked Mr. Creswell to come back durning the week of 8-14 when you would be back from vacation. He plans to come 8-18 or week of 8-22.

A copy of this note is going to Key, as he may want to check with Alonzo Lawrence of our ~~IA~~ T.S.C.A. — K-1426

Paul, please bring me up to date on E.P.A. inspections and samples.

Henry E. Rassi

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ROLL - OR 100
FRAME - HAP 82-63

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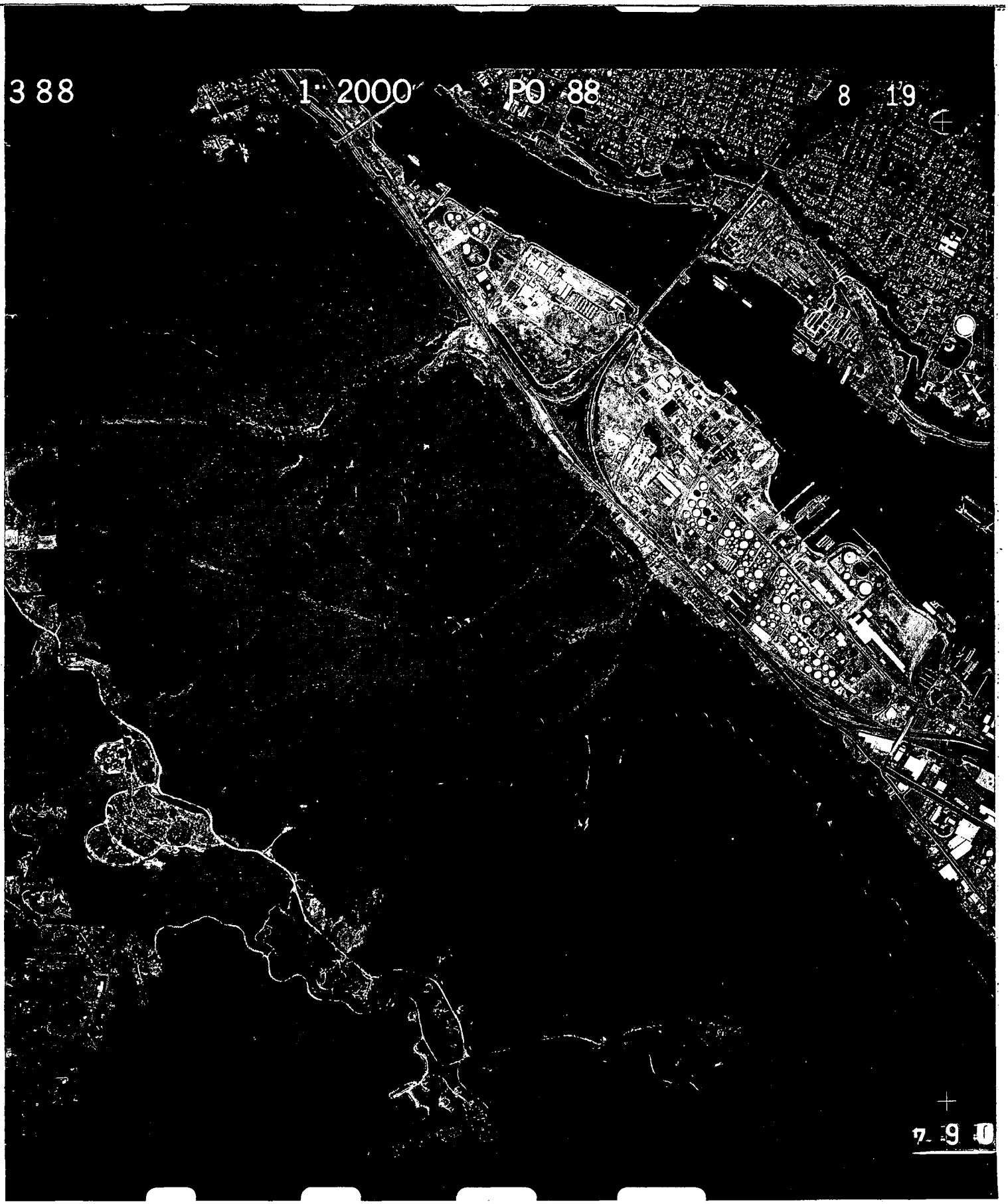

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